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THE NEWS

OCTOBER 1942

'Under the direction of the General Executive Committee and the Administration the first "Massachusetts General Hospital Bulletin" was published in 1913. Mention was made of it in the Annual Report of that year: "Beginning December 10, the Hospital now issues to its staff, trustees, and friends of the Hospital, a bulletin containing notes of new rules, appointments, meetings and other matters of interest. This bulletin is issued as often as there is anything of importance to say, and serves to keep all those who work for the Hospital in touch with what is going on in the different departments."

'Issues appeared until November 17, 1917 (No. 25), when publication was interrupted by War activities. In June 1919 the General Executive Committee record as their unanimous opinion "that the Bulletins were very valuable and should be continued." The "Bulletin" reappeared on December 1, 1919, and twelve later issues were published, the last on July 1, 1926.

'In February 1928 it was decided to renew this activity, and in the autumn of that year the first number of the "Massachusetts General Hospital News" appeared. The Editorial Board were: Drs. Henry R. Viets, William B. Breed, Joseph Garland, Edward D. Churchill, Ralph K. Ghormley, Chester M. Jones, Edward P. Richardson. In 1932, in the great depression, this publication was given up for reasons of economy.'

With this statement from the Hospital history as an introduction, a new series of THE NEWS presents itself. It hopes to carry on the usefulness and interest of the earlier publications. This it can do only with the help of the whole Hospital organization. The activities of your department should be known to all the other departments. In these days the economy and encouragement of coöperation are a contribution not only to the work of the Hospital but to the progress of the war toward victory.

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It seems impractical to include here all appointments made by the Trustees since the publication of the Annual Report. This journal will publish currently appointments made during the preceding month, and according to that plan this issue gives only those made at the August meeting:

Dr. Warren R. Sisson, Associate Physician, Children's Medical Service
Dr. Clemens E. Benda, Assistant in Psychiatry
Dr. Laurance W. Kinsell, Research Fellow in Medicine
Dr. Francis R. Foldes, Resident in Anaesthesia
Dr. Russel L. Baker, Resident, Neurology Service
Dr. Charles W. Ordman, Assistant Resident, Medical Service
Dr. John G. Flynn, Dr. William R. Eyler, and Dr. Samuel G. Holmes, Interns, Children's Medical Service, to begin July 1, 1943
Dr. Arthur W. Watts, Intern, Surgical Service

In addition the Trustees voted:

To grant leave of absence for Dr. Henry F. Howe from his duties in the Surgical Out-Patient Department for the duration of the war as he has accepted a commission as Captain in the Medical Corps of the Army.

The Hospital will observe October 12, Columbus Day, as a legal holiday.

Ether Day, October 16, will be celebrated informally by a luncheon in the Brick Corridor.

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Dr. Thomas A. Devan was appointed an Assistant Director, effective July 1, 1942. Dr. Devan is a graduate of Rutgers College, Johns Hopkins Medical School, and the Presbyterian Hospital, New York. He was an Assistant Director at the Peter Bent Brigham Hospital from 1913-1919, and then returned to Rutgers as Professor of Hygiene and College Physician. He gave up that post in 1925 to serve in Rochester, N. Y., as an Assistant Director under Dr. Faxon at the Strong Memorial Hospital, which had just opened its new plant. In 1930 he went to take charge of the Eastern Maine General Hospital in Bangor. He retired in 1937, but was called from the comforts of private life by Dr. Faxon to serve here during the present war emergency.

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With the enlistment of Dr. Albert G. Engelbach, Dr. Frederic A. Washburn has been "demoted" at Cambridge Hospital from Consulting Director to Director.

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In the Annual Report for 1941 the General Executive Committee mentioned the problems of providing medical personnel for the Armed Forces, while maintaining in a teaching hospital the best possible care of patients in a large community. In addition to releasing members of its staff for duty in the field, the Hospital was faced with the additional problem presented by the Army restriction of medical school graduates to one year internships. This called for more than mere change in teaching and visiting schedules. As was there pointed out, a shorter schedule for interns meant their closer supervision—by a staff to be reduced by about fifty per cent.

What the reduced "Home Guard" must contribute to the solution of both problems can be counted on more easily than it can be estimated. Dr. Means has given the following statement and comment on the practical plans made by the Medical Service to suit these changed conditions:

> To meet the exigencies of wartime and to provide doctors for the Army and Navy at the earliest possible moment we closed up our traditional graded internship in medicine on April first last and substituted a one-year service. This service is planned as follows:
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> For the first six months the interns serve in three rotations of two months each. During this period each man (or woman, for we have appointed a woman to this service for the first time in history) serves in three out of five possible rotations. These rotations are: Psychiatry, Neurology, Medicine in the Baker Memorial, Communicable Diseases in the Haynes Memorial (Massachusetts Memorial Hospitals), and in Dermatology and Syphilology. During the following six months, they serve on the medical wards, assigned two to a ward, dividing the cases between them and doing everything on their cases except what is performed by fourth-year medical students. An Assistant Resident oversees their work. During this period they also serve in rotation one day each week in the medical out-patient department and one day in the emergency ward. This type of internship has been known as horizontal instead of vertical, which is what we had before.
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> The Department plans to take eight new interns twice a year, on April 1 and October 1. This means that we shall take sixteen a year and keep them one year, instead of taking eight per year and keeping them two years, as we did formerly. It will be seen that the total number living in at any one time remains the same. It was thought that this type of internship would prove to be distinctly inferior to the old; as a matter of fact it is working out better than we expected. At the time of writing the Medical Service has lost fifty per cent of its resident staff. It will probably have a small increase in the autumn, but it is doubtful if we can maintain our full quota of six until the war is over. We are quite aware also of the possibility that we may not be able to fill up our internships. If we don't fill them, we shall have to do the best we can with fourth-year students and older visiting physicians.

Dr. Means mentions further contributions on the part of hospital and staff:

> Within the last few months several members of the medical staff have undertaken contracts with the Government to do research under the Office of Scientific Research and Development. These are projects with reference to the war effort. Ward 4 is being used for that purpose, and to help in carrying out this work it is being kept open during the summer, for the first time in its history.

Similar problems have confronted the Surgical Services, and the carefully planned five-year training period for the surgical house staff has had to be changed to suit the new requirements. Dr.

Churchill reports the following adjustments:

> The new program of graduate education in surgery, launched on January 1, 1940, came to an untimely end with the declaration of war. At that time the general and special surgical services were providing graduate education to thirty-nine young surgeons. All but six of this house staff were men of more than one year's experience. To meet the demand of the emergency it was necessary to reduce the assistant resident and resident group to nine, and to offer a one year internship to twenty-eight men a year. During the past year the required adjustments have been carried out in an orderly way, trying in so far as possible to arrange for men nearing the end of their service to carry on to completion.
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> One-year appointments have been made from the 1942 and 1943 graduating classes. The acceleration of the medical school course will allow twenty-one internships for each graduating class. The one-year internship includes periods on the special services as well as general surgery. Time spent by the house staff in the Phillips House and Baker Memorial has always been a problem so far as securing educational returns from service rendered. To improve this service the visiting staff has been divided into "teams" to each of which an intern is assigned. The intern becomes an apprentice to the small group of surgeons who comprise his team. Some confusion was caused by vacation periods during the summer, but on the whole the experiment has been successful.
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> To date the war has brought no reduction in the surgery of the general hospital or the private wards. With a reduction of the visiting staff and with a relatively untrained house staff it is quite probable that a postponement of certain major elective operations, particularly those requiring elaborate and detailed post-operative supervision, may be advisable. By grouping undergraduate students into larger sections, the teaching load has been considerably lightened without materially reducing standards.

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THE NEWS hopes to maintain relative continuity of information about every department. It can make no attempt, however, to bring up to date the activity of each since the last issue of its predecessor late in 1931. In only one instance does a summary seem both possible and desired.

There have already gone to the Armed Forces of the United States and the Allies approximately 100 members of the staff and about 100 nurses. In addition about 40 residents, graduate assistants, and house officers have entered the service. Some mention of the main units to which they have gone will make for clarity and economy in presenting later news. It will also show the good round sum of the Hospital's war effort to date.

By granting leave of absence in October 1940 to Dr. Gerald F. Houser, an Assistant Director, the Hospital early coöperated in providing medical service in connection with the war. Dr. Houser had received appointment as Superintendent of the American Red Cross-Harvard Field Hospital. The preliminary surveys and arrangements in England for this hospital, planned as a gift to England, for erection there for the study and treatment of communicable diseases under wartime conditions, had been made by Dr. John E. Gordon, with Dr. John R. Mote as his assistant, and the undertaking was organized with Dr. Gordon as Director. A 126-bed hospital, with 22 fully equipped buildings, was planned and prefabricated in this country. It was equipped under Dr. Houser's supervision and transported across the Atlantic, where its administrative organization was completed. Dr. Houser embarked in March 1941; the hospital opened on September 23, 1941. The story of this achievement, with brief mention of the difficulties encountered, was given by Dr. Houser in *Hospitals* for December 1941.

The hospital has now been taken over by the U.S. Army Medical Corps and has recently been under the command of Dr. Storer P. Humphreys. Dr. Humphreys has already seen service with the Royal Canadian Army. Dr. Gordon has been commissioned Lieutenant Colonel, M.C., U.S.A., to act as consultant in sanitation and as liaison between the British Ministry of Health and the U. S. Army. Miss Walborg G. Peterson, who accompanied the unit and served as Supervisor, has returned. In October she is to resume her duties as an Executive Assistant at the Massachusetts Eye and Ear Infirmary. The hospital is to be the central laboratory for the U.S. Armed Forces in Great Britain, and has been mentioned by Secretary Stimson as "a truly splendid addition to the Army's medical facilities."

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An earlier contribution was made by "the American Hospital in Britain." Dr. Philip D. Wilson was instrumental in organizing this group, and was in command of its first unit, which sailed in August 1940. It took over a 300-bed hospital unit in Basingstoke, with Dr. Wilson as Resident Medical Director, and later moved to Oxford. Dr. Wilson returned to help establish it there in the newly built Churchill Hospital, a unit of the Emergency Medical Service under the British Ministry of Health. Dr. Wilson was succeeded by his brother, Dr. E. Harlan Wilson. Doctors, nurses, technicians and secretaries were sent over, and the services supplied included medicine, general surgery, and orthopaedic, plastic and neurosurgery. On July 15, 1942, the hospital was formally transferred to the United States Army.

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Before attempting to bring news of General Hospital No. 6 up to date, it may be mentioned that the term General Hospital now designates medical units that were called Base Hospitals in the last war. The organization of G.H. No. 6 was undertaken early in 1940; it took its departure, fully equipped and militarized, on May 15, 1942. Its foundation, however, was laid during the early months of 1916 in this hospital, where the idea that civil hospitals should serve as the parents of army hospitals was first worked out. To repeat the story of how U.S. Base Hospital No. 6 was organized twenty-five years ago, as the representative of the Massachusetts General Hospital in World War I, will furnish a preliminary history of General Hospital No. 6 and give to a later generation the story of the contribution inaugurated by civilian hospitals in the last war, and taken for granted in this one. The following is reprinted from the history of the Hospital:—

> There was early proposal made that hospital units for service with the army should be organized in connection with medical schools, but when Colonel Jefferson R. Kean, M.C., U.S.A., who was detailed to the American Red Cross, came to Boston to discuss this matter, it was insisted on by officers of the Massachusetts General Hospital that such units should appertain to hospitals, not to medical schools. This conclusion was reached for two sufficient reasons: First, that the parent of a hospital should be a hospital, and, second, that there were many hospitals and few schools—and many military hospitals might be needed. A visit to the Surgeon General of the Army, General Gorgas, by Dr. Washburn and Dr. Winford H. Smith, Director of Johns Hopkins Hospital, resulted in a decision to organize under the Red Cross both groups—one sponsored by medical schools, the other by hospitals. General Gorgas asked Dr. Smith and Dr. Washburn to organize such military units at their respective hospitals. . . . Base Hospital No. 6 was but one of many hospitals thus organized. When they became going concerns in France and England they gave the American soldier a high-grade hospitalization that he had never had in previous wars. These hospitals were the backbone of the Medical Department in the American Expeditionary Force.

When it sailed from New York on July 9, 1917, Base Hospital No. 6 carried with it equipment for a 500-bed hospital. It took over a French hospital of about 1000 beds established in a boys' school at Talence, a suburb of Bordeaux. It saw nearly two years of active duty as a part of the American Expeditionary Force, and left behind it a hospital of over 4000 beds.

Many other members of the Massachusetts General Hospital staff or its graduates served in hospitals similarly organized: Base Hospital No. 5, bombed at Camiers and transferred to Boulogne; U.S. Army Base Hospital No. 55 at Toul; General Hospital No. 22, British Expeditionary Force; Army Base Hospital No. 204. Many more might be named. After the Armistice a number of officers and nurses saw service under the Red Cross in Serbia, Poland, and Greece. The final roster of the Hospital in World War I numbered 585 persons. Thirteen of these gave their lives.

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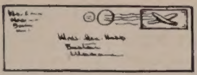
General Hospital No. 6 was authorized on May 16, 1941, and Colonel Thomas R. Goethals was to become its commanding officer. The Massachusetts General Hospital as its sponsoring institution was to provide 55 officers, 120 nurses, and 10 civilians (4 physiotherapists, 4 dietitians, 2 dental hygienists). The enlisted personnel of 500 was to be provided by the War Department on activation, but permission was given in February 1942 to procure technicians and specialists for later assignments, and 71 were here enlisted. On July 1, 1941, after the major proportion of its officer complement was enrolled, Colonel Goethals was called in-



Colonel Goethals, Major Thorndike, and Captain Hamilton have sent news from Camp Blanding in weekly letters to Dr. Faxon. These letters are posted currently in Dr. Faxon's office. In later issues they can be quoted more fully, but the following excerpts will give details on General Hospital No. 6 in training:

May 30: The 6th General Hospital seems to be progressing toward its full strength without too much delay. On Monday, the 25th, Miss Barbour and her group arrived and were promptly put up in the Red Cross quarters at the Station Hospital. On Wednesday, the 27th, Major Herman Nathan, QMC, our Supply Officer arrived from Camp Lee. On that same day, at about 10:30 P.M. our enlisted reservists came in, having been sent down from Fort Devens. There were 78 of them in all, which brings our enlisted complement up to 430, or within 70 of full strength.

Of the officers, those on the medical services spend every morning and those on the surgical services every other morning at the hospital. The remaining surgeons have classes here. As I understand it the dietitians are working every day and the nurses every other day at the Station Hospital. The afternoons are taken up (by us) in military matters. We usually have an hour of demonstration (litter-bearing, for instance), an hour of movies on some military subject (and they are surprisingly well directed), then a little less than an hour of close-order drill. The drill is followed, after a short pause for water and/or coca-cola, by a meeting of all the officers, at which some such matters as military correspondence are discussed. This closes our day, except for such extra-curricular activities as mess, swimming, letter-writing, or just plain sitting.

June 14: A telegram from the Adjutant General arrived on the tenth sending fourteen of our officers to the 160th Station Hospital at Fort Story, Va. Their new post, I understand, is a stone's throw from Virginia Beach, and is practically palatial, what with barracks and all. An added advantage is that they are together and will constitute over half the officer complement of the Station Hospital.

All the officers, under the tutelege of Colonel Rogers, have been spending mornings this week in learning military matters as they affect them in the hospital—records, boards, etc. . . . The daily rains with which we are visited this season of the year seem to be effective mainly in keeping the humidity high. The official thermometer rarely goes over 88, but some of these muggy days it certainly feels as though it were 120. . . . The spouse situation continues about like Chicken Pox—some go and others come.

June 21: Our enlisted men's tents have been moved from their regular sites in order that wooden 15-man hutments may be erected in their stead. When they are finished I imagine that work will be begun on the officers' tents. These structures go up rapidly as the foundations are hollow cement blocks and the roofs prefabricated. This leaves little other than the floors and sides to be built on the spot.

July 1: Last week was, as a matter of fact, somewhat routine. We had our usual two marches, on Tuesday and Friday, the latter, for the men, consisting of a nine-mile hike out to a bivouac site, establishing bivouac there, having dinner in the field, striking camp, and marching back. The officers were taken to the camp site in trucks about noon, having chow there, and marching back with the men. There were several cases of heat exhaustion, but none were serious. Training progresses reasonably well. Colonel Troutt, the Station Surgeon, has spoken to me in terms of highest approbation of the work being done by our officers and nurses at the Station Hospital. This accolade, being unsolicited, is quite refreshing.

July 12: This week marks a milestone in the development of the 6th General Hospital in that our organized basic military training schedule has ended. Our new schedule gives evidence of this in two main respects: we have no more daily close-order drill and, instead of training-film and didactic instruction of the officer personnel in the function of their various military duties, they have now started the instruction of picked groups of enlisted personnel in their detailed duties in their respective departments. The last week has also seen the transfer of fifteen of our nurses to other stations, mostly to the 160th Station Hospital, our offspring. We hate to see them go but we are more nearly cut down to the requirements of the new table of organization. We now have the exact authorized officer and nurse strength and lack only one dietitian to be at full strength as far as civilian personnel are concerned. Also we expect the rest (about 70) of our authorized enlisted men, who I understand have already received their orders.

July 26: As we close the first week of our third month here the rumors continue to multiply by arithmetic progression. Despite all tales we continue to reside and to work here with nothing definite as to when or where we shall go. As Colonel Goethals undoubtedly reported to you our enlisted complement is very nearly full, we having received about fifty-eight men last week. They have received only their basic training to date. These new men participated Friday in the second of our relatively formal reviews. In these we have made our first use of our flag. They are carried out in what to my unmilitary eye is a good soldierly fashion, with the men going through drill manoeuvers and marching in review past the Colonel. To date they haven't risked the formations by calling on the officers to participate.

August 2: Saturday morning we had our dress review, complete with flag, officers platoon, and all the trimmings. It was recorded by Lt. McKittrick and Lt. McGahey who took both movies and stills, the latter in color. Although there were a few minor slip-ups, the show was, on the whole, a most impressive one.

The news this week is somewhat scant. The main event for all was that after two and a half months of sand and bugs we finally moved into our hutments. They are a little warmer than the tents, but there are many advantages to compensate for this. By setting the beds up on blocks we have been able to avail ourselves of the night breeze and have been very comfortable the past two nights. The absence of bugs and sand everywhere, coupled with the luxury of electric light make our new homes most pleasant indeed. The weather continues to be that of Florida in the summer. The mornings are clear, with gradual clouding during the day, the late afternoon or evening shower and a clear, relatively cool night. We thus get rained upon by the same water day after day. The past week we have been free of excessive heat, but it is still warm enough.

August 17: We are still living here from day to day, and working as though we were to be here permanently. We have received no alerting order as yet, but since we have completed our "three months basic training" we are in hopes that the alert will not be too far in the future.

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The News has just received a copy of a publication called the *Sixth Sense*. In other words General Hospital No. 6 is first at the post. For, although this *Sixth Sense* includes in its title head a sketch of an unmistakeable Bulfinch Building, a line at the bottom of the first page reads "Volume 1, Number 1. Camp Blanding, Florida, Sept. 16, 1942." Its six pages include a report of the celebration of the unit's Hospital Day on September 1, and comments on the less formal occupations of a base hospital in training. A copy of this journal is posted in the exhibition case opposite the General Store in the Moseley Building.

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The Blood Bank is aiding in Air Raid Defense by storing blood for the protection of the people of Greater Boston in case of an air disaster. It will take your pint by appointment.

War Savings Stamps may be purchased at the Cashier's Office and at the General Store. No comment is offered as to whether the present total seems creditable to the Hospital, for every one sold the better represents our effort.

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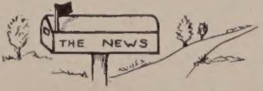
The Volunteer Service Bureau is in need of recruits. Persons interested in working at the Hospital should register at that office in the Moseley Building. Any department needing volunteers should also communicate with the director of the bureau, so that she may supply them as her staff increases.

The new News is under way. At the outset of a journey anxieties commonly resolve themselves into that uneasy, subconscious attempt to remember what it is one has forgotten. And usually it is unimportant, like toothpaste, and can be purchased at the nearest drugstore. The News finds that it has set out with a different dilemma. Our dilemma is this: It will be impossible to publish any journal concerning this hospital without frequent mention of its former Director, Dr. F. A. Washburn. He objects. Nevertheless, we have persisted in telling how it happened that during the last war army base hospitals for the first time proceeded from civilian hospitals. We quoted the deprecative account published in Dr. Washburn's history. It was there recorded by him so that this hospital should receive a share of the credit for this sound plan. With estimable restraint we did not add that the plan became a reality and a credit because Dr. Washburn made his sponsorship of the idea both active, effective, and actual.

Perhaps this final paragraph is what lawyers call a waiver. In any event, this first issue of The News wishes to state that if unsuspecting portions of Dr. Washburn escape from the bushels under which, by request, we shall faithfully try to hide him, be convinced that the fault is ours—and the bushels'. His proportions and achievements are ill adapted to concealment. (He is, incidentally, largely responsible for the resumption of a Hospital news sheet.)



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to active service, to gain further experience in military matters before assuming the highly responsible position of commanding officer of the hospital. From that date Lt. Col. Horatio Rogers acted as Unit Director to help complete the organization. Four months later he went into active service and was succeeded by Lt. Col. Donald S. King. On May 15, 1942, the entire unit began active service. The enrolment of the nurses, who hold the rank of 2d Lieutenant, Army Nurse Corps, was begun by Miss Johnson and completed by Lt. Doris Knights, Principal Chief Nurse of the unit. Over seventy are Massachusetts General Hospital graduates.

A voluntary training program of lectures, conferences and motion pictures was offered during the two winters of preparation, and unit training was begun at Camp Blanding, where the unit was ordered into active service. Excerpts from letters reporting informally on progress in that field will be found on a later page.

At the request of Colonel Goethals a Red Cross unit consisting of two medical social workers, two recreational workers, and a secretary has been assigned to General Hospital No. 6 under Josephine C. Barbour, formerly Administrative Assistant of our Social Service Department, and now an Assistant Field Director, American Red Cross.

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When Colonel Goethals accepted the flag presented to G.H. No. 6 by B.H. No. 6 he made the startling assertion that G.H. No. 6 was the offspring of a father 25 years old and a mother 121 years old. Under his command G.H. No. 6 has become a father at the age of 26 months! On June 10, fourteen of its personnel were ordered to Fort Story, Virginia, 160th Station Hospital, to constitute over half the officer complement there. They were: Major Thorp, Captains Chafee, Clark, Dawes, Graham, Whiting, and Zeller on the Medical Service, Captains Staples, Garrett Sullivan, Suby, and Ulfelder on the Surgical Service, Captain Sahler on X-ray, and Lieutenants Coggins and Poulin on the Dental Service. Early in July several nurses were sent from G.H. No. 6 to join this hospital, which has since been ordered overseas.

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U.S. Naval Mobile Hospital No. 6 has gone overseas, accompanied by "1200 tons of hospital" which it is to build and staff. According to report the Massachusetts General Hospital has contributed the largest single element to the hospital and its chiefs of service. It may therefore be considered informally as the Massachusetts General Hospital Naval Hospital by the following representation: Comdr. Howard B. Sprague, Lt. Comdrs. Harrison E. Kennard, Charles I. Johnson, Francis T. Hunter, John T. Carmody, and Lt. Sylvester McGinn.

General Hospital No. 5, commissioned as the Harvard University Unit and a direct descendant of a similar unit in World War I, was organized under Dr. Elliott C. Cutler as Unit Director, and Dr. Thomas H. Lanman and Dr. Theodore L. Badger as Chiefs of the Surgical and Medical Service. At the urgent request of the University, Dr. Cutler, a veteran of the first unit, was refused permission by the Surgeon General to accompany G. H. No. 5 when it was ordered abroad last March. He has since gone overseas, with the rank of Colonel, M.C., U.S.A., to serve as Chief Surgical Consultant of the American Expeditionary Force in the Atlantic. After activation this hospital was divided into two units. Of these G. H. No. 5 was the first to go overseas. Among the Massachusetts General Hospital members on service with it are: Major Moses S. Strock; Captains Fiorindo H. Simeone, Richard Warren, Gordon A. Saunders; Lt. Henry H. Brewster.

General Hospital No. 105, the second unit, was organized under the direction of Major Augustus Thorndike. It is now on active duty abroad. Massachusetts General Hospital members on this service include: Majors Myles P. Baker, Edwin F. Cave, Milton H. Clifford, J. Evarts Greene, George A. Marks; Captains Albert H. Coons, Richard S. Cosby, Donald P. Ham, Gustav G. Kaufman, John J. Kneisel, John L. Newell, Carter R. Rowe, Charles P. Sheldon, Richard H. Thompson; Lieutenants Edwin C. Albright, Lewis K. Dahl, John T. Lambert, Arthur S. Pier, Jr. and Lester B. K. Yee.

Of service at home only a brief mention can be made. The importance of civilian defense in this geographical sector was early recognized. An organization for voluntary training was planned under the Massachusetts Committee on Public Safety to duplicate defense precautions in over 350 cities and towns. Dr. Elliott C. Cutler was made Director of the Medical Division, to organize mobile medical units, arrange for dressing stations, hospital capacity, supplies, and transportation in case of military emergencies. Dr. A. William Reggio was his assistant. The work of the Medical Division is now under the direction of Dr. Reggio, who upon Dr. Cutler's departure for service in the Army was appointed State Medical Director, with Dr. Horace P. Stevens as Deputy. Dr. Reggio has also been commissioned Surgeon (Reserve) in the U. S. Public Health Service, a rank equivalent to major.

The first public disaster demonstration was given in the Moseley rotunda on Hospital Day. It was arranged by Dr. Robert B. Osgood as deputy chief medical officer. Dr. Arthur W. Allen, who is in charge of the disaster triage at the Hospital, conducted the demonstrations.

Departments of the Hospital and individual members of the staff have cooperated in other war services; for example in the classification of applicants for the air service and in definite research problems bearing on the war, in the work of the Committee on Procurement and Assignment, of which Dr. Faxon is a member, and by the establishment of a blood bank and a decontamination chamber for gas victims. When immediate protection for the Hospital against bombs and sabotage was called for on December 7, a defense organization was at once set up and black-outs arranged for. Blood typing of employees has been carried out. The Hospital is also not exempt from the restrictions of rationing, priorities, employment shortages, increased prices, or transportation problems, and with the absence of so large a percentage of its staff the Home Guard will have many demands to meet.

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Individual members of the staff have been called to important and interesting military posts. A few of them are reported herewith.

Dr. James C. White joined the Naval Reserve in February 1939, and was commissioned a Lieutenant Commander. On being assigned to the U.S. Naval Hospital in Chelsea as mobilization billet, he began working there as a volunteer in March 1941. Dr. White was assigned to active duty in July 1941, and went to England to observe British war procedures in neurosurgery. Upon his return he was again placed on inactive service. After the incident of December 7 he asked to be returned to active duty and since that time has been assigned to the U.S. Naval Hospital in Chelsea, in charge of neurosurgery. This permits him, however, to continue his investigative work and teaching at Harvard and at the Hospital. During the spring of 1942 Dr. White was sent to Canada and later to Norfolk, Va., to observe cases of exposure and determine routine treatment for "immersion foot." His report is to be published in a forthcoming issue of *The Naval Medical Bulletin.*

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Dr. Robert S. Schwab has been a member of the Naval Reserve since May 1936, when he was commissioned Lieutenant (s.g.) in the Volunteer Reserve and designated as specialist. He began volunteer duty in March 1941, assigned to the U.S. Naval Hospital in Chelsea as mobilization billet, and in December 1941 was placed on active duty there in the department of neuro-psychiatry, with an additional assignment to the Massachusetts General Hospital Brain Wave Laboratory. Dr. Schwab has made a preliminary investigation of chronic seasickness in navy personnel at the Naval Hospital. This was presented before the Neurological Association in Chicago in June 1940 and will be published in *The Naval Medical Bulletin.* He has also investigated the neuropsychiatric findings in survivors of ship-wreck. Naval personnel requiring electroencephalograms are examined in the Brain Wave Laboratory here and reports turned in directly to the Navy. Dr. Schwab now holds a commission as Lieutenant Commander.

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At the request of the Surgeon General, Dr. Walter Bauer has gone into service as Medical Consultant and Coördinator of Medical Activities for the 8th Service Command. He has been commissioned Lieutenant Colonel, M.C., to act as supervisor of medical service in the hospitals assigned to that command. He left early in August to report at the Army Medical Center in Washington and observe treatment at the Walter Reed Hospital. He also visited the Lawson General Hospital and the laboratory of the Fourth Service Command in Atlanta and the LaGarde Hospital in New Orleans. His headquarters are San Antonio, Texas, and the area under his supervision includes that state, Arkansas, Oklahoma, Louisiana, and New Mexico.

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Detailed news of the service of other members has recently been received, and similar items, as they reach us, will be included in later issues.

Dr. Ward I. Gregg was commissioned on August 20, with the rank of Captain, M.C., U.S.A. Because of his interest in skiing and mountaineering, he was approached by the American Alpine Club and asked to volunteer in the Army Medical Corps for duty in the mountain units in the organization of mobile surgical groups. His previous experience in climbing and skiing in Austria and Germany and in the observation of Italian Alpine paraphernalia, more than qualify him for this commission. Captain Gregg reported for active duty in the Pacific Northwest on September 1, assigned to Mountain Infantry.

Dr. Howard C. Coggeshall is now a member of the Station Hospital Staff at Camp Carson, Colorado Springs. This is an 1800-bed hospital which has been opened only a few weeks. Dr. Coggeshall, with the rank of Captain, M.C., U.S.A., is Chief of the Arthritic Service in an activating camp of some 30,000 men sent in from induction boards.

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Dr. Dana L. Farnsworth is with the University of Pennsylvania Specialists Unit of the U. S. Navy. He hold a commission of Lieutenant. This unit is now in charge of a hospital ship in the Pacific.

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Lt. Comdr. Robert F. Legge has been in the Naval Reserve since 1935. He served for six months on active service at the Mare Island Naval Hospital, and is now detailed for duty in the South Pacific.

* * *

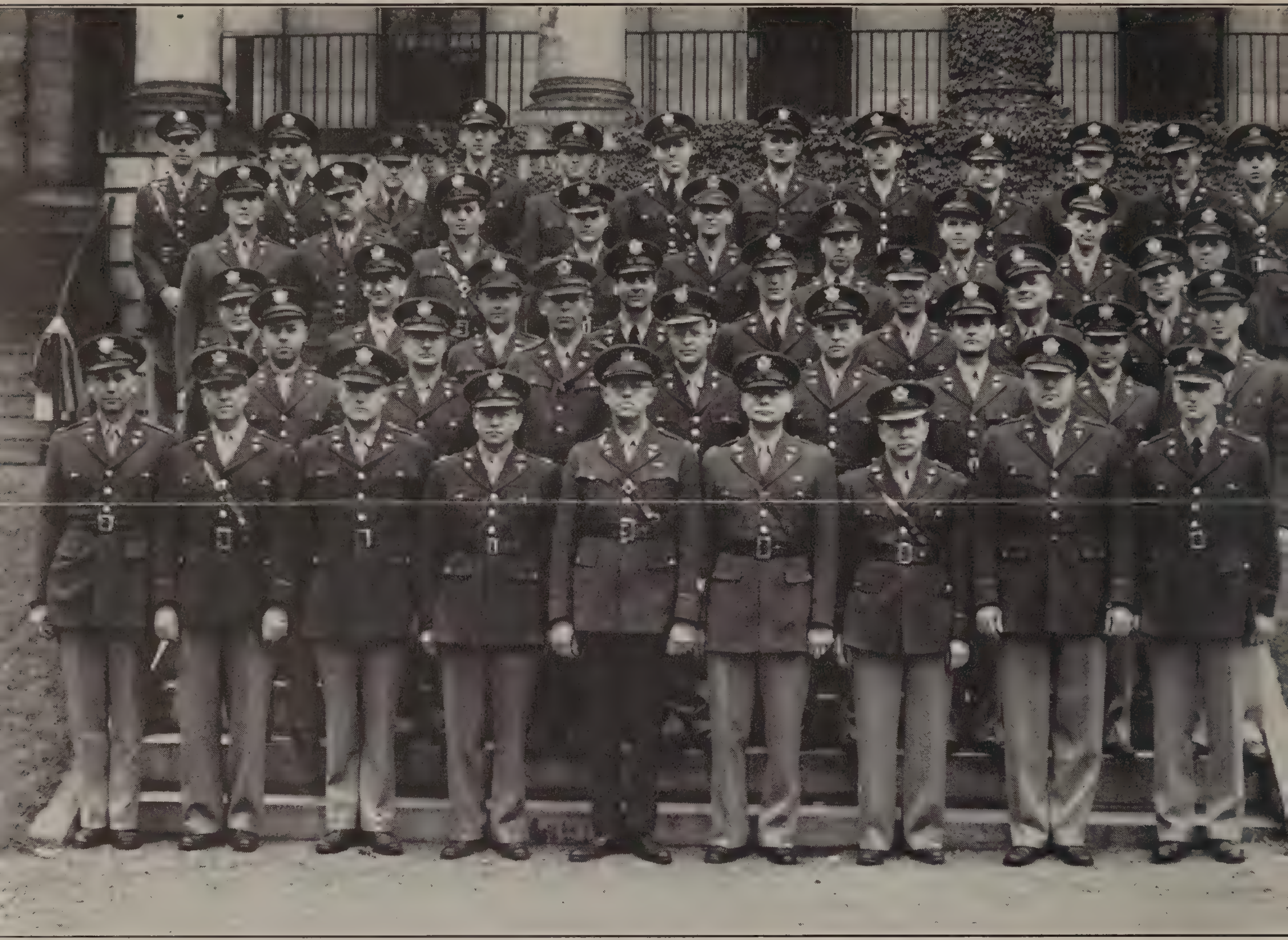
THE NEWS regrets that it can give only the name and rank of the following Hospital members whose service was reported previous to September 1. Many of those named below joined the Armed Forces early, and have been assigned to interesting and responsible posts, but space forbids giving a detailed account of each and much of our information is necessarily incomplete. Several months ago Mrs. James H. Means began to collect military information concerning the staff and alumni, and forms were sent out with the Annual Reports. Thanks to her similar work during World War I the details of the military service of Hospital members have been preserved. The Hospital is grateful for her interest in these important records. Notices of military service should be sent to Mrs. Means, c/o Treadwell Library. It is hoped that additions and corrections will be received.

C. H. Allman, Lt. Comdr., USNR
R. E. Alt, Lt., USNR
R. F. Atsatt, Lt. Comdr., USNR
V. G. Balboni, Lt., USA
F. G. Balch, Lt. Comdr., USNR
H. T. Ballantine, Lt., MC, USA
J. S. Barr, Lt. Comdr., USNR
D. W. Barrow, Capt., MC, USA
W. M. Bartlett, Capt., MC, USA
F. L. Bauer, Lt., MC, USA
H. C. Bean, Lt. Comdr., USNR
C. B. Beeman, Capt., MC, USA
R. B. Bigelow, Lt. Comdr., USNR
S. D. Blackford, Lt. Col., MC, USA
W. G. Breckenridge, Surgeon Lt., RCA
L. B. Burgin, Capt., MC, USA
F. L. Burnett, Lt., MC, USA
E. M. Burns, Major, MC, USA
W. C. Burrage, Lt. Comdr., USNR
R. B. Capps, Major, MC, USA
P. C. Carson, Lt., USNR
V. G. Casten, Lt. Comdr., USNR
D T. Chamberlin, Major, MC, USA
T. S. Claiborne, Major, MC, USA
I. J. Cohen, Capt., MC, USA
R. B. Cohn, Major, MC, USA
R. Collins, Major, FA, USA
F. S. Coombs, Capt., MC, USA
L. Cozen, Major, MC, USA
W. B. Crandell, Lt., MC, USA
N. L. Crone, Major, MC, USA
W. D. Davidson, Major, MC USA
C. C. Derrick, Lt. j.g., USNR
V. P. Dole, Lt. j.g., USNR
A. L. Duncombe, Lt., USNR
R. W. Dwight, Lt. Comdr., USNR
W. E. Eaton, Capt., USN
E. P. Engleman, Lt., MC, AAF
J. W. Ewell, Capt., MC, USA
D. L. Farnsworth, Lt., USNR
J. M. Faulkner, Lt. Comdr., USNR
J. H. Fay, Lt. Comdr., USNR
J. E. Fish, Capt., MC, USA
W. E. Flood, Lt., MC, USA
E. A. Gall, Capt., MC, USA
W. E. Garrey, Lt., USNR
H. B. Garrigues, Lt., MC, USA
A. G. Gauld, Lt. j.g., USNR
R. E. Glendy, Major, MC, USA
W. W. L. Glenn, Lt., MC, USA
D. M. Glover, Major, MC, USA
C. F. Goeringer, Capt., MC, USA
J. B. Graeser, Lt. Comdr., USNR
A. Graybiel, Lt. Comdr., USNR
J. Greenough, Major, MC, USNR
H. E. Gregory, Lt., MC, USA
H. Hamlin, Lt., USNR
A. O. Hampton, Major, MC, USA
I. B. Hardy, Lt., j.g., USNR
R. N. Hatt, Major, MC, USA
G. E. Heels, Lt., MC, USA
L. W. Hill, Major, MC, USA
D. H. Hindman, Lt., jg, USNR
A. A. Holbrook, Major, MC, USA
J. A. Holmes, Lt., jg, USNR
H. F. Howe, Capt., MC, USA
H. C. Hughes, Capt., MC, USA
R. W. Hunter, Lt., jg, USNR
G. T. Hyatt, Lt., MC, USA
B. M. Jacobson, Lt., USNR
W. M. Jefferies, Lt., MC, AAF
F. H. Jergesen, Lt., MC, USA
L. G. Johnson, Capt., MC, RCA
R. J. Joplin, Lt. jg, USNR
M. V. Kappius, Lt. Comdr., USNR
J. K. Keeley, Capt., MC, USA
A. W. Kitts, Lt. jg, USNR
W. F. Leadbetter, Major, MC, USA
H. M. Lowd, Lt., jg, USNR
W. H. Lowell, Lt., MC, AAF
J. R. McDaniel, Lt., MC, USA
G. E. May, Lt. Comdr., USNR
M. L. Miller, Major, MC, USA
E. R. Mintz, Lt. Comdr., USNR
C. G. Mixter, Jr., Lt., MC, AAF
J. P. Monks, Lt. Comdr., USNR
J. M. Morris, Lt., jg, USNR
D. Murnaghan, Rank Flying Officer, RCA
E. E. Myers, Major, MC, USA
E. A. Osius, Lt. Comdr., USNR
R. S. Palmer, Lt. Comdr., USNR
R. L. Patterson, Capt., USA
E. L. Persons, Lt. Col., MC, USA
P. L. Pillsbury, Ot., MC, USA
R. B. Pippitt, Lt., jg, USNR
R. R. Porter, Capt., MC, USA
T. C. Pratt, Lt. Comdr., USNR
E. J. Radcliffe, Major, MC, USA
A. C. van Ravenswaay, Capt., MC, AAF
E. E. Record, Lt., MC, USA
W. A. Reilly, Lt. Col., MC, USA
F. I. Rhodes, Lt. Comdr., USNR
L. S. Saltus, Lt., MC, USA
A. T. Scott, Lt., USNR
K. A. Shangraw, Lt, USNR
W. M. Shedden, Lt. Comdr., USNR
H. W. Smith, Rear Admiral, USN
J. B. Stanbury, Lt., USNR
R. P. Stetson, Major, MC, USA
O. W. Stewart, Capt., MC, RCA
J. S. Stillman, Major, MC, USA
L. M. Strayer, Capt,, MC, USA
G. P. Sturgis, Lt., USNR
C. L. Swan, Lt. Comdr., USNR
C. S. Swan, Lt. Comdr., USNR
H. Tatlock, Lt., MC, USA
B. Tenney, Lt. Comdr., USNR
H. C. Thacher, Lt., MC, USA
H. M. Thomas, Lt. Col., USA
R. L. Thomas, Lt., USNR
W. J. Tobin, Lt., MC. USA
R. F. Traver, Capt., MC, USA
E. H. Trowbridge, Lt., MC, USA
T. V. Urmy, Major, MC, USA
A. M. Waldron, Lt., MC, USA
T. A. Warthin, Lt., MC, USA
R. F. Watson, Lt., USNR
D. R. Weir, Capt., MC, USA
G. P. Whitelaw, Lt., jg, USNR
R. H. Whitham, Lt. Comdr., USNR
A. T. Willetts, Lt., jg. USNR
J. L. Wilson, Lt, jg, USNR
L. M. Woodruff, Lt., jg, USNR
T. C. Worth, Capt., MC, USA
O. C. Yens, Major, MC, USA
C. Young, Major, MC, USA

The following are serving as Medical Officers with commercial airlines: Drs. W. P. Chapman, L. P. Eliel, R. B. Miller, O. H. Pearson. Dr. G. M. Saunders is Medical Director for Pan-American Airlines in Africa.

* * *

Many hospital employees have left to join the Armed Forces. THE NEWS hopes to publish a list of their names in a future issue.



6TH GENERAL HOSPITAL—MASSACHUSETTS GENERAL HOSPITAL UNIT

FIRST ROW, left to right: Major James A. Halsted, Major James H. Townsend, Major Langdon Parsons, Major Edward F. Bland, Colonel Thomas R. Goethals, Lt. Col. Donald S. King, Major John H. Talbott, Major William T. S. Thorndike, Major Sylvester B. Kelley.

SECOND ROW: Major Marshall K. Bartlett, Major Grantley W. Taylor, Major Henry H. Faxon, Major Charles L. Short, Major Trygve Gundersen, Major Garrett L. Sullivan, Capt. Howard I. Suby, Major Alfred Kranes.

THIRD ROW: Major Jackson M. Thomas, Capt. Otto E. Aufranc, Capt. Oscar S. Staples, Capt. Somers H. Sturgis, Capt. Francis H. Chafee, Capt. Richard J. Clark, Capt. Lowrey F. Davenport, Capt. Otto D. Sahler.

FOURTH ROW: Capt. John R. Graham, Capt. Daniel C. Dawes, Capt. T. Stewart Hamilton, Capt. John R. Frazee, Capt. Alfred O. Ludwig, Capt. J. Harold DeMers, Capt. Richard G. Whiting, Capt. John W. Zeller, Capt. Hermann B. Seyfarth.

BACK ROW: Major Edward G. Thorp, Chaplain William Arnold, Capt. Daniel J. Holland, 1st Lt. Stanley Wyman, 1st Lt. William C. Burrage, 1st Lt. John B. McKittrick, 1st Lt. Calvin R. Coggins, 1st Lt. Marlow B. Harrison, 1st Lt. Knowles B. Lawrence, 1st Lt. Sedgwick Mead, 1st Lt. Robert M. Bailey, Capt. Spiros P. Sarris.

NOT PRESENT: Lt. Col. Horatio Rogers, Major James R. Lingley, Major Robert G. Rae, Capt. Henry L. Heyl, Capt. Theodore H. Ingalls, Capt. Eugene R. Sullivan, Capt. Howard E. Ulfelder, Capt. Claude E. Welch, 1st Lt. Edward L. Cantlon, 1st Lt. Daniel S. Ellis, 1st Lt. Claud E. McGahey.

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Of the nurses enrolled with General Hospital No. 6 the following are graduates of the Massachusetts General Hospital School of Nursing They hold the rank of 2d Lieutenant, Army Nurse Corps.

Ethel A. Anderson, Dorothy E. Ayer, Grace R. Babcock, Katherine C. Barrett, Laurianne Beaudette, Julia L. Binns, Evelyn M. Blaney, Rita L. Boyle, Geraldine R. Brandon, Mary E. Brebbia, Jessie E. Brooks, Linda B. Burgess, Edith J. Butcher, Mary A. Canning, Mary L. Casey, Dorothy M. Chrystal, Helen J. Coghlan, Thelma B. Cogswell, Mary E. Connolly, Alice M. Corcoran, Eleanor B. Crafts, Caroline Eaton, Edna L. Emerson, Margaret F. Emery, Annette L. Eveleth, Helen A. Forrant, Mary A. Fraser, Florence L. Giberti, Virginia C. Griswold, Blanche B. Haley, Emelyn O. Harlow, Ruth Hathaway, Margaret R. Hazen, Helen G. Hewit, Louise H. Hollister, Cynthia Holt, Martha E. Jewell, Harriet L. Johnsen, Evelyn V. King, Doris Knights, Elsie V. Krook, Ruth Lawrence, Catherine E. Lyons, Christine McKinnon, Hazel W. MacNeill, Mary C. MacSwain, Phillis Madden, Margaret F. Mahoney, Barbara E. Maxwell, Marjorie A. May, Jeannette C. McDonald, Rose C. McDonnell, Bessie McLellan, Dorothy I. Moles, Anna L. Moore, Christine H. Moore, Dorothy A. Nickerson, Rita E. O'Leary, Ruth F. Penniman, Barbara E. Peterson, Eleanor Pitman, Eunice B. Plant, Anna E. Pritchard, Eunice Rose, Virginia L. Sears, Helen D. Shaw, Louise C. Sherer, Ethel M. Slattery, Elinor C. Stacy, Anna L. Tinkham, Chloe D. Wilcox, Irene E. Willis, Mary E. Wilson.

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The Red Cross unit, as mentioned earlier, is in charge of Josephine C. Barbour, and has as its secretary Patricia Baker, who had recently been secretary of the Diagnostic Clinic. Two of the four dietitians, Constance Beth Hayes in charge and Deborah Bardwell an assistant, are former staff dietitians. The physiotherapists are Priscilla T. Chandler, a former staff physiotherapist and in charge of the group, and Frances Morgan, Helen Beer, and Arline Adams, who were completing their training at this hospital. Of the laboratory technicians Robert Melville was formerly in Dr. Talbott's laboratory, and George Shallcross in the Cardiographic Laboratory.

THE NEWS

No. 2 Boston, Mass. November 1942

The seal used as a part of our mast head was selected by the Trustees in 1817 when funds sufficient to secure the establishment of this hospital were in hand. A description of it is recorded in the first volume of the Trustees' Records, and an old seal, possibly the original, is still in existence. It is too worn for further use, and was replaced within the last few years. This seal is now on exhibition in the Archives Room.

Nov. 24, 1817—Voted: That the Chairman cause a Seal to be engraved, with a suitable device, as the Seal of the Corporation.

Nov. 30, 1817—Col. May appointed at the last meeting to procure a seal, laid one before the Board, having, in the center, the arms of Massachusetts, viz. an Indian with his bow in one hand, and arrow in the other, & on his right a star; and being encircled with the inscription "Massachusetts General Hospital 1811." Voted to accept the said Seal, & that the same be constituted the Seal of the Corporation. . . . Joseph May esq. was authorized to draw on the Treasurer for the sum of Ten Dolars & fifty cents, to pay for the Seal procured by him.

The incorrect deduction is sometimes made that the Massachusetts General Hospital, because of its name, is a state institution. In 1811 it received from the Commonwealth the grant of the Province House estate; the stone for the Bulfinch Building was cut by prison labor, and this service was given to the Hospital; the Massachusetts Hospital Life Insurance Company for years paid a part of its income to the Hospital as one of the provisions of its act of incorporation. Later, when other insurance companies were granted charters, it was decided no longer to hold this company to the agreement and in friendly manner the company made suitable financial adjustments with the Hospital.

So it may be seen that in the early days the Massachusetts General Hospital was much indebted to the Commonwealth of Massachusetts for help in starting on its career. Historians of the Hospital have repeatedly called attention to this, and advised that it be remembered and that the name of the Hospital never be altered. Also, the Governor of the Commonwealth annually appoints four of the twelve trustees, and in that way continues the original connection.

The fact of its name has thus led people not familiar with the Hospital's history to consider that it is owned and managed by the Commonwealth. It should be emphasized that this is not the case and that the Massachusetts General Hospital is a private, non-profit, charitable institution.

Many members of the Corporation and first Board of Trustees were well within an age to remember the year 1780 when the State of Massachusetts was a new member of a new company of states. In that year the State seal was determined on by a committee appointed for that purpose. This committee set down the decree that the design should contain a star, to show that Massachusetts was so represented on the national flag, and an Indian in a buckskin shirt with a bow in his left hand. These devices were to be surrounded by a wreath, botanical denomination unprescribed. Within these general restrictions the State seal was often modified according to the fancy of the particular engraver or printer as to the fringes on the Indian's wardrobe and the size and shape of his bow and arrows. The present design was adopted by the legislature in 1885.

It may be supposed that the Indian was given place on the State seal because in 1629 he had appeared, not inappropriately but clad in leaves, on the official seal for the colony sent over by the English governor and used until 1684. Also, the State had taken its name from one of the tribes. In one particular the Hospital Indian is quite independent of the State Indian. He declares himself a man of the common people by holding his bow in his left hand—as all Indians did, good or bad. The State Indian is now obliged by law and design to hold his in his right hand.

Until 1851 the Hospital had in its possession an actual bronze Indian of its own. He was mounted as the weathervane on the Province House until that building was damaged by fire. And he was a distinguished Indian, of hammered copper with glass eyes, the work of Deacon Shem Drowne who made the Faneuil Hall grasshopper.

This Indian is still in existence but has, regrettably, passed out of the Hospital's custody. It passed from the hands of Mr. Henry Greenough, who held the lease of the Province House, to Dr. John C. Warren, a founder and the first surgeon of this hospital. Dr. Warren set it up at his Brookline house, but in 1876 his daughter Emily, Mrs. William Appleton, presented it, not to the Massachusetts General Hospital but to the Massachusetts Historical Society. There it may still be seen, well protected but leading a life unfortunately dim and obscure compared to the admiration and attention it would receive in our busy halls.

As stated in our first issue, THE NEWS will attempt to publish only the appointments made by the Trustees during the preceding month. Appointments for August have already been printed; those below were made during September and October. Many other appointments have been made and leaves of absence granted since the publication of the Annual Report for 1941. THE NEWS regrets that it cannot include them all.

The Trustees have granted leave of absence because of military service to:

Drs. John C. Angley
Robert H. Barker
H. Irving Bixby
Joseph A. Doherty
Luke Gillespie
Aubrey O. Hampton
I. Paley Rak
Keith A. Shangraw
Robert H. Talkov
Frederic Tudor
Thomas V. Urmy

The following appointments have been made:

Dr. George W. Holmes, Acting Chief of the Department of Radiology
Dr. William E. Davis, Radiologist
Dr. Dorothy Tebbe, Assistant, Children's Medical Service
Dr. Dorothy Gill and Dr. Javier Robles-Gil, Research Fellows in Medicine
Dr. Morton L. Mazer, Assistant Resident, Radiology Dept.
Drs. Nels W. Ahnlund, Samuel M. Reichel, and Chung-Chang T'an, Interns, Orthopaedic Service
Dr. Robert Rubin, Intern, Medical Service, for six months

Appointments for future internships are:

Dr. Harold M. Somberg, Assistant Resident, Neurology Service, for six months beginning Jan. 1, 1943
Dr. Norman Zamcheck, Pathology Service, Jan. 1-Oct. 1, 1943
Dr. Richard R. Evans, Pathology Service, July 1- 1943-July 1, 1944
Dr. Victor C. Vaughan III, Children's Medical Service, beginning July 1, 1943

Medical House Officers have been appointed as follows:

April 1, 1943

George H. Carter
Ernest Craige
Allan L. Friedlich, Jr.
Duane H. Mitchel
Edward P. Richardson, Jr.
Royal S. Schaaf
John R. Spencer
Wade Volwiler

Oct. 1, 1943

Kenneth T. Bird
D. Campagna-Pinto
Harold E. Elrick
Oscar W. Hills
Lawrence B. Hobson
William N. Nundy, 3d
Robert P. Smith
John F. Tannheimer

Surgical House Officers have been appointed as follows:

April 1, 1943

Henry F. Allen
Rafe Banks, Jr.
Ben Eiseman
Sidney W. Ellery
Charles R. Horn
George R. Livermore
Guy B. Maynard, Jr.
Henry D. Moorman, Jr.
Grant V. Rodkey
Benson B. Roe
Cornelius J. Shea
Jesse E. Thompson
Richard C. Webster, Jr.
Frank C. Wheelock, Jr.

July 1, 1943

Robinson L. Bidwell, 2d.
Joseph D. Enterline
Joseph P. Holihan
Roger W. Morrison
James W. Newell
Gardiner Pier
David W. Williams

* * *

Christmas mail for persons in service overseas should be sent at once.

The Hospital will observe Armistice Day, November 11, as a legal holiday.

Thanksgiving falls this year on November 26, and will be celebrated by the Hospital on that date.

The Hospital Research Council meetings have been resumed for the winter. Notices for these are sent out in advance. They will take place as usual on the fourth Tuesday of the month at five o'clock.

* * *

The Surgical Department reports a distinguished visitor. Dr. José Arce, Director of the Clinical Surgical Institute of Buenos Aires and former Professor of Surgery at the University of Buenos Aires, was a visitor at the Hospital from Oct. 19 to 21. Dr. Arce now holds the title of Professor of Thoracic Surgery in the University of Buenos Aires.

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Announcement was made at the convention of the American Hospital Association in St. Louis that Massachusetts was awarded first prize for "Hospital Day" programs. The air-raid demonstration in the Moseley Rotunda was mentioned in the first issue of THE NEWS, and the Massachusetts General Hospital is proud of the contribution made by Mrs. Lois D. McCoy, Personnel Director, who served as State Chairman of Hospital Day.

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NOTICE

Because of the large number of members of the surgical staff who are now in the armed forces the active surgical staff is greatly reduced.

The number of men over forty-five years of age who may be expected to remain at the Hospital and who may be counted upon to do the general surgery is inadequate to cope with the demands of the General Hospital, Baker Memorial, and Phillips House. It is necessary, therefore, to declare a certain number of the men under forty-five years of age as essential to the Hospital.

Therefore, the following men have been declared to Procurement and Assignment Service as essential for the conduct of the Surgical Department of the Massachusetts General Hospital until they may be replaced by equally competent men:

Dr. R. H. Smithwick
Dr. R. H. Sweet
Dr. R. R. Linton
Dr. Oliver Cope
Dr. R. H. Wallace
Dr. Edward Hamlin, Jr.
Dr. F. A. Simmons

For the General Executive Committee
N. W. Faxon, M.D., Secretary

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The official statements below are included at the request of the Administration. It is suggested that other committees bear in mind that such reports may be included in this journal.

* * *

The following report of the Record Committee has been approved and accepted by the General Executive Committee.

Orders for the Treatment of Patients are written by the Doctors on the "medication sheet". The space for the Doctor is not wide enough. The cancellation of orders deserves more than a check mark and, after this, cancellation will be by a new written order: "October 15th—Omit morphine". All this is very easy to fix, but this small improvement has led to larger questions:—

So soon as the Doctor writes his orders the Nurse immediately copies them (or many of them) onto a "Cardex" form. There are two reasons for doing this. First, the Cardex provides a quick and easy reference, and second, it includes a check system to insure that each order is carried out. This copying appears to be a necessary evil. The Record Committee has tried to develop a combination of order sheet and Cardex System that would prevent duplication and save work all around, but so far it has been unable to think of a scheme that will do several things at the same time:

1. Show the orders as written from day to day
2. make the orders readily available to the nurses
3. provide checks on the preparation and giving of orders and
4. provide a permanent record of what was done from day to day.

If anyone can suggest one or more printed forms that will fill these functions and simplify the process, the Record Committee and all the Nurses will be immensely grateful.

Meantime, there are several ways in which the Doctors can help the Nurses very materially:

1. Write orders neatly and legibly in black ink.
2. Orders given verbally are always subject to error. Even if the nurse is willing to write them, they must be read and initiated by the Doctor or his assistant.
3. Medicines given regularly "T.I.D." are handled by an easy routine. But other medicines ordered for odd times call for special arrangements. They are usually a nuisance.
4. The omission of orders after this will be by writing a new order to omit the old.
5. In long cases, where the orders are numerous, periodic revisions of all orders will be very helpful. When the nurse reads "Cancel all previous orders" she need no longer look at any old papers. Incidentally, the patient may be pleased that the chloral hydrate or the nux vomica which was necessary when he was sick has been given up at last.
6. Abbreviations must be used cautiously: "K.I."—"T.I.D."—"M.G.&W." may be clear to most of us, but what is "G.O.M."? God's own Medicine might be either whiskey or morphine but "G.O.K."
7. Follow up notes do not belong on the medication sheet.

Suggestions from one and all will be welcomed by the

M.G.H. Record Committee

Oct. 13, 1942

Some of the adjustments for the House Staff, made necessary by wartime regulations for intern service, were reported last month in statements by Dr. Means and Dr. Churchill. This month we include news of the Out-Patient service and comments on its wartime adjustment. These were provided by Miss Elspeth S. Campbell, supervisor of the department and at present in administrative charge.

"When the 6th General Hospital left for Camp Blanding on May 15th, 1942, the Out-Patient Department lost its assistant director, Dr. Thomas Stewart Hamilton, and many members of its senior and junior staffs. Since then many others have joined different branches of the Armed Forces. To fill in during their absence we are fortunate in having members of our consultation and senior staffs return to active service in the clinics:—

Surgical Clinic: Dr. Charles L. Scudder, Franklin G. Balch, Robert H. Vose, Lincoln Davis, Hugh Williams, Beth Vincent, Harold G. Giddings, Arthur M. Jackson, Harold M. Frost, John B. Sears.
Tumor Clinic: Dr. Channing C. Simmons
Medical Clinic: Dr. Willard S. Parker
South Medical Clinic: Dr. William D. Smith
Orthopaedic Clinic: Dr. Andrew P. Cornwall
Skin Clinic: Dr. Charles E. Wells
Neurology Clinic: Drs. Charles A. MacDonald, George Clymer
Urology Clinic: Drs. J. Dellinger Barney, Richard F. O'Neil
Eye Clinic: Drs. Edward K. Ellis, Fred M. Spalding, Ralph A. Hatch, Hugo B. C. Riemer

It has meant a great deal to the successful running of our clinics to have the assistance of these men of mature judgment. Not only the Hospital and the patients are benefitted, but the teaching value of the clinics is maintained.

"Although the clinics are below last year's daily average they have continued rather large, in spite of gas rationing and increased employment. The specific changes made necessary by shortage in staff and other wartime considerations will be of interest to absent members.

"On May 1 the Diagnostic Clinic was closed for the duration of the war. First opened in 1915, it was closed two years later because of the departure of the staff for service during World War I. Re-opened in 1920, it has been in operation since that time. Early in May it was necessary to close the Peripheral Circulatory Clinic, also, and to limit the Gastro-Intestinal Clinic. For the present Peripheral Circulatory patients are being cared for in the General Surgical Clinic. The other special clinics are functioning, but on a restricted basis. The Orthopaedic Clinic reports the loss of its plaster man, Bill Murphy. He has been called into the Army. The nursing situation has been reasonably stable in this division, and in the administration there have been few changes.

"These notes will give a definite idea that things are not as they use to be. Our members in service with the Armed Forces

Early last winter it became evident to the Ladies' Visiting Committee that the nursing staff of the General Hospital was going to be short-handed. After conferences with Dr. Faxon and Miss Johnson the Committee decided to undertake, under the Nursing Office, a service that would provide two members of the Committee in the hospital every morning from nine to one o'clock. These members would make the rounds of the wards and do errands that would take nurses or ward helpers off their wards. The service was started in January and, except for Saturday mornings during the summer, has been operating without a break ever since.

The uniform of white smock, red armband and red basket soon became familiar in the hospital and, as head nurses came to know the service, demands on it increased. At first the workers came only from the Ladies' Visiting Committee, but the service soon outgrew this limited group and outside volunteers are now welcomed. However, the training of these volunteers and the conduct of the service is still the responsibility of the Ladies' Visiting Committee. Although the Ward Errands Service is a most important undertaking, the Committee has placed its volunteers in many other departments of the Hospital. They make surgical dressings, sew, act as ward secretaries, work in the Occupational Therapy Department, etc.

The Ladies' Visiting Committee expects the demands on its service to grow and hopes to be able to meet future calls on it as it has met the calls in the past. Persons interested to volunteer for training for such auxiliary service should get in touch with Mrs. Brooks Potter at the Hospital.

* * *

The report above, provided by the Ladies' Visiting Committee, is incomplete without some comment of appreciation from the nursing staff and the Hospital. The service provided through the red baskets would be keenly appreciated in the best of times. Under present conditions it has earned the personal gratitude of every ward and every nurse in the General Hospital, and merits its new title the Massachusetts General Hospital War Service.

* * *

Mrs. Robert Homans is Director of the Women's Division of the Massachusetts Committtee on Public Safety. She has been connected with this auxiliary service since August 1940, when she was appointed by Governor Saltonstall to its executive committee. Mrs. Homans has organized 20,000 Massachusetts women in their work of spotting planes, operating report centers, canteens, salvage enterprises, preserving foods, and in their training for civilian defense in the classes offered by the Committee in air-raid precautions, canteen work, and nutrition.

With this issue THE NEWS opens its Suggestion Box. Any member of the Hospital personnel with anything on his mind relating to the Hospital is urged to contribute. Address your suggestions to the Archives, and put them, signed or unsigned, in the postoffice. They will all be considered by the administration and selections from them will be printed here.

* * *

Here is the first:

"To the day-workers in the Hospital, the Pay Cafeteria provides not merely a solution of their lunch problem but an exceptionally agreeable solution. The cafeteria does its full share, but it must leave it to us to furnish one important element in a pleasant atmosphere.

"Too many of us lunch alone because too many of us lunch together! In seating themselves, individuals look earnestly about for companions from their own department, or at least for other persons already known to them. Strangers and newcomers hesitate to trespass on this pseudo-collegiate atmosphere. This is not to say that one should nobly select some lonely luncher and make labored conversation through a hard half-hour. It is simply to say that the dining room offers a personal bill of fare as varied and satisfying as the menu. It offers you an opportunity to associate with members of other departments and get acquainted with the Hospital personnel as a whole. As the adult, the democratic, even the cosmopolitan thing to do, why not walk into the dining-room and sit in the first convenient vacancy? We all need to widen our worlds.

"And one thing more. The Cafeteria employees are, like you, members of the Hospital personnel. With the industrial demand for young and unskilled workers it has been difficult to keep a full quota for clearing the dining-room tables. Remember that trays are heavy. The girls in the green uniforms appreciate your cooperation."

* * *

The Hospital has had many occasions to appreciate the interest and loyalty of its employees: never more than at the present time and never more than in the instance gratefully reported by the Personnel Office. Two "dieners" recently left the Path. Lab., after service of several years to take defense jobs. But they kept in touch with the Lab., strolling over occasionally on a Sunday to see how things were going. The Personnel Office could tell you of its anxieties and problems in filling the positions of the large number of Hospital employees who have gone into service with the Army, the Navy, and on defense work. But nobody had to tell Anthony Scavongelli and Warren Clark. They saw for themselves and one Sunday appeared suddenly, separately, and simultaneously, rolled up their sleeves and spent their free day of the week cleaning up the Media Room.

A later NEWS will attempt to give report of the military service of former employees and comment on the problems and achievements of the Personnel Office. No comment seems necessary on the service of these two "dieners." They do honor to an honored term.

The Houghton Mifflin Company, publishers of Boston, Mass., announce the fourth award of its $2500 prize for books about Life in America to Dr. Frederick C. Irving. His book is described as "a biography of a man and of a hospital." The publishers' announcement states in part: "Some doctors inherit legends: some make their own. Dr. Irving has done both. As chief-of-staff, he inherited the legend of the Boston Lying-In Hospital. As a surgeon and specialist he has built up his own legend of brilliance, debonair dexterity, independence, courage, and sardonic humor. This book shows the origin and development of both legends. It carries the biography of the hospital from its small beginnings through recent years when obstetrics has become a true science." The book is scheduled for publication on November 5.

* * *

THE NEWS is distributed to members of the staffs, visiting and house, to the heads of Hospital departments, and to members of the staff and graduates who are in military service. It is also on sale at the General Store for 5¢ a copy.

By celebrating its first Hospital Day on September 1, the 6th General Hospital continued to authenticate its parentage but complicate the problem of its age. On this date in 1821 the Trustees declared the Massachusetts General Hospital open for the reception of patients; on that day in 1917, Base Hospital No. 6 took over from the French its hospital at Talence near Bordeaux. In observing this date as its own organization day the 6th General Hospital adds importance to the day—and pays a delicate compliment to its parents.

A copy of the official program and speeches may be seen in the Archives Room. Brief addresses by Colonel Goethals and the chiefs of the various services were made, and messages were read from Major N. W. Faxon, late of Field Hospital No. 28, and Col. F. A. Washburn, Lt. Col. Lincoln Davis, Major J. H. Means, and Chief Nurse Sara E. Parsons, late of Base Hospital No. 6. The picture of the complete unit, now exhibited in the Brick Corridor, was taken immediately after the celebration. The 6th General Hospital reports an appropriate observance of Ether Day, also.

are greatly missed, but we want to assure them that we will keep the patients moving and the flag flying until their return."

That Dr. Faxon has no apprehensions for the continuance of service in the Out-Patient Department is attested by the statements he has added to this brief account.

"Miss Campbell graduated from the Massachusetts General Hospital School of Nursing in 1909. She entered the employ of the Hospital in 1918 as Assistant in the Out-Patient Department and has served in the various grades of Nurse, Chief Nurse in the Out-Patient Department, Supervisor, and Assistant to the Assistant Director. Miss Campbell has now served in the Out-Patient Department for twenty-four years. During this time she has seen pass through that department as a training school, a constant succession of Assistant Directors. Her influence upon these men starting out in administrative work can hardly be over-estimated. Her calmness, kindly disposition, her knowledge of hospital affairs and procedures, her clearness of vision and her increasing experience have made her an invaluable teacher for this group. Many men now occupying positions of responsibility in hospital administration look back with keen realization of the debt that they owe to Elspeth S. Campbell.

"In times of stress as in the World War, when the Staff of the Hospital has been depleted, Miss Campbell has carried the burden of the Out-Patient Department practically alone. Now this burden falls upon her again. The Massachusetts General Hospital is fortunate in having her to lean upon."

Ether Day was celebrated informally with the usual luncheon in the Brick Corridor, and had as background an exhibition of especial interest. In one corner were set up two hospital beds: 1942, streamlined and proud of its efficiency, and 1821, with handmade ingenious devices for extension and for draping the indispensable fly netting. Against the walls were hung posters relating to particular clinics and to auxiliary departments: x-ray therapy, physical and occupational therapy, administration, school of nursing, accounting, diet, photography, medical art, laundry, kitchens, etc. By a few photographs, charts, maps, and brief statements, the posters showed the current work and personnel of each department as well as its earliest beginnings. It was not possible to show every department, and the current posters will be replaced by others.

For the idea of these "Do You Know the—" posters and for their presentation credit is due Miss Muriel McLatchie, Medical Artist of the Hospital, Mrs. Betty Foss Strachan, Assistant, Mr. Wilbour C. Lown, Clinical Photographer, and Mrs. Marjorie Acree, Secretary. The photography would attract attention anywhere for its exceptional technique and striking spontaneity. The posters were notably well designed, and their deceptively simple but complete presentation of familiar subjects within such limited space attested great pains and excellent judgment. The News hopes in later issues to give a brief account of the work of the Division of Medical Illustration, and of other departments. Without further delay, however, it wishes to thank Mrs. Strachan for the drawing of the little devices that appear in these columns.

In the absence of so many of the staff on military duty, a panorama photograph of the 6th General Hospital, including officers, nurses, enlisted men and other personnel, was eagerly inspected. Much interest was shown in the exhibition of an embroidery by Mrs. James H. Means, reproducing in needlepoint the watercolor of the Bulfinch Building by Dr. Means, loaned for the occasion by Dr. Faxon's office. Early views of the Bulfinch were shown on the posters.

To complete the occasion the Ether Day film was again shown in the Dome, and in the Archives Room were displayed "the Ether Day relics"—sponge, inhaler, pincushion, daguerreotypes, manuscript letter of Dr. Morton's, the first publication of the discovery by Dr. Bigelow, and other papers.

* * *

The following items of news about staff and alumni now in service appear in the order in which they came to hand. Our military members are so widely scattered that these items will keep them informed as to each other—and they are of special interest to Hospital personnel. The News hopes that men in service will send back any possible information about themselves and their units, and will let us have some of their interesting experiences.

* * *

Dr. Elbert L. Persons has been commissioned Lieutenant Colonel, MC, USA, and is acting as chief of medical service with the 65th General Hospital. The officer personnel of this hospital is made up largely from the staff of Duke University and former staff members or alumni of Duke University School of Medicine. The unit was activated on July 15, 1942.

* * *

Dr. F. Phinizy Calhoun, Jr., Captain, MC, USA, is with the 2d General Hospital as Opthalmologist. This unit was organized at the Presbyterian Hospital, New York City, and is now in service abroad.

* * *

Major John Lyle Shaw and Capt. Robert N. Buchanan, Jr., are listed on the staff of the 300th General Hospital, the Vanderbilt University School of Medicine Unit now activated at Camp Forrest, Tenn.

Major Frank B. Cutts has been on active duty since Aug. 17 with the 48th Evacuation Hospital, a unit affiliated with the Rhode Island Hospital, as Assistant Chief of the Medical Service. This hospital is at present serving troops on manoeuvres in Tennessee.

* * *

Dr. William M. Shedden is now a Lieutenant Commander, MC, USNR, on foreign duty. He is at present in the Canal Zone, and has been made surgeon-in-chief of a submarine hospital there. Dr. Shedden also has two sons in the service; both are fliers and officers, one in the Army and one in the Navy Air Corps.

* * *

Dr. Monroe A. McIver is with the 33rd General Hospital, temporarily stationed at Fort Eustis, Va. His commission is that of Major, MC, AUS.

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Dr. Denis O'Connor is serving as a Lieutenant Commander in the Naval Reserve. He was activated during December 1941 and was first stationed at the Recruiting Station in New Haven, Conn. He is now with Naval Mobile Hospital No. 4, somewhere in the Pacific. This unit has erected a 400-bed hospital to supplement a base hospital already in service.

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Dr. Henry F. Howe was commissioned Captain in the Medical Corps, USA, on Aug. 10, 1942. He reported for active duty on Sept. 7 at Camp Kilmer, N. J., where he is at present assigned to the surgical staff at the Station Hospital.

* * *

Captain Leo B. Burgin has been in service since July 1941 with the 1st Medical battalion. After a period of training at Camp Devens the Battalion followed maneuvers along the eastern coast, and was stationed at Camp Blanding just previous to the arrival there of the 6th General Hospital. Capt. Burgin has been abroad since early in August. He is assigned to administrative work.

A recent letter from him states: "I was fortunate recently to have in tow Dr. Cutler, who is representing the Secretary of War in seeing that our boys have the best medical attention. He lectured to our group on some of the fundamentals of war surgery. It really was good—the first 'medicine' given us in over a year of activity in the 'field.' He also arranged other lectures."

It might be added here that in the last war a post similar to Colonel Cutler's was held by another Hospital alumnus. Brig. Gen. John M. T. Finney was Chief of Surgery in the A.E.F. It was his job to see that surgery was well done in all the hospitals of the Expeditionary Forces. That he did well.

* * *

Dr. William H. Sweet went overseas with the American Hospital in Britain as neurosurgeon on its staff. He later joined the British Emergency Medical Service, and has been on detached duty at the

Queen Elizabeth Hospital in Birmingham since November 1941.

* * *

Dr. Robert J. Joplin's rank was incorrectly given in the last issue. He is a Lieutenant Commander, USNR, and his commission dates from June 17. He is attached to the Chelsea Naval Hospital, and has recently been assigned to recruiting duty at the Federal Building in Boston. Lt. Richard E. Alt is assigned to the same duty.

* * *

Lt. Alfred L. Duncombe is with US Naval Mobile Base Hospital No. 3, which left this country in April and is now at a land base in the Pacific. It spent the first months ashore in constructing the hospital unit.

* * *

Dr. Allen G. Brailey has been commissioned as Lieutenant Commander, MC, USNR, and is to go on active duty at the U.S. Naval Hospital at Norfolk, Va., on November 9.

* * *

Dr. Ernest D. Thompson has been commissioned a Lieutenant Commander, Class MC-V (S), USNR, and has reported for duty.

* * *

Dr. Storer P. Humphreys was commissioned in the Royal Canadian Army Medical Corps on Dec. 22, 1939, with the rank of Lieutenant. On June 7, 1940, he received the rank of Captain and sailed for England as a member of Neurological Hospital No. 1, which he helped to organize there for active service. He arrived before the Battle of Dunkirk and was in service during the heavy air raids of the following winter. On May 1, 1942 he transferred to the United States Army and in July was promoted to the rank of Major. Shortly after that date he was placed in command of the former American Red Cross-Harvard Field Hospital Unit as reported in the first issue of THE NEWS.

* * *

Major Richard Collins, Jr., has been promoted to Lieutenant Colonel, and is at present serving as a member of the Staff and Faculty, Field Artillery School, Fort Sill, Okla.

* * *

Lt. Harvey E. Billig, Jr., MC-V(S), USNR, is on active duty. He is assigned to the Dept. of Physiology, California Institute of Technology, doing research on nerve regeneration. He writes: "We have been able to restore functional power in paretic muscles by means of increased nerve axon division in regrowth, and are investigating the adaptability of such procedure."

* * *

Dr. Rodney F. Atsatt was incorrectly listed in our first issue as a Lieutenant Commander. He received his promotion to Commander, (MC) USNR (Ret), on July 1, 1939, was then retired and in July 1942 recalled to active duty. He was assigned first to the US Naval Hospital, San Diego, and is now at the US Naval Section Base at Santa Barbara.

* * *

Dr. C. F. Goeringer, listed as a Captain, MC, USA, in our first issue, now holds the rank of Major. Since January 1941 he has been chief of the orthopaedic service of the Station Hospital at Camp Edwards, and has recently been made Executive Officer at that station.

* * *

Drs. Russell V. Fuldner and Luther M. Strayer have been commissioned as Captain, MC, USA, and are serving with the 39th General Hospital (Yale University Medical School unit). This unit was activated on July 15 and assigned to Camp Edwards. It is now on duty overseas.

* * *

Dr. Dana L. Farnsworth, who was reported in our first issue as a Lieutenant, MC, USNR, is a Lieutenant Commander. He is with the University of Pennsylvania Specialists Unit serving in the Pacific, and is aboard the hospital ship USS "Solace."

The following officers, formerly attached to the U.S. Naval Hospital, Chelsea, have been assigned to active duty: Lt. Comdr. Charles H. Allman to USS "Richmond," Lt. Comdr. Frank I. Rhodes to USS "Denebola." Lt. Comdr. Theodore C. Pratt was assigned to the 1st Marine Division, New River, N. C., and since then has been serving in the Pacific. Lt. Hannibal Hamlin was transferred to Pearl Harbor, T.H.

* * *

Lt. Comdr. Richard W. Dwight, who had been on duty at the Naval Hospital in Portsmouth, N.H., is now attached to USS "Dobbin," and Lt. Comdr. Benjamin Tenney has been transferred from the Naval Air Station at Pensacola, Fla., to USS "Argonne."

* * *

Information has been received as to the rank and service of the following members of the staff and graduates. THE NEWS will be glad to receive any corrections and further details as to assignment.

J. C. Angley, Capt., MC, AAF
R. H. Barker, Lt., MC, USNR
G. B. Beaman, Jr., Capt., MC, USA
S. B. Beaser, Capt., MC, USA
R. R. Carter, Lt., MC, USA
R. H. Detweiler, Capt., MC, USA
J. A. Doherty, Lt. Comdr., MC, USNR
G. F. Emerson, Capt., MC, AAF
A. G. Engelbach, Major, MC, USA
A. P. Freedburg, Lt., MC, USA
W. P. Giddings, Lt., MC, USA
L. Gillespie, Capt., MC, USA
S. C. Graves, Lt. Comdr. MC, USNR
L. E. Hawes, Lt., MC, USA
I. F. Hermann, Lt., MC, AAF
W. R. Hochwalt, Major, MC, USA
B. L. Huntington, Lt., MC, USA
A. F. Knoll, Capt., MC, USA
C. H. Landers, Capt., MC, USA
R. E. Mabrey, Lt. Comdr., MC, USNR
H. C. Moffitt, Jr., Lt., MC, USNR
W. A. Perkins, Major, MC, USA
I. P. Rak, Capt., MC, USA
J. W. Raker, Lt., MC, USNR
L. F. Ray, Lt., MC, USA
M. D. Ruffin, Lt., MC, AAF
J. D. Schuler, Capt., MC, USA
S. P. Seigle, Lt., MC, USNR
P. E. Spangler, Lt. Comdr., MC, USNR
C. Staples, Lt., MC, AAF
G. A. Staples, Lt., MC, USNR
R. H. Talkov, Capt., MC, USA
P. P. Thompson, Jr., Lt., MC, USA
F. Tudor, Lt., MC, USNR
O. M. Welch, Capt., MC, USA

* * *

Dr. Hugh Tatlock was listed last month among those in active service. Because of a back operation two years ago, Dr. Tatlock did not receive his commission. He is doing research at the New Haven Hospital in the virus field, on the problem of "atypical pneumonia."

* * *

Other corrections and promotions should be noted. Dr. Charles H. Burnett's name was given as F. L. Burnett, and Dr. Walter S. Burrage's as W.C. Burrage.

Dr. James E. Fish is now a Major, on service in the Pacific. Dr. Donald Murnaghan is a Flight Lieutenant, RCA, and Dr. George E. May has been made a Lieutenant Commander.

The following have been promoted from Lieutenant to Captain: H. T. Ballantine, F. L. Bauer, G. T. Hyatt, E. H. Trowbridge.

* * *

Additional appointments of interest in connection with the war have been reported:—

Dr. Wilbur A. Sawyer holds the following appointments: Director of the Commission on Tropical Diseases under the Board for the Investigation and Control of Influenza and other Epidemic Diseases in the Army; Director of the International Health Division of the Rockefeller Foundation and of the Rockefeller Foundation Health Commission, both engaged in health work related to the war situation; Consultant to the Medical Department of the Navy. He is also a member of the Committee on Tropical Diseases, under the National Research Council.

* * *

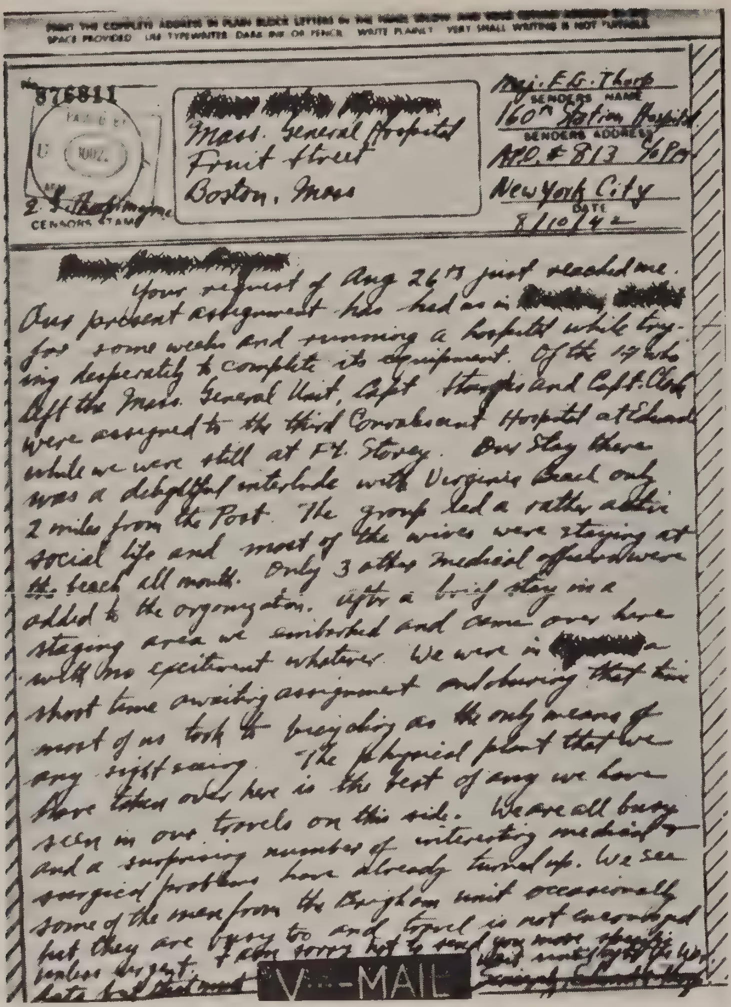
Dr. Milton V. Veldee has held commissions under the U.S. Public Health Service since 1921. He is now a Senior Surgeon and Chief of the Division of Biological Control, National Institute of Health.

* * *

Dr. Joseph Stokes, Jr., is Director of the Commission on Measles and Mumps, a member of the Commission on Cross-Infections in Army Hospitals under the Board of the Investigation and Control of Influenza and other Epidemic Diseases in the Army, and a Consultant to the Surgeon-General, U.S. War Department.

* * *

Dr. John C. Snyder, a staff member of the International Health Division of the Rockefeller Foundation, served in Europe from February to July 1941 with the Rockefeller Foundation Health Commission, and is a member of the Conference on Typhus, Cholera and Plague called by the Committee on Tropical Diseases of the Medical Research Council.



PRINT THE COMPLETE ADDRESS IN PLAIN BLOCK LETTERS IN THE PANEL BELOW, AND YOUR RETURN ADDRESS IN THE SPACE PROVIDED. USE TYPEWRITER, DARK INK, OR PENCIL. WRITE PLAINLY. VERY SMALL WRITING IS NOT SUITABLE.

876811

CENSOR'S STAMP

[redacted]
Mass. General Hospital
Fruit Street
Boston, Mass

Maj. E.G. Thorp
SENDER'S NAME
160th Station Hospital
SENDER'S ADDRESS
APO #813 c/o PM
New York City
DATE
8/10/42

[redacted]
Your request of Aug 26th just reached me.
Our present assignment has had us in [redacted]
for some weeks and running a hospital while try-
ing desperately to complete its equipment. Of the 14 who
left the Mass. General Unit, Capt Staples and Capt. Clark
were assigned to the third Convalescent Hospital at Edwards
while we were still at Ft. Storey. Our stay there
was a delightful interlude with Virginia Beach only
2 miles from the Post. The group led a rather active
social life and most of the wives were staying at
the beach all month. Only 3 other medical officers were
added to the organization. After a brief stay in a
staging area we embarked and came over here
with no excitement whatever. We were in [redacted] a
short time awaiting assignment and during that time
most of us took to bicycling as the only means of
any sightseeing. The physical plant that we
have taken over here is the best of any we have
seen in our travels on this side. We are all busy
and a surprising number of interesting medical &
surgical problems have already turned up. We see
some of the men from the Brigham unit occasionally
but they are busy too and travel is not encouraged
unless urgent. I am sorry not to send you more specific
data but that must [illegible]

V-MAIL

Plans for Hospital Day were reported from Camp Blanding—and the resumption of life as usual:

August 27: This will be our annual holiday, the day when the progress of the year is summarized and hopes for the future expressed. We haven't much to talk about this year except the deeds of our predecessor and hopes for our future. If we were completely set up and operating we probably would have a more elaborate program, but this year it is confined to the formal gathering. We plan to assemble at about 2 p.m. and march to one of the theaters on the post. We are borrowing a band for the occasion.

September 7: Our motor equipment is coming in now, and the Service Command has sent a representative to check up our equipment status in general. The weather is gradually cooling and the days shortening. Possibly our roots in Florida are gradually loosening too.

September 20: As we proceed on our serene way from day to day many are the theories to explain our continued presence here. The best explanation to date is that the pin which marked the 6th General Hospital fell off the map in the Surgeon General's Office and was swept up by the janitor. . . . We are at present experiencing some of the hottest days of the summer, with the thermometer well up toward the 100's. What makes it even harder is the thought of the turning foliage in New England and the soon-to-be-smelled burning leaves. . . . Our social activities of the past week included a dance in honor of the 9th Evacuation Hospital (Roosevelt, N. Y.). Despite the fact that it came on a hike-day the dance was a great success. Harpo Marx was here for two days with a USO show, so you see that we are pretty well entertained.

Letters from the Unit have included many reports of the fine quality of the enlisted personnel: "We are proud of the men we are sending off to become officers. They are a fine bunch." Colonel Goethals gives the following details. The second letter is of immediate interest.

September 27: We have sent off a cadre of thirty enlisted men and one officer to Atlanta to help germinate the 85th General Hospital. One result of our remaining here is that a large proportion of our enlisted men of the best type are being separated from us to go to officer-candidate schools. The cadre above mentioned syphoned off thirty more, so that we are hard pushed to keep in training. However, it's all pro bono publico, so we have no reasonable kick. . . . Everyone is a bit bored by our remaining here but is taking it in good part. For myself, a long period in my late specialty stands me in good stead, in that I am inured to masterly inactivity interspersed with rather frantic mobility and action.

October 18: Colonel Goethals announced at Officers' Call on Thursday that leaves would again be in order, to be taken according to a master plan devised to give everyone as fair a break as possible. Each officer is to have a total of ten days from May 15. Those who have had no leave get priority; those who have had, say three days, get seven, their time of departure depending upon when the last leave was taken. The first group is leaving tomorrow, eight officers and fifteen nurses.

This information has been confirmed by the appearance of Lieutenant Colonel Rogers, Major Bartlett, Major Thorndike and Lieutenant McKittrick as visitors at the Massachusetts General Hospital.

...—V...—

In our illustration a Victory Mail letter from Major Edward G. Thorp is reproduced in facsimile. The actual letter, as reprinted from microfilm, may be seen in the Archives Room, together with the regulation sheets issued by the U.S. Postoffice for this purpose. The sheets measure about 8½" x 11" and form their own envelopes. They are opened at Government postal stations, photographed on micro-film and sent in that form to stations overseas, where they are printed in an enlargement of about 4" x 5" and delivered.

The letter reads as follows:

8/10/42

Dear Editors:

Your request of Aug. 26th just reached me. Our present assignment has had us in xxxxx for some weeks running a hospital while trying desperately to complete its equipment. Of the 14 who left the Massachusetts General Unit, Capt. Staples and Capt. Clark were assigned to the Third Convalescent Hospital at Edwards while we were still at Ft. Storey. Our stay there was a delightful interlude with Virginia Beach only 2 miles from the Post. The group led a rather active social life and most of the wives were staying at the beach all month. Only 3 other medical officers were added to the organization. After a brief stay in a staging area we embarked and came over here with no excitement whatever. We were xxxxx a short time awaiting assignment and during that time most of us took to bicycling as the only means of sightseeing.

The physical plant that we have taken over here is the best of any we have seen in our travels on this side. We are all busy and a surprising number of interesting medical and surgical problems have already turned up. We see some of the men from the Brigham unit occasionally but they are busy too and travel is not encouraged unless urgent. I am sorry not to send you more specific data, but that must wait until after the War.

Sincerely,
Edward G. Thorp.

* * *

A roster of the Massachusetts General Hospital nurses now in service with the 6th General Hospital was given in the first issue of THE NEWS. To these should be added the names of forty other graduates who have gone into military service and are assigned to other duty. It is not possible to name their posts, but they will be found in stations in the Atlantic and Pacific, wherever the medical services have accompanied troops on active duty:

Sylvia Abbott, Kathleen Atto, Goldie Barton, Rowena Barton, Sybil Beatham, Marion Blake, Mary L. Carpenter, Helen O. Chadborne, Alice Clark, Eileen Coffey, Sadie Convelski, Edna Cree, Josephine Donohue, Doris Ellinwood, Yvonne Goethel, Loretta Guillemette, Hazel Halladay, Edwina Hussey, Barbara Jensen, Violet Kellogg, Mildred Kerzich, Naomi Lanouette, Kathryn Lovejoy, Carolyn Lowney, Anne McKenzie, Winona Meilleur, Anna Mulholland, Eleanor Nason, Margaret E. Nelson, Jean Ottley, Esther Pietrasek, Claire Pentecost, Walborg Peterson, Louise Pincus, Ruth Riley, Fay Snelgrove, Phyllis Smith, Barbara Uhl, Alice M. White, Nellie Wrigley.

THE NEWS

No. 3 Boston, Mass. December 1942

The Baker Memorial was planned for 330 beds, but when it was opened it was found desirable to use a small room on each of eight floors as a consultation room. This reduced the capacity to 322 beds, which is the figure usually named. All of these were not immediately equipped for patients. The unit was opened with 189 beds and 30 bassinets. This number was reduced by 30, and during the first ten months the unit operated with a capacity of 159 beds. The remaining space was used for other services and as quarters for personnel of the General Hospital. In 1936 the number of beds in use was increased to 242 beds, and by 1941 the beds available for patients were 284. These increases were made as the purpose of the unit became known and the demand for them was apparent. During the last year it has been thought desirable to reduce the ultimate capacity for patients in order to meet demands for more space on the first floor for the X-ray department and for the administrative personnel. At the present writing the Baker has all its beds, to the number of 304 with 30 bassinets, available for patients.

In April 1942 a re-arrangement of facilities on the first and second floors was begun. The purchase and refurnishing of 25 Parkman Street provided housing for house officers formerly cared for in the north and south wings of the third floor, and permitted the use of that entire floor for patients. The second floor was given over to the accommodation of Industrial Accident patients, which permitted the closing of the two 9-bed wards on the first floor. With the establishment of the Blue Shield, arrangements have been made for the admission of Blue Cross-Blue Shield ward patients as well as Industrial Accident cases to the second floor.

The removal of patients from the first floor allowed an extensive re-arrangement of space there. The entire east wing was turned over to X-ray, the former kitchen becoming the fluoroscopy room, and the former record rooms the dressing rooms. One record room is to be transferred to the former secretaries' office and the other to the Central Record Room. The Information Desk was moved to one of the former reception rooms, so that on entering the building patients and visitors are immediately oriented. The offices for Dr. Gorrell, Assistant Director in charge, Miss Griffin, Assistant in Charge of Nursing, and their secretaries and for the Nursing Supervisors were moved to the north wing. Space there also provided a doctors' consulting room, a room for conference with the doctors, and a social service office. A large reception room was made from a part of the 9-bed ward, and is thus placed in the center of the building opposite the elevators.

The Baker Memorial was opened in 1930, after twenty years of effort to establish in the public and medical mind the soundness of the idea that a hospital for people of moderate means can be a self-sustaining unit of a general hospital. The funds for building it—a large gift of $1,000,000, made by Mary Rich Richardson in memory of her parents, Richard Baker, Jr., and Ellen Maria Baker, and later gifts to the amount of $900,000 received through public subscription—were fortunately in hand and the building under way before the depression established itself. Since its opening in 1930, the steady progress made by the Baker Memorial, not only as an important unit of this hospital but as a real answer to the problem of giving to people of moderate means the most scientific and kindly medical and surgical care at a price they can afford to pay, has been of the greatest satisfaction to its initiators.

In its first and second years of operation it received study and favorable comment from Dr. C. Rufus Rorem, of the Rosenwald Fund. After ten years of operation it is again surveyed by Dr. Haven Emerson, well known as an authority on public health, in a small book recently published, "The Baker Memorial, 1930-1939." A review of this is best given by quoting its foreword, written by Bishop Henry K. Sherrill, as Chairman of the Board of Trustees.

> The Baker Memorial unit of the Massachusetts General Hospital, providing hospital care with limited medical fees for patients of moderate means, is an unique institution with no exact counterpart elsewhere in this country. The interest it has aroused in the hospital and medical fields during the ten years since it was established led to the belief on the part of the Trustees that a thorough and objective analysis of its experience and of the service it has rendered would be of value to hospital trustees, administrators, and medical staffs.
>
> This study, made by Dr. Haven Emerson and financed by the Commonwealth Fund, is the result. Dr. Emerson has set forth adequately the principles and objectives of the Baker Memorial, the history of its operation, its practices and policies, its financial experience, the judgment of its patients, and the attitude of the medical profession including both physicians identified with the institution and other physicians in the community.
>
> It is hoped that this study will be helpful in assisting the larger urban communities in determining the practicability and desirability of developing similar services for middle-rate patients.

The success of the Baker Memorial and our justified pride in it warrants two brief quotations from Dr. Emerson's text:

> Medical opinion in Boston is to the effect that the Baker Memorial has contributed to medical education of interns and residents; has been a boon to young practitioners who are entitled to the privileges; has played an active part in raising the quality of medical care of outside physicians who refer their patients here for hospital care; has convinced the ablest teachers and practitioners in the medical community of Boston that medical and surgical care of persons of moderate means can be and has been provided at least equal to the best to be found in ward services for non-paying patients or in pavilions for patients of abundant means.
>
> The opinion is general that the operation of the Baker Memorial has been a well-conducted attempt to solve a problem of large importance to the public and to the medical profession which has existed widely in American communities. . . .
>
> The last word, the latest ingenuity of hospital administrators and of medical and surgical staffs, has certainly not yet been expressed in the continuing effort of many communities to provide for hospital care of patients of moderate means. It would seem, however, to be a wise precaution for communities eager to make their own contribution to a solution of this problem to study the experience of the Baker Memorial of the Massachusetts General Hospital in Boston, and to make sure that they have overlooked no one of the essential factors of success which have been found useful in this, the earliest, the largest, and the most nearly self-supporting undertaking in this field.

Copies of the book may be seen in the Treadwell and Warren Libraries, or in the Archives Room.

The Surgical Department reports three distinguished visitors at the Massachusetts General Hospital: Dr. Manuel Riveros Molinari, Professor of Surgery from Paraguay, Dr. Felix de Amesli, Professor of Surgery at the University of Chile, and Dr. Antonio Rodríguez Diaz, a surgeon from Havana, Cuba.

⁂

The Trustees have accepted the resignation of Dr. Harry L. Mueller as Assistant to the Children's Medical Service, and have granted leave of absence because of military service to Drs. Allen G. Brailey and Ernest D. Thompson.

The have made the following appointments:

Dr. Francis M. Ingersoll, Assistant in Surgery
Dr. Eleanor J. Herring, Interne, Children's

Medical Service, for the term Jan. 1-Mar. 15, 1943

Dr. Robert C. Miner, Dental Intern, for the term beginning July 1, 1943.

* * *

The Hospital need not be reminded to check Christmas and New Year on the calendar. Other dates are noted below.

* * *

The first Medical Staff Meeting of the winter was held on Nov. 16 in the Staff Room, with contributions from two surgeons. Dr. Lamar Soutter gave a report on "The First Six Months of the Blood Bank," and Dr. Robert R. Linton spoke on "The Surgical Treatment of Phlebothrombosis." The second meeting will be held Dec. 21. Dr. Francis M. Rackemann is to speak on "Drug Allergy" and Dr. George W. Holmes on "Drug Allergy as it applies to X-ray Examinations." A summary of Dr. Soutter's talk appears in a later column.

* * *

The program for the first winter meeting of the Hospital Research Council Meeting, held on Oct. 27 at 5 p.m. in the Bigelow Amphitheatre of the White Building, was as follows:

Some new data on oxygen poisoning: Drs. Henry K. Beecher and Carroll M. Williams.

Notes on the action of colchicine: Dr. Austin M. Brues.

The relation of vascular disease to the hypertensive state based upon a study of renal biopsies from 100 hypertensive patients: Dr. Benjamin Castleman and Reginald H. Smithwick.

17-ketosteroids excretion in normal and abnormal children: Drs. Allan M. Butler and Nathan B. Talbot.

The second meeting is announced for November 24, at the same time and place, with the following program:

Some studies on corneal physiology: Drs. V. Everett Kinsey, David G. Cogan.

Small bowel enema: Dr. Richard Schatzki.

Bacteroides infection: Dr. Wm. E. Smith.

Hypoestrinism with hyper-, hypo-, and especially iso-production of follicle stimulating hormone: Drs. Fuller Albright, Grace Griswold, and Harry F. Klinefelter, Jr.

* * *

The Bulletin of the Dermatology Department, dated Nov. 1, states that the first staff meeting of the current year was held on Oct. 2, with a demonstration of interesting cases and a lively discussion; that the first fall meeting of the N.E. Dermatological Society, well attended, took place here on Oct. 14; and that at the staff meeting of Nov. 6, Drs. Jacob H. Swartz and Walter F. Lever will speak on the studies they have been carrying on with dermatitis herpetiformis. It also reported that Dr. Swartz has started testing cases of psoriasis with stool vaccine (streptococcus fecalis).

* * *

Among the professors emeriti who, at the request of the President and Fellows of the College, have returned to active duty at the Harvard Medical School are Drs. Henry A. Christian, John Homans, William C. Quinby, Franklin S. Newell, George W. Holmes, and Fritz B. Talbot.

NOTICE

Because of the present world situation, there is a very rapid turn-over in certain groups of employees. Therefore, it has become necessary to make regulations relative to the use of Entrances and Exits. It has also become necessary to have some supervision of bundles carried from the institution.

Regulations for the Control of Entrances and Exits:

1. Members of the dietary, housekeeping, laundry, and nursing employee groups will enter and leave by the Employees' Doorway in the Moseley Building during the hours when it is open.
2. Bundles, boxes or bags will be subject to inspection by the man in charge of Doorway or upon request of proper authority anywhere. It will save time if bundles are left open until after they have been inspected.
3. Only persons having a special pass issued by the Director will be allowed to use the Allen Street gate.
4. The Emergency Ward entrance will be used only for the admission and discharge of patients.
5. The Out-Patient Department doorway will be open for patients at 7:30 a.m. and closed at 5:00 p.m. Only Out-Patient employees may use this as an entrance or exit.
6. M.G.H. employees must not enter or leave through the Massachusetts Eye and Ear Infirmary doorway.
7. These regulations shall become effective Nov. 20, 1942.

N. W. Faxon, M.D., Director

* * *

BULLETIN NO. 9
Notice Concerning Blood Grouping

Beginning Monday, Nov. 16, 1942, the Baker Laboratory will do RH determinations on all patients when requested by a visiting man on service.

It is desirable to ask for this determination on all pregnant women who may need transfusion and all people receiving multiple transfusions, especially if they have had reactions in the past.

Blood will be collected, on a request from the visiting man on service, by the Baker Laboratory throughout the hospital. The form to use is the regular Laboratory Requisition Slip now in use by the laboratories.

The charge for this service will be:

General Hospital	$2.00
Baker Memorial	3.00
Phillips House	4.00
Eye & Ear Infirmary	2.00

If a patient is RH negative and RH negative blood is needed for transfusing the patient note this fact on the yellow requisition each time blood is requested.

N. W. Faxon, M.D., Director

* * *

BULLETIN NO. 10
Drug Allergy

Intravenous injection of diodrast and similar drugs for intravenous pyelograms, or other examinations, may cause anaphylactic shock, slight or severe. Fortunately, death is rare since only 25 deaths have been reported in a total of 600,000 injections. Nevertheless, since death may occur it must be guarded against.

Preventive Measures:

Before ordering an intravenous pyelogram every doctor shall ascertain and note in the record:

1. Whether patient is allergic with history of hay fever or asthma,
2. Whether diodrast has been given before or whether it or any other drug has caused a reaction or discomfort.

If affirmative answers have been given to these questions, the possibility of a retrograde pyelogram should be considered. If an intravenous pyelogram is still believed necessary, note on x-ray requisition the information obtained from the above questions.

Precautions for X-ray Department:

Before injecting diodrast have on hand ready for immediate use:

1. Ampules of adrenalin chloride 1-1000 sterile hypodermic syringe and needle,
2. Flask of 5% glucose in saline with appropriate apparatus for intravenous infusion.

Finally, any reaction following intravenous injection of any drug should be carefully *noted* in record for future warning. This warning applies not only to diodrast but to arsphenamines, bromo-quinines, barbiturates, sulphonamides, and others.

N. W. Faxon, M.D., Director

* * *

The new Lambert Professorship at the Columbia University School of Medicine is to be held by Dr. Robert F. Loeb. Since his graduation here in 1920, Dr. Loeb has been a member of that faculty. He is also associate attending physician at the Presbyterian Hospital and attending physician at the Neurological Institute.

* * *

Dr. George W. Thorn, a research fellow in medicine during 1934-35 at this hospital, has been appointed to succeed the late Dr. Soma Weiss as Hersey Professor of the Theory and Practice of Physic at the Harvard Medical School. He will also assume Dr. Weiss's post as physician-in-chief at the Peter Bent Brigham Hospital.

* * *

It has been suggested that the Hospital status of each person mentioned in this journal should appear after his name. This *can* be done, of course, but THE NEWS hopes instead that, if you are not absent on military duty, you will be willing to reach for your Annual Report and satisfy yourself as to the vintage and brand of any individual mentioned. The directory included at the back of the Report lists all present members of the staff and all living alumni. Names published in THE NEWS but not found in this directory are either house officers and residents who have been appointed since the Report was printed, or graduate assistants, or occasional persons briefly mentioned in connection with other information.

Last December, Lt. Leon F. Ray, MC, USA, joined the 46th General Hospital (University of Oregon Affiliated Unit), and has been on active service since July 15. The unit is now at Fort Riley, Kansas, "in the throes of practical organization." Lieutenant Ray has been assigned to do clinical work in dermatology and communicable diseases.

* * *

Capt. George F. Emerson, MC, AAF, received his commission on Sept. 11, 1942, and reported for active duty on Oct. 11 at the San Antonio (Texas) Aviation Cadet Center for a month's indoctrination training. He is now assigned to the Station Hospital there as an assisant ward officer on the surgical service.

* * *

THE NEWS makes the following additions to former lists of Hospital members now in military service. We are informed at present only of their ranks, and shall be glad to have further details as to their assignments:

F. D. Adams, Lt. Col., MC, USA
W. Bloomberg, Major, MC, USA
A. M. Boyden, Capt., MC, USA
I. M. Dixson, Major, MC, USA
L. C. Dodson, Major, MC, USA
E. B. Dunphy, Lt. Comdr., MC, USNR
L. B. Ellis, Lt. Col., MC, USA
P. H. Gates, Capt., MC, USA
D. C. Greene, Jr., Lt., MC, AAF
T. E. Gunderson, Capt., MC, USA
H. H. Hamilton, Major, MC, USA
G. E. Heels, Capt., MC, USA
E. B. Howard, Capt., MC, USA
A. Marble, Lt. Col., MC, USA
H. Montgomery, Lt., MC, USNR
E. Parnall, Major, MC, USA
R. L. Pearse, Lt. Comdr., MC, USNR
F. Sanborn, Lt., MC, USNR
R. P. Stetson, Major, MC, USA
G. W. Thomas, Capt., MC, USA
M. S. Thompson, Major, MC, USA
G. M. Wyatt, Capt., MC, USA

* * *

In the first issue of THE NEWS, Capt. T. A. Warthin was incorrectly listed as a Lieutenant. He is assigned to the Army Air Force, at Westover Field, Mass.

The following promotions and changes of address should also be noted: Capt. Gilbert T. Hyatt has been promoted to Major. Lt. Robert S. Hormell holds the rank of 1st Lieutenant and is serving in the Pacific with the 27th Station Hospital. Lt. Comdr. Frank L. Rhodes is now at the US Training Station, Bainbridge, Md. Lt. John L. Wilson has been transferred to Moffett Field, Calif. Capt. Thomas C. Worth is with the 2d Evacuation Hospital, and is now overseas.

* * *

Dr. Clyde H. Landers has been commissioned Captain, MC, AUS. He is at present assigned to the Station Hospital, Camp San Luis Obispo, Calif.

* * *

In addition to the absences on leave, the 6th General Hospital sends further news of its officer personnel. Major Jackson M. Thomas, who was serving in the neuropsychiatric section, has been detached. He has gone overseas, where he is to be Consultant in Psychiatry. His place has been taken by Major Merrill O. Parker, who was formerly in practice as a psychiatrist at Auburn, N. Y. Dr. Daniel S. Ellis, assigned as an assistant medical ward officer of the unit, is now taking a course in tropical medicine in Washington. Miss Hayes, dietitian in charge, has resigned. She has accepted the position of consultant nutritionist for the Tennessee Valley Authority, and will supervise the cafeterias of the project. Her assistant, Miss Bardwell, resigned on Oct. 25, and the announcement of her marriage to Lt. Charles H. Gresham, of the Chemical Warfare Service attached to Camp Blanding, has been received.

And, as we should have reported in our last issue, the weather has improved:

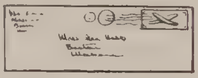
Oct. 5: After a "spell" of real New England fall weather it has warmed up considerably. It was cold enough for field jackets during the day and three blankets and bedsocks (where available) at night. Since last week, however, it has become considerably warmer until at last we are satisfied. The skies are clear, the days warm and the evenings cool. After living close to the earth and out in the country for over four months we pay great attention to the weather. It affects our activities a great deal and thereby merits notice.

Oct. 26: We of course have no idea how long we shall be here, but are making plans for a prolonged visit. The steel so-called mirrors in the shaving pavilion have been replaced by glass and new lights have been added. Stoves have been placed in the hutments. Lights are being erected on the volley-ball court. . . . Our drum and bugle corps is improving steadily; it led the command yesterday in what was our finest review to date. We may soon be able to compete with the line outfits, for our reviews are carried out with precision and smartness.

Nov. 2: Saturday evening we had a Halloween party with the nurses, on the beach at the Station Hospital. In addition to the usual apple-bobbing and fortune-telling a new feature was added. This was a cigar-smoking contest, with Colonel Goethals as defending champion. The original idea was to see who could smoke a cigar farthest in five minutes, but the contest had to be stopped at the end of three or the Colonel would have burned his lips. . . . After having our enlisted strength drop to below 400, replacements began arriving. We came up to full strength and are now well over, with men still trickling in day by day. They have come mostly from camps in Illinois and Texas, though the men's homes are scattered all over the United States. Not only the 6th General Hospital but all of Camp Blanding is filling up, and a new secret weapon is being displayed by some of the new arrivals. It sounds like an outboard motor but is in reality a bicycle with a small gasoline motor.

We, however, are still on foot. The last two hikes were varied: the first by smoke- and tear-gas, the last by a trip to the camouflage area. This latter proved most interesting and impressive. Our officers and men were asked to pick out soldiers lying about. When we couldn't find any, the camouflaged soldiers stood up, showing their positions, then as they returned to cover they again became invisible. The greatest surprise was after we were asked to find the soldier in the spider-hole (a vertical hole about six feet deep, large enough to accommodate one man, and covered with sod). After many guesses as to his whereabouts, the man arose not twenty feet away. Such trips as this, and the one with the tanks, have given us an idea of what is being done to train our army. The sight is a heartening one.

Nov. 15: On Friday almost all the officers went to the rifle range, where we shot 32 rounds apiece through the new Garand. We fired 16 shots at slow fire (4 each prone, kneeling, sitting, and standing) then 16 at rapid fire, sitting. Scores varied widely, with Lieutenant Wyman excelling at slow fire and Major Gundersen at rapid fire. The Garand rifle is truly a beauty-smooth, rapid action (except when dropped in the sand with the breech open), has beautiful simple sights and not much kick. This date is a momentous one to us, for it marks our six months' birthday in the Army. Now we can go crazy, develop diabetes, cancer, or hypertension and it will be line-of-duty yes.



Major Thorp sends the following news from the 160th Station Hospital.

The size of our hospital increases steadily and now keeps us busy, which is a great relief after so many months of professional inactivity. A fair number of interesting problems exercise our wits; there is a minimum of paper work; we pass on all chronic cases so there results a rapid turnover. All this makes for general satisfaction among the medical personnel. The equipment keeps coming in and now is adequate if not complete.

We have finally accepted the weather, though we rejoice in the occasional good days. It is easy to see why the U. S. appealed to the Irish!

* * *

Dr. Edwin F. Cave writes from somewhere in the Pacific that the 105th General Hospital is building a large hospital and getting increasingly busy.

* * *

THE NEWS sees no need for inaugurating a rumor column—and just possibly this statement in the November "Reader's Digest" isn't a rumor anyway. It comments on the American soldier, and is reported from Ireland.

The doctors revealed one curious fact: When they first arrived they used British X-ray plates. But these plates were too small for the chests of present-day American soldiers. They had to use two plates until larger plates arrived from the U.S. This tells more than adjectives can about the physique of our men over there.

* * *

S-O-S! Calling all Hospital personnel! S-O-S!

Are you available in an emergency? In the event of an air raid, sabotage accident, etc., can you leave your present duty and report for volunteer messenger or clerical service? If so, please notify Miss Greenwood, chief of volunteer service, Extension 257, at once, so that she may assign you to an emergency post.

East Medical Pup

Dr. James H. Means presents a report on a well-known Hospital alumnus:

> The pup shown above was given to Dr. Aub when he was a house officer, by the East Medical nurses on Christmas 1914. Drs. Edsall and Lord wrote their initials on the bridge of his nose, and he was placed in the East Medical lab., where he resided until April 1, 1942. Known first as the "metabolism pup," he later became the "East Medical pup," and most of the pup house officers during the intervening years added their initials somewhere on his woody carcass. When, with the adoption of a one-year war internship, there ceased to be (temporarily we hope) any pup house officers, a ribbon was tied about the neck of the East Medical pup, and he was delivered to Dr. Means for safe-keeping for the duration.

The News hoped to exhibit the pup, but Dr. Means writes: "I can't let you have the pup for exhibition in the Archives. He was entrusted to me for safe keeping for duration of the war by the House Officers when the pup service was given up. I wouldn't let him leave this office without a fight."

So instead of inviting you to see the present "Pup," the Archives contributes the lineage of the word, as derived from "Apothecary"! For until 1828 the medical intern was so called! He was then relieved of such duties, and became the House Physician, as a counterpart to the House Surgeon. A total of two they were so designated until 1849. They had then become four, and were thought to warrant disciplinary action and a decree that they should be called House Pupils. "The Committee of the Trustees report in favor of filling the offices in question with medical pupils of two years' standing. What is lost from their having one year's less professional experience will be more than made up by their greater degree of docility and obedience. The proposed change of name is also acceded to, though the present names designate better than any other the exact relation which these young men hold to the Institution." Thus the "House Pupil," a name so honorably borne by so many men who have become medical leaders. By 1894 there were eighteen of 'em, and each service had its senior, junior, and out-patient man. The latter it was who was known colloquially as the "pup." On the surgical side there was that even lower person, the etherizer! The first resident was appointed in 1911, but it was not until 1922 that House Pupils, after periodic appeals, were relieved of the name they had brought upon themselves in 1849. In 1922 House Officers officially received their chosen name for themselves, and one they felt was a recognition of their dignity. Two years later they were required to be graduates in medicine, as had been the custom since 1896 and was the requirement before 1849. Interpreted by those days the present number of house officers and residents is astronomical,—a total of 81, military service permitting. How fortunate that the House Pupils Alumni Association was firmly established in 1906, for all who were once House Pupils like to feel that their name will be perpetuated by that title—and by the Pup himself.

Perhaps a postscript should be added to the above. In 1942 a new diploma for house officers and residents was designed. They graduate as "Internes"! But long live the Pup,—whereby to hang a tale.

* * *

A new series of posters will be found in the Brick Corridor, replacing those arranged for Ether Day by the Department of Medical Illustration. The new posters show the work and personnel of the Admitting Office, the Social Service Department, the Volunteer Service Bureau, and something of their early history.

Dr. Lamar Soutter, under whose charge the Blood Bank was organized and has seen its first six months of service, kindly provides a brief history of the Bank. This gives the substance of his talk at the first Medical Staff Meeting. Its publication here allows this information to circulate (!) to a larger audience. The Blood Bank occupies the basement rooms along the north wall of the Moseley Building that were formerly used for the Emergency Ward. The corridor provides a waiting room.

> On October 1st, 1942, the Blood Bank had been in operation for six months. In April and May it had run for the general wards only but by the end of June, it had expanded to include the entire Hospital. Transfusions given by the Bank increased from 150 in April to 330 in September. The general rate of transfusions for the entire Hospital rose from 258 per month in 1941 to an average of 300 per month. This increase of transfusions was most marked in the Baker and Phillips House and the Medical Services.
>
> The distribution of blood by departments was 53% for the White Building, (that is, the Surgical Services), 29% for the Baker, 15% for the general Medical Services, 3% for the Phillips House, and a fraction of a percent for the Eye and Ear Infirmary.
>
> The stock of plasma has been gradually accumulating for use in case of civilian disaster. As we go to press, the Hospital has on hand 365 flasks containing 250cc. of plasma with 250cc. of saline. These are kept frozen at various points in the Hospital. We have given out 30 flasks to patients on the wards and 81 flasks to the Faulkner Hospital, and have had one pool of 7 flasks contaminated,—a total of 483 flasks. A system of blood tests, histories and physical examinations has been instituted for all donors coming to the Bank, on which basis we now reject over 16% of all donors on the ground that the giving of the donation of blood would be harmful to them or that their blood was of a poor quality or would be dangerous for administration.
>
> The blood is now filtered in the Bank, prior to being sent to the wards. This system of filtering was instituted in June, and has cut the reaction rate in half. It also permitted the blood to flow uninterrupted through an intravenous drip on the wards. The type of filter used in the Bank is a stainless steel sieve, the openings of which are so fine as to be almost microscopic. The reaction rate for the last few months has been 6.3%, of which 0.9% have been serious reactions, 1% moderate, 3% slight, 1% anaphylactic, and 0.4% unclassified.
>
> At the present time the Bank is trying to expand in order to take on more voluntary donors on a regular appointment system for the collection of frozen plasma for air raid defense. This supply will be stored partially in the Hospital and partially in other hospitals too small to operate banks but in vital areas where air raid casualties may be expected.
>
> The credit for the successful operation of the Blood Bank is largely due to Mrs. Sedgwick Mead, the first Head Nurse of the Bank, and now to Miss Mary Kennedy, and their co-workers, and also to the interest and coöperation of the interne staff and the Information Desk in furnishing the Bank with donors and in performing the routine job of physical examinations and so forth for the Bank.

Dr. Soutter's account of the blood bank at this hospital is but too timely. As final copy goes to press, THE NEWS appends a brief statement and an appeal on its behalf.

The recent catastrophe in Boston, where more than 400 lives were lost in the fire and panic at the Cocoanut Grove nightclub, has demonstrated the enormous value to the civilian community, as well as to the armed forces, of the blood banks of the hospitals in Boston and neighboring cities. The lives of many of the victims of this tragedy were dependent upon a transfusion given promptly. Friends and relatives of the victims should be the first to advertise this need in their communities, and to help send the following hospitals, donors in numbers sufficient to give an adequate reserve of blood for this community:

Massachusetts General Hospital
Boston City Hospital
Massachusetts Memorial Hospitals
Carney Hospital
U. S. Marine Hospital
Beth Israel Hospital
New England Deaconess Hospital
Peter Bent Brigham Hospital
Cambridge Hospital
Malden Hospital
Quincy Hospital

The operation of the banks at some of these hospitals was made possible by grants from the Office of Civilian Defense.

The ranks of the Massachusetts General Hospital War Service are being rapidly filled by volunteers who are assigned to various jobs to help out the nurses. We should like to make special mention of the ever-increasing number of girls from the Hood Rubber Company in Watertown, who give at least two mornings a week before going on their 3 to 11 P.M. shift. An equally large number of Radcliffe students give their afternoons, and are learning their way around the Hospital so that our Red Basket Errands may be an all-day service.

There is work to be done that can be fitted into almost everyone's schedule, especially in the Solarium on White 8 where a little regular time from you will help make the ace bandages, sew on the buttons, and mend the rubber gloves.

* * *

For several years the McLean Hospital, the other main branch of the Massachusetts General Hospital, has published for its patients an attractive journal, the McLean Gazette. All the text and illustrations, and the work of reproduction is done by the patients, under the editorship of the librarian. This gives an interesting variety of format to its pages. A copy may be seen in the Archives Room.

Dr. Richard P. Strong has been re-commissioned Colonel in the Army Specialist Corps, USA, and has been assigned to duty at the Army Medical Center in Washington as Director of Tropical Medicine. An intensive course of training in that field is being given at that institution to medical officers before they are sent overseas. This is Colonel Strong's fourth term of military duty. He had his first experience in the Spanish War. During the Philippine Insurrection he was a medical officer in the Regular Army, and served for many years at the Manila General Hospital. He returned to the United States to head a new department of tropical diseases at the Harvard Medical School. From 1915 to 1928, when the Massachusetts General Hospital had a special clinic for tropical diseases, Dr. Strong was chief of that department. His service in the last war, especially in the study of typhus, is well known.

* * *

Dr. George M. Saunders, who was until recently senior medical officer of Pan-American Airways Africa, Inc., is now in Brazil acting as medical director for a rubber project in the Amazon Valley under the Division of Health and Sanitation of the Office of the Coördinator of Inter-American Affairs.

Drs. Leonard P. Eliel, Robert P. Tucker, Gordon E. Jones, and Olof H. Pearson are still on the African Gold Coast at or near Accra, serving as medical officers for Pan-American Airways Africa, Inc. This division of Pan-American is now being militarized by the Air Transport Command, U. S. Army Air Corps. These men will either go into the military services or be assigned to duty elsewhere in connection with military projects undertaken by this company for the Government.

Drs. R. Bretney Miller and LeMoyne White are serving in a similar capacity with Transcontinental & Western Airways. Dr. Miller is now on a tour of inspection in Africa.

Dr. William P. Chapman, as a member of the selection board and medical examiner for Pan-American Ferry Command and the Atlantic Division of Northeast Airlines, assists in examining pilots for the training school of Northeast Airlines. These pilots will be assigned to Pan-American Airways Africa and Pan-American Airways Ferries for transport work in Africa.

Within a few weeks it will probably be possible to give some account of the medical aspects of these assignments in Africa as noted by Dr. Ross A. McFarland, the medical coördinator of the Pan-American Airways system, who has just returned from an inspection flight there. He reports that these men are all well and doing excellent work.

Under date of Oct. 12, Comdr. H. B. Sprague, MC, USNR, reports U.S. Naval Mobile Hospital No. 6 as "overseas in a combat area and operating an active hospital." As reported in the first issue of THE NEWS, the other MGH men attached to this unit are Drs. Johnson, Kennard, Hunter, Carmody, and McGinn.

* * *

Capt. James K. Keeley, MC, USA, is presumably still in the Philippine area. Assurance has been received that he was neither on Bataan nor Corregidor, although the latest communication from him, which arrived May 1, 1942, was from Cagayan. This stated his promotion from Lieutenant.

* * *

Lt. Comdr. Paul E. Spangler was on active duty at the Naval Hospital in Pearl Harbor on Dec. 7, 1941. He writes: "I have the questionable honor of performing the first operation of this war."

...—V...—

Major Ernest E. Myers, MC, USA, is chief of the orthopaedic section of the Bushnell General Hospital at Brigham, Utah. This is a new hospital with a potential capacity of 2000 patients.

* * *

Dr. Roy E. Mabrey has received his commission as a Lieutenant Commander, MC, USNR. His present station is at the US Naval Hospital, Chelsea, Mass.

* * *

Lt. Col. Henry M. Thomas, Jr., MC, USA, is Medical Consultant at Hq. 4th Service Command, in Atlanta, Ga.

* * *

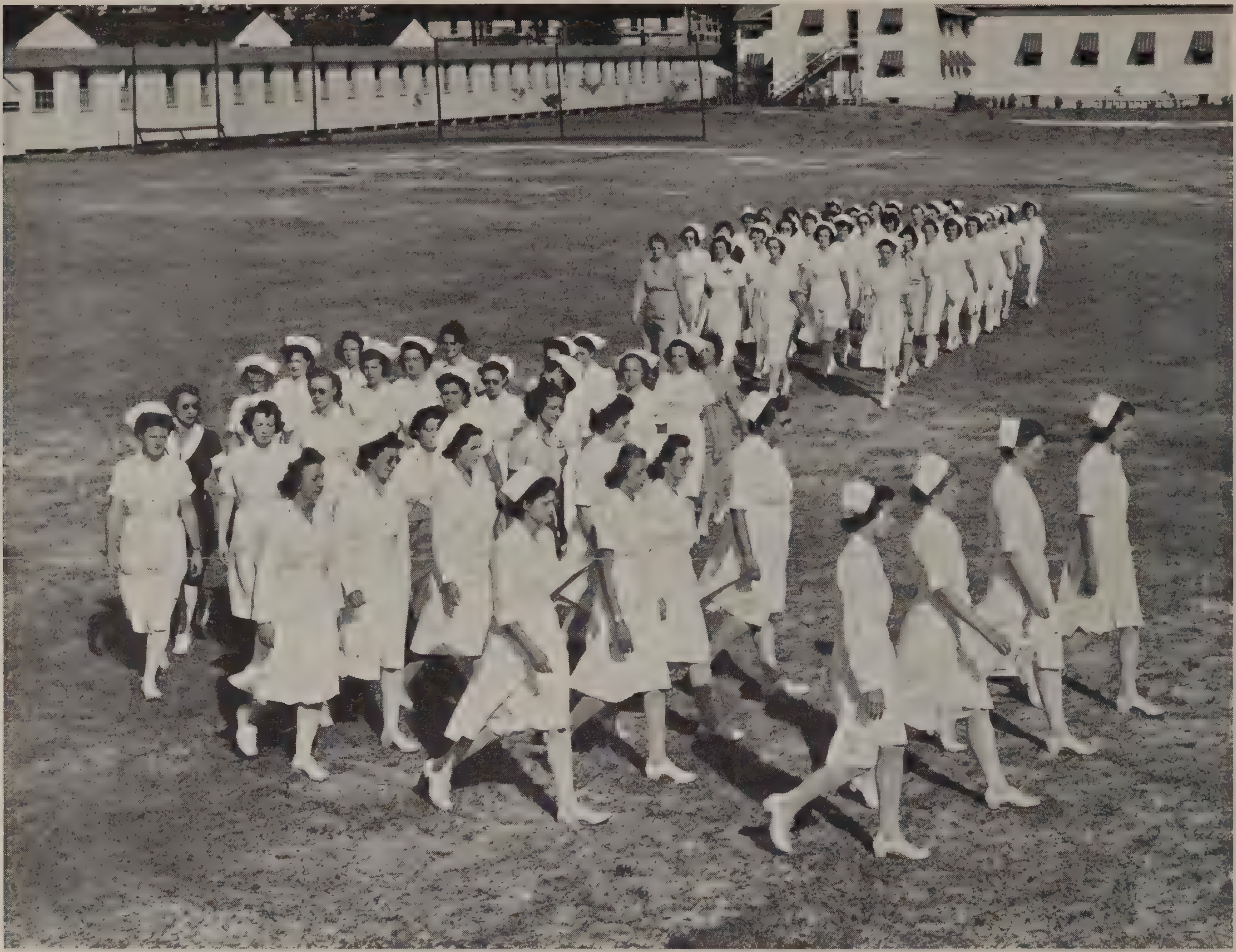
Dr. Robert H. Talkov, recently appointed a Research Fellow in the Arthritis Clinic, has been commissioned Captain, MC, USA, and is assigned to the 8th Service Command Station Hospital at Camp Barkley, Abiline, Texas.

* * *

Dr. G. L. Adamson holds the rank of Squadron Leader, and is president of No. 2 Medical Selection Board at No. 2 Initial Training School, R.C.A.F., Regina, Saskatchewan. He writes: "The Board consists of six medical officers, and its function is to examine candidates for aircrew to undergo basic training at an Initial Training School. Special examinations such as electro-encephalography and low pressure chamber reactions are done routinely in addition to the general physical examination. As the officers of the board are specialists, they also act as consultants to the training command in which they happen to be situated."

* * *

Dr. Walter B. Crandell joined the Roosevelt (NY) Hospital Unit, and was commissioned 1st Lieutenant. He is now overseas with the 9th Evacuation Hospital.



Nurses of the 6th General Hospital on the Parade Ground at Camp Blanding

Lt. Eleanor B. Pitman, formerly an executive assistant in Phillips House, sends an interesting letter describing the photograph above:

All nurses and civilians of the 6th General Hospital are required to attend drill twice a week. One half of the group of nurses are released from duty on alternate days for a period of one hour. We drill on the field in front of the Red Cross Recreation Building shown in the background of the picture. To the left may be seen a part of the Station Hospital, where we are assigned to duty. The platoon in the foreground is about to complete a left column movement, which accounts for the irregularity of the lines.

For convenience we wear the hospital uniform for drill, since in this Florida climate we are apt to be very much over-heated when the prescribed time is up. The regulation Army uniform and cap are worn by all nurses in the Army Nurse Corps, regardless of the hospital from which they graduated.

In the first platoon, reading right to left, may be seen Marjorie May, Margaret Mahoney, Hattie Miller and Eleanor Rich. In the second row are Mary Kennedy, Doris Murphy, Harriet Johnsen and Chloe Wilcox. Priscilla Tripp, Patricia Baker (Red Cross secretary), Mary Wilson, Frances Purcell and Evelyn King are in the next row. Others who may be recognized are Dorothy Moles, extreme left corner, Christine MacKinnon beside her, and Arline Adams, physical therapist, in back of her. In the second platoon Miss Barbour of the Red Cross is seen on the left, then Louise Sherer, Anna Tinkham and Catherine Lyons. Miss Knights is in the platoon also, but is not recognized in this picture, also Priscilla T. Chandler, head physical therapy aide.

In our enlargement Lieutenant Knights is now identified as third from the rear in the row headed by Lieutenant Tinkham.

* * *

Like every other department, the School of Nursing is trying to make a helpful contribution to hospital and national needs in the present emergency. One of the major contributions thus far is the increase in admissions. During 1941, students to a total of 121 were admitted; during 1942 the total has been 169,—an increase of 39%. This increase was made possible in part by federal funds. Under the National Defense Act of 1941-2, Congress appropriated a sum to assist nursing schools to increase their admissions. These funds have contributed toward equipment for an additional class room, paid for a share of the maintenance costs of extra students, furnished instructors for larger classes, and given four scholarships to students of the September-1942 class.

On Oct. 20 the Nursing Service of the General Hospital began its third refresher course to prepare inactive nurses for return to active service. One MGH graduate (Constance Bigelow, 1921) and eighteen graduates of other nursing schools are enrolled. The course is to cover ten weeks, two days a week, with the days divided into a 6-hour period of ward practice and a 2-hour class period. Mrs. Jean Stevens McLeod (1931) is in charge of the course. Classes are given by members of the visiting medical and surgical staffs and by instructors and supervisors from the School of Nursing.

* * *

To facilitate enrollment in the Red Cross Nursing Service and Army and Navy Nurse Corps, the Student Reserve was organized in the summer of 1942. Membership is offered only to senior student nurses. Seven of our seniors are now enrolled with the Red Cross.

* * *

Official word has now been received that the Army Nurse Corps is to admit married nurses.

THE NEWS

No. 4 Boston, Mass. January 1943

This issue of THE NEWS brings New Year greetings from all the Hospital, but it goes to press while Merry Christmases are being exchanged. So plans for Christmas in the Hospital are here given as of future date.

This year the fire commissioner will allow no trees, wreaths, or decorations in hospitals. There will be a few exterior trimmings, and everybody is taking in good part their real disappointment that there can be no Christmas trees on the wards. One Christmas tree is to be permitted in the Brick Corridor, where the Children's Party will be held.

Miss Morse (For what would Christmas be without the Occupational Therapy Department to make it so?) sounds another lament: "Our usual Brick-Corridor-Party talent for the grown ups is down in Florida, and we feel bereft. For the first time we are having to call in an outsider for entertainment." But there will be music each day and, as usual, the candle-light service in the Moseley rotunda.

Thanks again to O.T., patients' trays will have their bright favors: For women patients in the General, a bit of pseudo "costume-jewelry" in the form of a silver and red star with a jingle bell; for the men a Christmas "candle" that will promptly meet the fate of any cigarette masquerading in a red candy stand.

For distant readers THE NEWS wishes it might reproduce here the appetising Christmas menu and the whole red-printed program of events, December 17-25. On its red cover is a red block-print of the White Building, with a 13-story Victory "V" in front of it and a fat Christmas candle at one side, its lively flame saying in smoke, "Christmas Cheer!"

* * *

The following appointments were made by the Trustees at the meeting of November 27 and December 11:

Dr. James G. Miller, Assistant Resident Physician, Psychiatry Service

Dr. Alexander J. Michie, Assistant Resident Surgeon, Urology Service.

* * *

The following program is announced for the Hospital Research Council Meeting of January 26, 1943:

Metabolism of Thyrotropic Hormone in Thyroid Tissue: Dr. R. W. Rawson

The Influence of Aspirin on Uric Acid Metabolism: Dr. F. Klemperer

Deafness Caused by Degeneration in the Organ of Corti: Dr. M. H. Lurie

Quantitative Measurements of Pain Sensitivity in the Neurotic Individual: Drs. J. E. Finesinger and W. P. Chapman.

The letter reprinted below was prepared for circulation in recognition of the general concern in the recent catastrophe.

December 14, 1942.

DEAR FRIEND;—

Because of your long interest in the Hospital, we are sending you this report of our part in the Cocoanut Grove disaster.

The Cocoanut Grove fire started about 10:15 p.m. Saturday, Nov. 28, 1942. The first patients arrived at the emergency ward of the Hospital at 10:30 p.m. Shortly thereafter the Hospital was notified of the disaster and asked to be ready for a large number of patients. The hospital organization set up under "Civilian Defense" for the handling of war casualties was immediately put into operation, the house staff and nurses on duty were called to the emergency ward; the teams for burns and resuscitation were summoned; members of the visiting staff, nurses off duty, social workers, volunteers, orderlies, and others were notified. By 11:15 p.m. nearly the entire organization had been assembled; volunteers continued to arrive during the night.

The emergency ward was immediately cleared of all other patients, but that its facilities would be over-taxed was soon realized, and the sixth floor of the White Building, containing forty beds, was evacuated. Thirty surgical patients were removed to other beds in the Hospital.

Between 10:30 p.m. and 12:45 a.m., 114 casualties were received. Of these 75 were either dead on arrival or died within a few minutes after admission.

The 39 living patients showed, besides burns of varying degrees, the effects of cold, exposure, fright, shock, and partial asphyxia. Clothing was dripping wet, exposed surfaces grimy and blackened. The majority were quiet and cooperative. Some were comatose, others were greatly agitated, requiring restraint. In some this was due to hysteria; in others to cerebral anoxia (lack of oxygen supply to the brain). There was little or no evidence of intoxication. There were no fractures and only slight trauma of soft parts.

Wet clothing was immediately removed; burned surfaces covered with sterile towels and the patients wrapped in blankets. Morphine was given subcutaneously to all.

Meanwhile, two members of the house staff had been stationed at the entrance of the Hospital to determine whether those admitted were living or dead. Those pronounced dead were carried directly to an emergency morgue established in the Brick Corridor; the bodies were covered with sheets and the area screened off.

Some of the dead showed no burns; others showed burns of varying degrees, but death evidently had come from asphyxia in most cases. Many showed the cherry red color indicative of carbon monoxide asphyxia. A few were severely burned; one almost beyond recognition. Identification of the dead was started at once, and all but two of the men were identified by 5:00 a.m. Identification of the women was very difficult on account of the lack of identifying data in their clothing. They were identified only after direct inspection by relatives or friends.

Preliminary treatment having been given to the living in the emergency ward, patients were moved to White-6. By 1:30 a.m. all the living, 39 in number, had been treated and put to bed in this ward. Burns had been dressed, shock was being treated, and asphyxia cases were given oxygen therapy. The emergency ward was cleared and ready for more admissions. Thirty of the thirty-nine patients had surface burns of clinical significance, and many showed evidence of damage to the respiratory tract. In some this was very severe. In some cases it developed twenty-four hours later. In one case artificial respiration was required for the first six hours. The patient recovered. Seven cases required tracheotomy, and in one or two tracheal intubation was performed.

The surface burns were treated by a single method. There was no cleansing or debridement. The burned surfaces were covered with gauze impregnated with boric petrolatum and a voluminous dressing applied with elastic pressure bandages. Splints of folded newspaper were used for forearms and hands. Eyes were examined by staff and residents from the Massachusetts Eye and Ear Infirmary, and appropriate treatment instituted in seven cases.

Blood plasma from the Hospital blood bank was administered to all patients in shock. By 1:00 a.m. all patients in shock were receiving plasma. Salt solution and glucose solution had previously been administered intravenously, and was continued thereafter for long periods in many cases. In the first 24 hours 120 units of frozen plasma were used; in 7 days a total of 141 units. In addition 16 whole blood transfusions were given where there was reduced oxygen capacity. Teams of interns and nurses under the direction of surgeons, residents and the chief anesthetist were assigned to individual patients and to groups, and were in constant attendance. There were 20 trained nurses on 8-hour duty on this ward, or 60 each 24 hours. Oxygen therapy, directly by catheter or in tents, was given in appropriate cases; carbon dioxide 5% to 7% in oxygen was given to three patients, showing evidence of carbon monoxide poisoning. Sterile suction tubes for intratracheal intubation were used in several cases. In addition to the more intricate treatment, routine intravenous medication, blood pressure determinations, blood tests, etc. were carried out.

Sulfadiazine was given intravenously by 2:00 a.m. Sunday to all patients, including those without burns, and its administration was continued thereafter in appropriate amounts. All patients having been previously serum-tested were given antitetanic serum, except Army and Navy personnel and those with serious pulmonary lesions.

By 3:00 a.m. Sunday a list of all the living, with names and addresses, was made and given to police and press.

During the first week seven patients died. These were all cases showing severe respiratory tract damage from inhalation of flame or fumes. No cases of true bacterial pneumonia developed.

All the patients were segregated and isolated on the sixth floor of the White Building. Admission to the ward was strictly limited with a doorkeeper in constant attendance. Besides professional staff and attendants, only immediate relatives, clergy, family doctors, and officials on errands of importance were admitted, and all were masked and gowned.

The east solarium was converted into a dressing station where all dressings were done under aseptic precautions. X-ray examinations of the chest were carried on in the south solarium on the same floor. All patients were so examined by 10:30 a.m. on Sunday.

The clinical laboratories were manned immediately on the night of the disaster, and were kept busy continually thereafter. Hematocrit and serum protein determinations to guide the administration of fluids and plasma were available that night. Determinations of oxygen and carbon dioxide content of blood, oxygen capacity, non-protein nitrogen, prothrombin time, blood chloride, phosphorus, sodium, and other tests including various bacteriological examinations were also made.

The pathological laboratory was called into action in making tissue examinations and later in performing autopsies.

Invaluable service was rendered by members of the Social Service Department. They helped in various places where needed. Their training and skill in dealing with people emotionally disturbed fitted them for the trying tasks of interviewing distracted relatives and friends of patients and in answering innumerable telephone calls. They also helped in the identification of the living and the dead.

The services of volunteers from the Ladies' Visiting Committee and the War Service Committee proved of great value. They were persons of poise and they knew the Hospital.

Medical students assigned to the Hospital gave valiant aid that night and thereafter. A group of Harvard under-graduates who had been doing volunteer work as orderlies for six months, some of whom were on duty that night and others who came in afterwards, rendered splendid service. They also knew the Hospital.

The Red Cross gave invaluable service in the emergency. The motor corps brought casualties to the Hospital. The nurses' aides were of immediate assistance that night, and the next day large numbers replaced and relieved regular nurses on duty in other parts of the Hospital. The Red Cross Canteen, in connection with the Hospital dietary department, served coffee and sandwiches during that night, which was a great help in sustaining the energy and morale of workers and giving comfort to relatives and friends.

The Massachusetts Women's Defense Corps sent volunteers who aided in identification and also were of great help with the Blood Bank.

Many private nurses from Baker Memorial and Phillips House contributed their services during time off duty. Over one hundred outside nurses from the following institutions volunteered and were put to work:

McLean Hospital
N. E. Deaconess Hospital
Children's Hospital
Cambridge Hospital
Emerson Hospital in Concord
Free Hospital for Women
The Faulkner Hospital
Chelsea Naval Hospital
State Department of Public Health
Quincy Women's Defense Corps, O.C.D.
Community Health Association
John Hancock Life Insurance Company
Boston University Graduate School of Nursing
Simmons College Students
Red Cross Nurses

The regular staff of the Hospital, administrative, medical, surgical, and special, nurses, orderlies, technicians, telephone operators, dietitians, porters, maids, and maintenance personnel labored long hours that night and Sunday without stint in unsparing efforts each to do his part.

In conclusion it may be said that the Hospital organization met the emergency adequately and well. Much credit should be accorded to the Civilian Defense organization for having made the Hospital "catastrophe-minded" beforehand. There was no shortage of supplies or equipment of any kind.

Of course, some minor faults and difficulties were developed by the situation, which will serve a useful lesson in preparing for any future emergency.

"An emergency anticipated and prepared for ceases to be an emergency."

Faithfully yours,
The Trustees of the
Massachusetts General Hospital

* * *

This letter gives the substance of the "Preliminary Account of the Cocoanut Grove Disaster in Boston," prepared for circulation in the medical journals. To this account is appended a section of "General Comments and Lessons Learned." They are listed under the following general headings but with fuller detail on procedure.

1. The value of a well organized telephone service.
2. The necessity for immediate examination and separation of living and dead at the very entrance of the hospital.
3. The organization of staff and nurses into successive teams for medical procedures.
4. The importance of concentration of casualties in one group for concentrated medical treatment and isolation procedures.
5. Catastrophe organization to include experts assigned to the scene of disaster to determine the nature of the trauma.
6. An emergency morgue selected in advance.
7. A list of living, giving name and address.
8. Police assistance to control yard traffic and to guard hospital corridors and morgue.
9. The serving of coffee and sandwiches by the hospital dietary department and Red Cross.
10. Ample quantity of emergency supplies.

* * *

It has been the policy of the National Research Council to give no publicity to the investigative work of particular teams of doctors in civilian hospitals all over the country. Under the direction of the Council, particular problems of special importance to the prosecution of the war have been receiving intensive study. It may be of consolation to many to know that work on burns and resuscitation had been under way at this hospital, and that the victims of the disastrous fire at the Cocoanut Grove found at their command not only the regular emergency resources of the Hospital but this special service as well.

Dr. Churchill adds further word to the general statement above: "It is also of importance to note that studies and observations on the management of these patients are being closely followed by authorities responsible for the formulation of the principles that govern the treatment of burns in the armed forces. The disaster afforded an opportunity to apply in a large number of cases certain new principles that have emerged, particularly from the use of chemotherapeutic drugs."

The nurse's aides trained by the Red Cross are familiar figures in hospital wards and corridors. These volunteers have become, in fact, a part of the hospital scheme, and their service everywhere receives unreserved praise. A report from their chairman of their work in the Cocoanut Grove disaster states the following facts and provides this opportunity for recognition of their inestimable help in present-day needs.

An alert was sent out to the nurses's aides at 10:45 on the night of November 28, and by 11:30 they were reporting at the Massachusetts General Hospital, as well as at the Boston City Hospital. They stayed on duty here until 2 a.m. November 29. Up to 9:30 that night 69 aides had worked 296 hours, and from 11:30 that night until 7 a.m. November 30, three aides worked 33 hours. From that time until December 4, day aides to the number of 80 worked here 1261 hours, and 35 evening aides worked 143 hours. Also, five aides worked in regular shifts on 24-hour service on the Disaster Ward, White 6, until December 3, when the number was reduced to three on each shift. The total service, at both the Boston City and the Massachusetts General Hospitals, was 397 aides (294 individuals) and 3621 hours.

Pictures of the disaster show the aides at work, and the report of their chairman gives these details:

* * *

> In the hospitals, the aides did everything that was asked of them and voluntarily did many things besides. They worked in the emergency wards, operating rooms, and disaster wards. They tagged the dead, mopped up the floors of the emergency wards, which were covered with burned clothes, pieces of skin and bits of hair. They put fresh covers on the stretcher carts. On the wards they made clothes lists, forced fluids, put cold compresses on burned eyes, held arms and legs while intravenous injections were applied, made beds, gave mouth care, and put the wards in order. In the kitchens the aides washed and sterilized dishes, tubes, glasses and pitchers. . . .

* * *

Lt. Col. F. Dennette Adams has been called to active duty and is at present at the Army Medical Center in Washington.

* * *

Dr. Morris B. Sanders, formerly a member of the staff of the American Hospital at Neuilly-sur-Seine, has been interned since the beginning of the war.

* * *

From his home in Palm Beach, Fla., Dr. Hobart E. Warren sends a statement of the wartime activities of "an ancient graduate like myself." He states briefly: "I am Chief of Emergency Medical Services for Civilian Defense, and in September the Governor appointed me Chairman of the Health and Housing Division here, which places twelve other divisions including casualty stations, nursing service, medical center, blood bank, ambulance corps, et cetera under my jurisdiction." He adds: "Some headache!"

The December Bulletin of the Department of Dermatology reports that Lt. Alan P. Freedberg, MC, USA, a graduate assistant in the Department, is now with the 179th Station Hospital, assigned at present to Fort Lewis, Washington, and states: "Lt. Dorothy Duffy, our former head nurse, is at the Station Hospital, Fort Devens, Mass." The Bulletin also gives news of two of its recent interns:

> Capt. Robert N. Buchanan writes from Camp Forrest, Tenn., that he is stationed there, attached to the 300th General Hospital. He spent an interesting summer at the Walter Reed Hospital studying the course of an epidemic of jaundice. After the Vanderbilt unit was activated, Captain Buchanan was assigned to duty with them at Camp Forrest. He is in charge of a 37-bed dermatology ward in the Station Hospital, but seems anxious for more active duty.
>
> 1st Lt. William E. Flood is still at Fort Sam Houston, filling the position of Venereal Disease Control Officer. In this capacity he is giving lectures, inspecting dispensaries, looking after prophylactic stations, and inspecting troops for possible infection.

* * *

The Dental Service reports to THE NEWS the following:

Lt. Comdr. F. I. Rhodes, who was on a tender plying between Iceland and the U. S. for a year and a half, is now at the U. S. Naval Training Station at Bainbridge, Maryland. Capt. D. J. Holland, of the 6th General Hospital, has gone to the Walter Reed Hospital to take a course in plastic surgery. Major G. R. Rae, still at Camp Blanding, sends greetings.

Major M. S. Strock of the 5th General Hospital writes a card of Christmas greetings from Ireland. He and Lt. F. K. Poulin mention with gratitude the safe and prompt delivery of gifts sent by the dental staff of the Hospital. Lt. Poulin has recently been transferred from the 160th Station Hospital to the air force, and is at present stationed at a lovely spot somewhere in England.

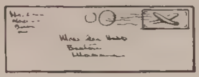
* * *

Dr. William H. Sweet sends a note from his post in England as Neurosurgeon of the Queen Elizabeth Hospital of Birmingham United Hospital:

> When the American Hospital in Britain's principal unit, the Churchill Hospital in Oxford, was taken over by the United States Army in the summer of this year, I transferred to the British Emergency Medical Service but continued to work at the same post and with the same personnel and equipment as previously. The generosity of Dr. Philip Wilson not only made it possible for me to keep all the American Hospital in Britain's equipments but he also arranged, through the British War Relief Society, to give me a sum of money so that the service could be run essentially as it was before. He did this after it was found impossible for me to arrange with the United States Army to do neurosurgery under its aegis. My tentative plan is to continue here at least until the end of June next year.

* * *

Comdr. Charles H. Allman, MC, V(S), USNR, received this rank as of July 1942, and has been for some time on duty with the Pacific Fleet. In connection with his service Dr. Allman has published "Peroral Endoscopy in a Navy Hospital" in the US Naval Medical Bulletin for Oct. 1942. This concerned his work in the Bronchoscopy Clinic at Chelsea Naval Hospital.



To give news of the 6th General Hospital for this issue, a letter of November 24, from Eleanor B. Pitman, 2d Lt., ANC, Res., is quoted from "The Quarterly Record."

> Six months at Blanding! Not what we bargained for, but here we are and making the most and the best of it, too. Units come and units go, but we stay on forever; and so it seems. One hears a lot about morale. It has always puzzled me as to what constitutes "good morale." But whatever it is, I think the 6th General has it. Like the wind "we cannot tell from whence it cometh nor whither it goeth, but we hear the sound thereof." We hear it in the voices of these girls: their gaiety in quarters as they sing an accompaniment to the victrola or the radio; the way they "josh" each other and play practical jokes; the loveliness of them as they depart with their "dates" for the various clubs where they dance to their hearts' content; the way they have with the patients. It's fun to nurse these boys; they are so appreciative of even the simplest service, and a little kindness goes a long way.
>
> The "leaves" we are now having in groups of fifteen at a time are enjoyed by each one of us every ten days. It is just as thrilling for the "have beens" to see others go off, for they know what joy is in store for them. And those who are waiting to go are smug—it is still theirs to enjoy. Just now we are having our turn on night duty. Twenty of us are on at present. Night duty is from 7.00 p.m. to 7 a.m., and usually for a period of one month. At present we are doing only two weeks, to make it fit in better with the leaves. It's not much like night duty at home. Except on the recovery ward, the officers' wards, the nurses' ward and the seriously ill ward, each nurse takes care of from three to four wards, depending on the type of patient. Her work is mostly supervisory: she instructs the corpsmen, and also convalescent patients who can be allocated to certain duties.
>
> This work often has a humorous side to it. The corpsmen are for the most part untrained, and the nurse finds them very raw recruits. One nurse asked the corpsman to toast three loaves of bread. When she went to the kitchen he had the three loaves of bread, waxed paper and all, in the oven. Another nurse had a can of evaporated milk to be opened. The corpsman looked at it, and was puzzled. "Punch two holes in it," she instructed. The next minute the milk was pouring all over the floor. He had punched one hole in the top and the other in the bottom!
>
> We drill twice a week, and hope that soon the Commanding Officer will consider us good enough to be in the review, which takes place Saturday mornings at 11.00. And what a thrill it is to watch our unit. They have a fine drum and bugle corps of their own now, and they march very smartly. I go over as often as possible, and never fail to feel a surge of pride that I am part of this organization.

* * *

A letter of December 20 from Colonel Goethals adds a brief word to this:

> On Thanksgiving Day our nurses were called, at the Station Hospital, to cope with a sudden influx of acute gastro-intestinal cases. Very flattering remarks have been made about the way they handled the situation. Furthermore, today they participated in a review given in honor of the Camp Commander, and in this connection attracted very favorable comment.
>
> Tell Pete Churchill that his report on the Cocoanut Grove fire is being circulated; and give him the thanks of all of us. What do you mean you miss us? We would have done no more than you did.

NOTICE

Dr. Faxon requests that every woman employed in the Hospital provide herself at once with an identification tag. Such a tag should show complete name on one side and the individual's blood type on the other.

The report of the recent disaster, here published, comments on the difficulty of identifying women in case of accident. Immediate identification of persons at the time of an accident will spare relatives and friends harrowing experiences and the useless hope of doubt.

The General Store at the Hospital plans to carry inexpensive tags, and information may be obtained there.

Less formal aspects of the recent disaster as a civilian emergency met by the Hospital have been given in "The Quarterly Record" for December by Grace P. Follett, an instructor in the School of Nursing and a graduate of 1939:

> No one of us yet has the perspective to evaluate our response to the Cocoanut Grove disaster. We know that when the last of our thirty-nine disaster patients is discharged, all departments will wish that some things had been done differently, and we shall do them differently another time, if we should have occasion to use the knowledge we have gained. But for all that, in this first test of our disaster service, each of us must feel as one surgeon did when he finally got home at nine o'clock Sunday night. When his wife asked, "How are you?" his reply was, "I am proud to have been part of the M.G.H. at a time like this." . . .
>
> Two surgical supervisors have acted as head nurse on White 6, relieving each other. One of them had time off on the sixth day for the first time and took every minute of it to answer questions that should presently form the basis of a complete discussion of nursing care for the disaster patients. . . . In a place where a lot of people know their jobs that well and stick to them with that kind of tenacity in an emergency, someone in authority is needed in the background, but the authority does not get a great deal of exercise. All the way from the surgeons in charge to student nurses who worked under direction, I have heard that people did not need to be told what to do, because they were doing it. Each one of us, whether a nurse or a member of another department, after this experience should have a clearer idea of her own function, of others' functions, and how to work together in the future.

Very properly, also, Miss Follett records an aspect that should be found in any great human experience. There should be small bits of humor even in great catastrophe.

> In the west wing of White 6 on the afternoon following admission there were fifteen male patients, and twelve of these showed no faces, just great mounds of gauze retained by bender bandage (with apertures for nostrils and terribly swollen lips). Of the three men who showed faces, one was sitting up in bed eating supper from his own tray. The next day he was discharged from the west wing at the same time his wife was discharged from the east; they met in the center and went home together, a happy couple. But they had been protected from news of the catastrophe, and the wife was bewildered because nearly all her clothes were missing. She could not understand how a hospital like the M.G.H. could have managed to lose them! She did not realize that she may well have been admitted without them.

Dr. Churchill kindly allows readers of THE NEWS to share his correspondence with alumni now in war service by sending the following information and comment:

> Lt. Walter B. Crandell writes from Northwest Africa that he spent Thanksgiving in Oran. "Some work and facilities for bathing would make us reasonably content." No complaints have been heard from Florida about the latter item.
>
> Capt. F. H. Simeone has been polishing off what he learned about thoracic surgery at the M. G. H. with a course under Mr. Tudor Edwards in England. "Simie" would now appear to be qualified not only in urology, but in thoracic surgery, and the surgery of the sympathetic nervous system. It shows what a sound basic training will do!
>
> Lt. Comdr. Roy Whitham was called to active duty July 28, 1941, at the U.S. Naval Hospital, Great Lakes, Ill. He writes, "I have often thought it a remarkable accomplishment that the men from the Massachusetts General Hospital are imbued with a spirit of professional honesty and scientific and medical idealism that is greater than is acquired anywhere else." Thanks, Roy. We will be proud to hoist an "E" pennant on that citation.
>
> Carl Hedblom (East Surgical 1913), who died in 1934, is represented in this war by two sons. Carl, Jr., is with the 52nd Evacuation Hospital (Pennsylvania Hospital) in New Caledonia. George is piloting a flying fortress based in England.

* * *

THE NEWS has received the following information about the military service of former employees of the Hospital, and hopes to have more to publish in later issues.

John T. Keating, who entered the employ of the Hospital in 1921 and had been for several years in charge of the lower store, is serving as a private with a squadron of the Air Force in Northern Ireland.

Three men from the general hospital and outpatient pharmacies are serving at the following posts: Joseph Trotta at Sioux Falls, South Dakota; Cyril Fitzgibbon, on Guadalcanal; and Joseph Conti, in England. A fourth, Dominick Cervizzi, is Technical Sergeant with the task force of a medical regiment now in the Pacific.

* * *

Word has been received of the promotion of Lt. Col. Augustus Thorndike to this rank. The 105th General Hospital, the second Harvard University unit and organized under Lieutenant Colonel Thorndike's command, has been on service in the Pacific area for several months. It is hoped that some of the twenty MGH members of that unit will soon send THE NEWS a report of its activities for special inclusion in these pages.

* * *

Comdr. James C. White received word from Washington on December 3 of his promotion to this rank. His commission dates from July 17, 1942, and he is to continue his service at the Chelsea Naval Hospital.

The organization of the USA Typhus Commission was announced on November 19. Dr. John C. Snyder, earlier reported as a member of the Conference on Typhus, Cholera and Plague called by the Committee on Tropical Diseases of the Medical Research Council, is one of the four typhus research specialists composing the Commission. He holds the rank of Major, M.C., AUS.

* * *

The 7th General Hospital (Boston City Hospital unit) has not yet been activated, but many of its members are on active duty. Dr. Phillip H. Gates, of the McLean staff, was commissioned a Captain, MC, USA, to act as assistant to Major Wilfred Bloomberg, chief of the neuropsychiatry section of the 7th General Hospital. He is now at the Station Hospital, Fort Hayes, Columbus, O. Lt. Col. Laurence B. Ellis is chief of service for the unit, with Major Richard P. Stetson as assistant. Major Albert G. Engelbach was appointed executive officer of the unit, and has been at the Lovell General Hospital at Fort Devens since August. Capt. George E. Heels, also a member of the unit, is now on duty at the Recruiting and Induction Station at Portland, Maine.

* * *

A brief account recently received from Comdr. Howard B. Sprague, in charge of U.S.N. Mobile Hospital No. 6, gives an interesting picture of this unit in action in the Pacific.

> Our hospital has been busy caring for casualties for over two months, and our bed capacity is steadily expanding. I think we have one of the best, and from a personnel standpoint, the best naval set-up in this part of the world. We have had one formal clinical meeting with two M.G.H. papers on the program: Kennard on the treatment of burns, and McGinn on the electrocardiograph in war. Our location, though a bit inconvenient, is comfortable and healthy, and the scenery is beautiful. Give our best to everybody. Please note our new address.

The address is Navy 607, c/o Fleet Post office, San Francisco. It is given here for other M.G.H. units who may wish to communicate with this naval group, which includes Drs. Sprague, Johnson, Kennard, Hunter, Carmody, and McGinn.

A further comment from Dr. Sprague's letter is given: "There has just come to hand the first issue of the M.G.H. NEWS. We have enjoyed having it very much, as we get very little information about other outfits." This quotation is made in the hope that other units will send word of themselves, to be published here and thus reach interested readers in the remote areas.

* * *

Lt. Col. Thomas H. Lanman, who went overseas several months ago as commanding officer of the 5th General Hospital (the first Harvard University unit), has recently been serving temporarily as commanding officer of another General Hospital stationed in a neighboring sector. On Thanksgiving night the officers of his temporary command tendered him a dinner of appreciation.

Dr. Ralph Winward French died on December 7, 1942 at the Truesdale Hospital in Fall River, Mass. Dr. French graduated at Harvard College in 1907, and received his degree *cum laude* from the Medical School in 1910. He began service as an intern at the Massachusetts General Hospital on August 1 of that year, and was on both the South and East Surgical Services. In 1912 he joined the staff of Truesdale Hospital. In addition to his active work as surgeon there, he was instrumental in establishing the Training School for Nurses.

To this brief statement, Dr. Means adds a personal tribute. "Dr. French's life was one of real beauty. Modest, unselfish, kindly, devoted to both friend and patient, he became the beloved surgeon in his community and endeared himself to people in every walk of life. The gentle twinkle in his eye made those about him happier. His mere presence inspired confidence. To these treasures of character he added surgical skill and judgment of a high order."

* * *

Dr. Andrew Watson Sellards died on December 1, 1942, at Newton, Mass. Dr. Sellards had been a member of the staff of this hospital since 1915, when he was appointed an assistant in medicine and assigned to the newly-created sub-department of tropical medicine under Dr. Richard P. Strong as chief. When this clinic was discontinued here Drs. Strong and Sellards, with Dr. George C. Shattuck, were made consultants in tropical medicine. Dr. Sellards received his college training at the University of Kansas and graduated at Johns Hopkins in 1909. Until 1911 he was an instructor in tropical medicine at the University of the Philippines but then returned to Johns Hopkins as an instructor of medicine there. Since 1914 he had been a member of the Faculty of the Harvard Medical School, and at the time of his death was Richard Pearson Strong Associate Professor of Tropical Medicine.

To the facts stated above Dr. Rackemann gives a special significance. "Dr. Sellards travelled extensively and spent much time in the tropics, where he did important work on yaws and especially on yellow fever. He was a close friend of Noguchi and of the French scientist Nicolle. Dr. Sellards was one of those shy, self-effacing, quiet people who hate publicity and go out of their way to avoid the limelight. He was ready to give everything and to do everything for other people, but it was always difficult to do things for him. In the Medical School he kept to himself but he had the happy faculty of making friends, especially with the students, and it was remarkable to find how much he knew of the personal as well as professional affairs of this or that young man who might be having trouble of various sorts. The door of his laboratory was always open, and visitors were always welcomed.

"He left this world so quietly that most people hardly knew of his passing. His friends, however, will miss him sorely."

* * *

"William S. Ripley, purchasing agent of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, died in the Baker Memorial Hospital on December 23, 1942. He had been ill for several months. The outlook was hopeless. His death a merciful release.

"He began his connection with the Massachusetts General Hospital as storekeeper at the McLean Hospital. In 1906 he came to the General Hospital as secretary to Dr. Howard, the Administrator, who was in charge of the business affairs of both institutions. As the Hospital grew in size with the construction of the Phillips House and Baker Memorial, a definite Purchasing Department was established and Mr. Ripley became its head. He served Drs. Cowles, Howard, Washburn, Howland, Bigelow, and Faxon. In all he was an officer of the Massachusetts General Hospital for forty-four years.

"Slow-spoken and deliberate, he carefully weighed the evidence before each decision. Honest and loyal, the Hospital has never had a more faithful servant. Sympathetic and kindly, he was a valued friend of many still connected with the Hospital and many who have passed on."

F.A.W.

* * *

"The Quarterly Record" reports the death of Miss Blanche M. Thayer, a graduate of the Class of 1879 and "the oldest living alumna" of the Training School for Nurses, at a nursing home in Quincy, Mass., on Oct. 25, 1942, after several years of ill health following a fractured hip. Miss Thayer came from an old Braintree family. She commanded great respect because of her dignity and fine personal appearance, had travelled extensively, and enjoyed life to the fullest. Many years of her professional life were spent as superintendent of nurses at the Quincy City Hospital, where Miss McCrae was for a time assistant superintendent. She had held similar positions in New York, North Carolina, and Connecticut.

The principal recommendation of the editorial committee of the Scientific Book Club for September was the following book, "Civilian Health in Wartime," by Dr. Francis R. Dieuaide. It is published by the Harvard University Press. They say of it that it is "not a medical treatise nor one that is intended for any professional group; it should appeal to all intelligent citizens." The book has been cordially reviewed by newspapers and the medical journals, but The News hopes it may later add to this number.

The following ranks and addresses have been received. News of the special assignments of these officers will be published as soon as it is received:

A. M. Bassett, MC, USA, 49th Service Group, Army Air Field, Walla Walla, Wash.
W. L. Holt, Jr., MC, USNR, Puerto Rico.
J. Homans, Jr., MC, AAF, Air Force Training School, Miami Beach, Fla.
R. F. MacDonald, Lt. Col., MC, USA, Chicago, Ill.
J. C. Placak, Jr., Lt., MC, USNR, U. S. Naval Hospital, Great Lakes, Ill.
H. M. Spence, Lt., MC, USA, Moffett Field, Calif.
S. McN. Talmadge, Capt., MC, USA, Lawson General Hospital, Atlanta, Ga.

* * *

Lt. Comdr. A. Gordon Gauld, MC, USNR, has been on active duty since May 19, 1941. He is at present assigned to the USS "Chenango."

* * *

Major Ira Dixson, MC, AAF, has been assigned to the Air Force Officers' Training School at Miami Beach, Fla.

* * *

Lt. Hugh Montgomery, MC, USNR, was called to active duty on Feb. 23, 1942, and assigned to the Philadelphia Naval Hospital. He later joined the USS "Solace," a hospital ship of the Pacific Fleet, and is one of the two internists of the University of Pennsylvania Naval Unit assigned to this vessel.

* * *

Capt. I. Paley Rak, MC, USA, sends word of his service at the Station Hospital, Camp Phillips, Kansas, where he is chief of the neuropsychiatry service.

* * *

Lt. Col. Richard Collins, Jr., FA, USA, sends a letter from Hq., 87th Infantry, Division of Artillery, at Camp McCain, Miss. He very kindly calls The News "a fine undertaking," and says it "does those of us who are far away a lot of good. We are scattered to the winds, and move so often that we cannot keep in touch with our many friends from the Hospital. The News affords a means of keeping track of one another." But, better than that, he sends word of his own activities:

> I entered the Army on active duty in December 1940. After taking a three months' course at the Field Artillery School, I was retained as an instructor in the Gunnery Department. While there I was successively an instructor, a group supervisor, and finally a Class Director in the Gunnery Department. I have learned much about teaching that will prove of value when I return to my former haunts. After another month as a student in the same school, I came down here to be Plans and Training Officer for the Artillery of the 87th Division. This division is a new one, now in the process of building. The work is strenuous and interesting. There is never a dull moment.
>
> In Jackson, Miss., on my way here, by the merest chance I ran into Dr. Harter, a contemporary of mine at the Hospital. He has been very kind to my family. If all goes well we hope to spend Christmas Day with his family. My wife, Jean Chapman Collins is a former MGH nurse. She and my daughter, Deborah are living in Jackson at 1620 Myrtle Street.

(This photograph, taken in the Surgical Conference Room at the Massachusetts General Hospital, is reproduced here through the courtesy of the Boston *Herald*. It appeared on the front page of its edition for December 9, 1942, with the title below.)

DISTINGUISHED MEDICAL AUTHORITIES here to review the treatment of Cocoanut Grove survivors. From left to right, seated: Dr. F. L. Meleney, Presbyterian Hospital, New York; Dr. Oliver Cope, Massachusetts General Hospital; Dr. Robert Elman, Barnes Hospital, St. Louis, Mo.; Dr. Edward D. Churchill, Massachusetts General Hospital; Dr. R. D. McClure, Henry Ford Hospital, Detroit, Mich.; Dr. Allen O. Whipple, Presbyterian Hospital. Standing: Dr. Charles C. Lund, Boston City Hospital; Dr. F. W. Rhinelander, Dr. Henry K. Beecher, and Dr. Champ Lyons of Massachusetts General Hospital; Lt. Col. B. Noland Carter and Lt. Col. D. B. Kendrick of the Surgeon General's Office; Dr. W. Jason Mixter, Massachusetts General Hospital; and Dr. Sumner L. Koch, Passavant Memorial Hospital, Chicago.

The paragraphs below are brief quotations from the newspaper report that accompanied the photograph:

> The delegation, including the membership of the burn committee of the National Research Council, said the visit was prompted by a desire to study at first-hand reports of magnificent work accomplished by trained disaster groups in the city.
>
> In the morning they toured the Boston City Hospital with Dr. Charles C. Lund, who directed the care given fire victims, then were guests of hospital trustees at luncheon. In the afternoon they visited survivors at the Massachusetts General Hospital, where their tour was conducted by Dr. Edward D. Churchill.

Dr. Churchill received a note of appreciation from Lt. Col. B. N. Carter, who represented the Office of the Surgeon General in the review of the treatment of the casualties. It includes this tribute: "I can't tell you how much admiration I have for your staff in the way in which the burned cases were handled. It was a revelation in efficiency, skill and forethought."

Major Linn F. Cooper, MC, USA, has been assigned to the Station Hospital at Drew Field, Tampa, Fla.

* * *

Major Roy B. Cohn is serving overseas with the 59th Evacuation Hospital.

* * *

Lt. Comdr. Richard L. Pearse, is at the US Naval Station at Key West.

* * *

Capt. Alfred Hurwitz, MC, USA, entered the service on October 31, 1942, and has been at Fort Sam Houston, Texas, with the 3d Auxiliary Surgical Group.

...—V...—

Dr. Robert S. Hurlbut has been commissioned a Lieutenant, jg, MC, USNR. He has been on duty at the Chelsea Naval Hospital, and recently was serving on the Naval Aviation Cadet Selection Board at the First Naval District Headquarters.

* * *

Lt. James E. Conley, MC, USNR, has recently joined Naval Construction Battalion No. 69 at Camp Peary, Williamsburg, Va.

The Ladies' Visiting Committee draws attention to the fact that a year ago there was established a Memorial Gift Fund. Instead of sending flowers to bereaved friends, persons may prefer to make a contribution to the Hospital "in memoriam." Gifts will be acknowledged by the Trustees to any designated member of the family of the deceased.

Checks should be made payable to Mr. Henry Guild, Treasurer, Massachusetts General Hospital, Boston, Mass.

THE NEWS

No. 5 Boston, Mass. February, 1943

This letter has been posted on one of the Hospital bulletin boards, so that the active personnel may receive the well-deserved praise it expresses. Absent and distant Hospital members should also share in it:

MASSACHUSETTS COMMITTEE ON
PUBLIC SAFETY
18 Tremont St., Boston
December 22, 1942

Dr. Nathaniel W. Faxon, Director
Massachusetts General Hospital
Boston, Massachusetts
Dear Dr. Faxon;—

I want to thank you personally for the splendid way in which the Massachusetts General Hospital and your entire staff, medical, surgical, nursing, social service and lay, functioned in the recent Cocoanut Grove disaster. As a result of your emergency set-up and your practicing in the event of disaster so as to meet it more successfully, you had your baptismal fire and came out on top. Nothing but the greatest praise of your hospital has come to my ears. . . .

I wish to thank you again and all your staff, to whom please transmit my sincere thanks. It makes us all feel better to know that if in the future we are to taste some enemy action on our own shore, we have the assurance that any of our injured population will be taken care of in the best possible manner.

Sincerely yours,
J. W. Farley,
Executive Director

* * *

A recent issue of one of the major scientific journals has a special interest for members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. It contains the following dedication page:

THIS VOLUME
OF THE
ANNALS OF OTOLOGY, RHINOLOGY
AND LARYNGOLOGY
IS DEDICATED
TO
HARRIS PEYTON MOSHER
A.B., M.D., Sc.D., LL.D.
Walter Augustus LeCompte Professor of
Otology, Emeritus
and
Professor of Laryngology, Emeritus
of
The Harvard Medical School
Boston, Massachusetts

The contributions are by his students and residents, who hereby acknowledge their indebtedness to him for his stimulation and encouragement in their preparation for the specialty of Otolaryngology.

September, 1942

The frontispiece of the issue is an informal picture, "Dr. Mosher photographed at his desk by Dr. Werner Mueller." This shows Dr. Mosher as his associates have so often found him, in his laboratory coat and busy with reports. That this is only one aspect of his achievement and personality is suggested in the first paragraph of the brief biographical account:

> A member and past president of all the American otolaryngological societies; the president, from its organization, of the American Board of Otolaryngology; anatomist, sculptor, wood carver, artist, inventor, musician, teacher, trail blazer; a name associated with studies of the nasal sinuses, the esophagus, pus in the neck, brain abscess, the paraffin mould for skin grafting radical mastoid cavities, with many original instruments; dean of American otolaryngologists.

Mention is then made of Dr. Mosher's outstanding contributions in the specialty he was to select,—after internship at the Massachusetts General Hospital (*ES* 1897), residency at the Boston Lying-In Hospital, service in the Spanish-American War, a term of general practice and of teaching anatomy, as well as further study abroad! Dr. Mosher was the first American to deliver the Semon lecture and receive the Semon Medal in 1929, and has been honored with other medals and degrees. Also:

> During World War I, Dr. Mosher volunteered early for military service and came out of the service late. After a tour of duty as a consultant in otolaryngology in both England and France, he was assigned to the personnel department of the Surgeon General's office. Here he was impressed by the need of better training in otolaryngology; and from this need, as a stimulus, the American Board of Otolaryngology was formed. Upon his retirement from the Medical Corps of the Army, Dr. Mosher held the rank of Colonel.
>
> World War II finds him Chairman of the Section on Otolaryngology of the National Defense Council. He is kept busy as an air raid warden in Marblehead, and is active in First Aid, the Red Cross, and British Relief.

A quotation from another magazine here suggests that even the material instruments Dr. Mosher has helped to perfect seem to show his versatility. *The Reader's Digest* for January contains this paragraph:

> An employe of one of the automobile plants that makes aircraft engines got to worrying about the inner surfaces of drilled oil lines. Dirt or pieces of metal left in them might stop the oil flow and wreck the engine in the midst of combat. He had read of the bronchoscope, with which surgeons explore children's lungs for obstructions. He tried one out on the oil lines, and it worked.

* * *

The Hospital bulletin board calls attention to the symposium being presented weekly from January 17 to February 21 by the Boston City Hospital, at the request of the USA Medical Corps, for the training of medical officers for service with aviation units. The lectures are open to members of the medical profession. A program is announced:

"Rôle of the Medical Program in Civil Aviation," Ross A. McFarland, Ph.D., Assistant Professor of Industrial Research, Harvard University; coördinator of the Medical Program, Pan American Airways System

"Effects of High Altitude in Aviation," Ross A. McFarland, Ph.D.

"Application of Psychiatry to Military Needs," Comdr. A. Warren Stearns, MC, USNR, also

"Application of Psychology to Selection and Maintenance of Aircraft Pilots," Lt. Edward J. Galway, USNR

"Naval Aviation," Capt. J. C. Adams, MC, USN, Chief of Division of Aviation, Bureau of Medicine and Surgery, USN, also

"Demonstration of a USN Flight Physical Examination," Lt. Comdr. L. R. Philbrook, MC, USNR, Senior Aviation Examiner, First Naval District

"Early Treatment of Traumatic Injuries of Face and Jaw," Dr. V. H. Kazanjian, Professor of Plastic Surgery, Harvard Dental School; Consultant in Plastic Surgery, Massachusetts Eye and Ear Infirmary and Boston City Hospital

"Head and Spinal Injuries," Dr. Donald Munro, Assistant Professor of Neurosurgery, Harvard Medical School; Chief of Department of Neurosurgery, Boston City Hospital.

* * *

The Christmas party held by the nurses at the Massachusetts Eye and Ear residence this year on December 22 was made the occasion of a special birthday celebration. The nurses invited to their party Mr. Russell G. Fessenden, President of the Board of Managers, Dr. Faxon, Director of the Infirmary, Mrs. Faxon, Miss Johnson, and the following employees who have given twenty or more years of service there; for the party had been planned in their honor.

John Blood	Engineer	30 years
Mary Mungovin	Seamstress	27 '
Charles Fowler	Orderly	27 "
Ellen McCann	X-Ray Nurse	24 "
Florence Morrissey	Anaesthetist	23 "
Dr. A. S. Macmillan	Roentgenologist	23 "
Anne Raymond	Attendant	22 "
Winifred Glidden	Clerk, Front Desk	21 "
William S. Ripley	Purchasing Agt,	21 "
Helen F. Kerwin	Social Service	21 "
Mary Hayden	Nurse O.P.D.	21 "
Elizabeth Farley	Asst. Bookkeeper	20 "
Margaret MacDonald	Bookkeeper	20 "

Dr. Burton E. Lovesey, in costume, acted as the Town Crier of the occasion. He presented to the twelve employees who were present one of the Wedgewood plates showing the Infirmary building of the old days, and had an amusing tale to tell about each person as the presentation was made. The plates were the gift of the Board of Managers. After these ceremonies a birthday cake was cut, but due to the rationing program and a shortage of that week it could not be accompanied by the usual ice cream. Two pounds of coffee, however, a gift from a nurse necessarily nameless, gave the final flavor and distinction to the occasion. The party was held in the living room of the residence,—and Dr. Faxon, for one, said he hadn't been to a nicer party ever.

The Trustees have granted leave of absence because of military service to:

Drs. Edward D. Churchill
Maurice M. Tolman

Dr. Churchill has received a commission as Colonel, MC, AUS, and will act as Consulting Surgeon to one of the Armies. He is now in Washington.

At its meeting of January 8, the administrative board of the Harvard Medical School "voted to appoint Dr. Oliver Cope as acting head of the Department of Surgery, located at the Massachusetts General Hospital, from the date of the beginning of Dr. Churchill's leave of absence." Dr. Cope holds the appointment of Assistant Professor of Surgery at the Medical School.

* * *

The following appointments have been made by the Trustees:

Dr. Leland S. McKittrick, Acting Chief of the West Surgical Service during Dr. Churchill's absence
Dr. William J. Turtle, Assistant Physician, Children's Medical Service
Dr. Dario Morelli, Assistant, Children's Medical Service
Dr. Harriet Hardy, Assistant in Medicine
Dr. Robert S. Grier, Assistant Resident Physician, Medical Service, for three months or longer, beginning January 1, 1943
Dr. Robert L. Allen, House Officer, Surgical Service, for three months, beginning January 1, 1943
Dr. Robert E. Mason, Assistant Resident, Medical Service, beginning April 1, 1943.

Dr. Arthur W. Allen gives the following information as to the schedule for teams of staff and house officers in the Surgical Services, and the purposes for which this arrangement has been made.

"One-year interns are rotating through the private wards for three months of their service under a tutorial system. They are assigned to various teams, in such order that the work is equally distributed. At the end of six weeks the men are shifted to different teams.

"Staff members working in the private wards have taken this responsibility of teaching very seriously. So far the staff and the interns seem to like the arrangement very well." Present assignments for team, house officer, and staff are:

No. 1 Brooks, P.; Drs. A. W. Allen, R. H. Wallace, G. A. Donaldson, Phillips House Courtesy Staff
No. 2 Millett, J. B.; Drs. J. V. Meigs, E. P. Hayden, F. A. Simmons, F. M. Ingersoll
No. 3 McDermott, W. V.; Drs. L. S. McKittrick, V. H. Kazanjian, H. K. Sowles, O. Cope, J. W. Spellman, G. S. Speare, Blood Bank
No. 4 Baker, D. V.; Drs. R. H. Sweet, H. C. Marble, B. Cannon, L. Soutter, C. C. Miller, C. C. Simmons, R. K. Brown
No. 5 Farmer, D. A.; Drs. R. H. Smithwick, C. G. Mixter, S. G. Jones, I. T. Nathanson, E. B. Benedict, Obstetrics
No. 6 Carroll, R. E.; Drs. R. R. Linton, R. H. Miller, E. L. Young, E. M. Daland, E. Hamlin, Jr.

(Patients of Dr. C. Lyons to be covered by House Officers assigned to Ward 12)

Elliott Gray Brackett 1860-1942

Oliver Wendell Holmes applied the title "The Beloved Physician" to James Jackson, the first Physician of the Massachusetts General Hospital. Many doctors have to a greater or lesser degree deserved this title. Elliott Gray Brackett was outstanding among them. Skilful in orthopedic surgery, he held high rank in this specialty. He became Chief of the Orthopedic Department of the Massachusetts General Hospital. He was Surgeon at the Children's Hospital. As Colonel with the Medical Corps in World War I, he was Director of Orthopedics in this country. He was editor of the *Journal of Bone and Joint Surgery* and author of many articles on orthopedic surgery.

This is by no means a complete list of his professional positions; but it is the man himself, his fine character, his love of his fellow man, whom we delight to honor. When Elliott Brackett died on December 30, 1942, this country lost an outstanding orthopedic surgeon. Boston, his patients and friends lost a man of high character, of sympathetic devotion, who had lived a life of service, the main thing that makes life worth while. He was "The Beloved Physician."

F. A. W.

* * *

Notice has been received of the death of Dr. Warren L. Babcock in St. Petersburg, Fla., on January 3, 1942. Dr. Babcock was for thirty-four years director of Grace Hospital, Detroit, and is known to many readers because of his connection with Base Hospital No. 6 during the First World War. He succeeded Colonel F. A. Washburn in command of that unit in France on April 25, 1918, and continued in this command so long as Base Hospital No. 6 functioned as an active hospital in France. At the close of the war he held the rank of Colonel, MC, USA. He resigned from his directorship at Grace Hospital in June 1937.

* * *

The program for the Hospital Research Council Meeting of February 23, is announced as follows:

Effect of Cholesterol Administration on Anesthesia: Drs. H. K. Beecher and F. F. Foldes
Ocular Maldevelopment in Premature Infants: Dr. T. L. Terry
Study of Some Growth Factors Associated with Oral Aciduric Bacteria: Dr. D. Weisberger
Action of Soap on the Skin: Drs. C. G. Lane and I. H. Blank

* * *

The program for the regular meeting of the Medical Staff on January 18 was as follows:

Dr. M. Fremont-Smith: Dysmenorrhoea
Dr. Joe V. Meigs: On his Syndrome (Fibroma of the Ovary associated with Ascites and Hydrothorax).

The following notice has been received by Dr. Arthur W. Allen from Dr. Miley B. Wesson, Chairman of the Committee on Scientific Research of the American Urological Association:

Urology Award — The American Urological Association offers an annual award "not to exceed $500" for an essay (or essays) on the result of some specific clinical or laboratory research in Urology. The amount of the prize is based on the merits of the work presented, and if the Committee on Scientific Research deem none of the offerings worthy, no award will be made. Competitors shall be limited to residents in urology in recognized hospitals and to urologists who have been in such specific practice for not more than five years.

The selected essay (or essays) will appear on the program of the forthcoming meeting of the American Urological Association, May 31-June 3, 1943, Hotel Jefferson, St. Louis, Missouri. Essays must be in the hands of the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis, Tennessee, on or before March 1, 1943.

Following the recent fire disaster, publicity was given to the suggestion that identification tags should be worn by women universally. In a notice published in last month's issue, Dr. Faxon requested women employees of the Hospital to provide themselves with such means of identification, to give their names, blood type, and to be worn at all times. This movement is now receiving the endorsement and coöperation of the Massachusetts Hospital Service, Inc., more generally known as the Blue Cross. This organization now makes available to its subscribers an attractive tag, made of sterling silver in the form of the cross that is its own insignia. Personal identification is to be engraved on one side, and on the reverse the Blue Cross certificate number of the subscriber. The price of the tag is 40¢, and it may be worn as bracelet, anklet, locket or watch charm. Order forms will soon be distributed to all Blue Cross subscribers among Massachusetts General Hospital employees.

In wearing their identification tags, members of the Hospital personnel will be interested to know and remember that the need for such tags for women and the movement toward supplying them on the part of the Blue Cross and other organizations was started by Dr. Faxon and at this hospital. After three experiences with the difficulty of identifying women victims of major catastrophes Dr. Faxon was not merely convinced of the need for them but took action in the matter. In recognition of this fact and to launch their state-wide identification disc campaign, the Blue Cross made presentation of its first tag on January 22 in the Trustees' Room. The tag was presented to Miss Marion G. Gaddis, a patient at the Hospital following the Cocoanut Grove disaster, by Dr. R. F. Cahalane, executive director of the Blue Cross, with Dr. Charles F. Wilinsky, president of the Massachusetts Hospital Association, and Dr. Faxon as special witnesses.

Announcement and explanation are given here for yet another hospital service offering opportunity for the training and enrollment of volunteers especially with reference to war needs. Courses are now available for the training of assistants in Occupational Therapy. The rapid development of O.T. since the last war permits re-statement of its history.

Occupational Therapy has received slow recognition in the medical world. It was given this name only within the last twenty-five years. At this hospital some minor, and pioneer, provisions were made for it in about 1905, but both here and elsewhere O.T. received no real definition and acknowledgment until the First World War. Then its application to the needs of thousands of men, partially incapacitated through wounds and shell shock, was seen and seized upon. Slowly, through merit hard-worn, it has become a profession and its graduates are now a registered group.

During the last ten years O.T. has gained firmer foothold in this hospital, and reports that it recently achieved one of its chief aims: It has been moved upstairs out of the reclaimed regions, has been placed next to Physical Therapy; and, best of all, is under the close supervision of a medical director, Dr. Arthur L. Watkins, in charge of that department. This new organization is providing a good demonstration for similar set-ups both civilian and military.

Now another World War gives emphasis to the immediate need for more trained workers in Occupational Therapy. This circumstance becomes less disheartening when it is pointed out that the preparations being made to meet the need are not only a sound and timely contribution to the war effort but also answer a demand, constantly increasing, in civilian fields. Schools of Occupational Therapy have increased their enrollments, and several new schools have been started. This has brought an increase in the number of students assigned to the Massachusetts General Hospital for clinical training. Besides the regular Boston School students, the Department has been asked to take others from Toronto University, Milwaukee-Downer College, and Michigan State Normal College. This increase will help supply the demand in civilian fields, but it is evident that it will not supply the anticipated military needs as well. The military demand for trained occupational therapists and their aides may come suddenly. It is important that, when their contribution to military needs is seen and called for, the civilian field shall be able to supply such workers without too great restriction of its own needs.

The following details concerning the immediate training of occupational assistants have been received from the department. Miss Morse, incidentally, represents history at this hospital inasmuch as she was appointed in 1931 as its first full-time, registered therapist and is now the director of a department including 3½ therapists (numerically) and an average of 20 students a year.

Anticipating the time when the Army will take graduate occupational therapists from the civilian field, a course has been planned by the American Occupational Therapy Association to train volunteer workers to help in departments that are understaffed. The third course to be given in Boston will start on February 2, 1943. It will meet at the Boston YMCA, eighth floor, every Tuesday and Thursday, from nine to one o'clock, through the second week in March.

Persons wishing information about the course should call Mrs. Henry Bradlee, Longwood 0611, or Miss Gertrude Murray, Kenmore 6467.

To this should be added a word about volunteers already trained in these courses. Graduates of the first two courses are now working at both the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. They have not only served the number of hours required to win their insignia but have continued their service. Already they are extremely useful members of the two departments.

THE NEWS considers it a privilege to print these portions from letters written by 2d Lt. Alice M. White, ANC (*MGH* 1930) to Miss McLatchie. They give delightful pictures of the compensations of military assignment in Puerto Rico:

The country around here is becoming more beautiful. It seems to be coming to life. The weather is cooler and the sugar cane is in bloom. You have no idea how pretty it is. It resembles the wheat of our western country but instead of rich gold it is a gleaming silver, and for miles you see fields of what might be corn topped with liquid moonlight. The blooms are very feathery and delicate, and I so often wish you were here to paint it in detail. The poinsettias are also in bloom and the colors are much more brilliant than in Bermuda. They say at Christmas it is in full bloom, and far more beautiful, but at present I find it breathtaking. We are very carefully rationed on gas, so traveling is limited, but I do wish I could see more of the country. Every little shack has its brilliant flower patch and bougainvillea vines cover the roofs in a mantle of loveliness. Such beautiful, brilliant colors, too. I didn't realize that there were so many different shades.

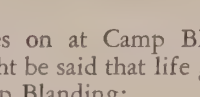
Christmas here was very strange. We had a Christmas party at six in the evening around a Christmas tree that one of the pilots had flown in from the States, all properly trimmed and all, and we spent the evening discussing what our folks were doing and listening to Christmas carols over the radio. Later we sat in rocking chairs on the front porch, kicking because we weren't in the land of snow and ice but admitting we could be much worse off. As I sat there looking out at the sky filled with stars and the palm trees silhouetted in the distance, I could almost see the three wise men looking for the manger and realized that the first Christmas must have taken place in much the same climate as ours. How different we all interpret Christmas! Here, they celebrate it on January 6, and they call it "Three Kings Day." For the last month the beggars have been going from door to door singing their native carols, which are truly beautiful, dressed in strange Spanish costumes. For music they used gourds which rattle, and strange stringed instruments. They collect the money with dignity and stroll off to serenade another household. On the eve of Three Kings Day the children set out boxes filled with grass and hay for the camels of the kings, and these boxes are filled with presents from the kings instead of stockings filled by Santa. The week preceding their holiday is spent in dancing and revelry, and I tell you it is an endurance contest. The dances last until five in the morning, and they put everything into their dances here —all their muscles, I mean. The working people apparently sleep for a few hours after work, and about eleven they all go dancing and keep it up until almost daybreak. The air is filled with gayety and laughter. These revelers are masked and the masks are not removed all week until the Eve of Christmas. They are all in fancy costume too, and I guess there is much hilarity when the masks are finally removed and partners make discoveries.

We have all been interested and upset about the terrible fire at the "Cocoanut Grove." I read a very interesting article in the Boston *Globe* about the efficient way the good old M.G.H. treated its cases, and of course I glowed with reasonable pride.

I am in the operating room now and on call every day. I like it very much, but tell Cordelia King that I wish I had spent some time with her before I left for foreign duty. I hadn't realized what I could forget in twelve years away from the "field of operations." However, it is slowly coming back to me and I hope I don't disgrace my old school. Of course all the instruments have different names; and they use cotton to tie off and suture here, and each needle holds just one stitch. You can't imagine how fast one has to thread needles to keep up with the surgeon. They sometimes use French eye needles which are new to me but are a great help. You don't have to thread them in the usual way but from the top.

I have been trying to get a machete. I want a real native one, and when I asked one of the native officers to get me one, he looked at me and blandly asked, "How many notches do you want on the handle?" We could use it pruning our bushes in the springtime! They use them for everything here except picking their teeth and cutting their fingernails. They cut grass, open cocoanuts, trim bushes, cut cane, and even settle arguments with them. Some are the most wicked-looking things with long sabre-like blades and sharp enough to shave with.

It doesn't seem quite fair, our having such delightfully warm weather, all the sugar and coffee, and you folks rationed and freezing.



Life goes on at Camp Blanding; in fact, it might be said that life goes on and on, at Camp Blanding:

Dec. 1942: We had a hike yesterday that was a dandy. We went a little over 9¼ miles in 2 hours 10 minutes, total time (included in that were 18 minutes rest). We walked at 120-126 all the way, which is *some* stepping. After several very warms days (swimming on Christmas), it became very windy and cold and rainy. We hiked in a downpour all the way, and couldn't keep warm even at the pace we were going. We wore fatigue uniforms, leggings and the new helmet. That helmet is a corker, for it kept our heads dry, didn't drain water down the back of the neck, and was *very* comfortable. The reaction of the men was interesting, in that they didn't gripe about the discomfort at all, only saying, "If the Colonel can take it, we can."

Dec. 30: We are at present at Tables of Organization strength as far as military personnel go.

News that the nurses are to get full pay of rank is a joy to them; commissioning the physical-therapy aides and the dietitians will be a wonderful thing for all of us. They sorely need it, both for necessary prestige and for

A brief notice has already been made of the recent award to Dr. Frederick I. Irving (*WS* 1911) of the $2500 prize of the Houghton Mifflin Company for books on Life in America. Dr. White's review of the book gives it more appropriate recognition.

Safe Deliverance. By Frederick C. Irving. Houghton Mifflin Company, Boston, 1942.

> "The snow, which had been coming down since twilight, fell straight from the sky, for there was not even the whisper of a wind. It hid the roofs and obscured the lower stories of the city buildings, so that they could be seen by the faint, haloed glow of the street lights only indistinctly as through a curtain of flickering gauze. So late was the hour that few were abroad; few indeed were awake except for the night crews in the pressrooms of the newspapers, the firemen on watch at each engine house, and the policemen who trudged their way between signal boxes through the ever deepening snow, taking refuge from time to time in a sheltered doorway. No sound of wheels or motors was heard; only occasionally a remote melancholy bellow came from a tug in the harbor shepherding its tow of barges into their slip. Behind the hospital a row of automobiles, their noses to the wall, were fast accumulating a thick white frosting upon their roofs, hoods, and fenders. Above them, except for a few lighted windows, all was dark until the eye reached the pale blue glow of the operating room under the projecting eaves.
>
> "On this upper floor the world was much awake. Doctors and nurses in their white scrub clothes passed rapidly up and down the corridor, and from time to time some of them pushed aside the swinging doors of the operating room and entered. There upon the table, her head lowered and her feet raised, lay a blanched, haggard, red-haired woman. Her white skin was translucent, her lips were pale and tinged with blue, and the freckles left from last summer's sun, which covered liberally her forehead and nose, were sharply defined like greenish copper sequins. At her right upon a stool sat a large man with gray hair, whose heavy-lidded and slightly slanting eyes watched her intently over his half-moon-shaped operating glasses. His left hand upon her pulse, and his right, below the several blankets with which she was covered, rested upon the dressing over her lower abdomen and noted constantly the condition of her recently emptied uterus. On the other side stood the young resident obstetrician, also intent upon the patient. Suspended from a high standard was a conical flask of blood. The outlet at its base was connected by a rubber tube with an infusion needle inserted in a vein in the patient's left elbow, and interposed in the tube just below the flask was a glass sight feed within which blood was dripping steadily. Above the table, set in the ceiling, was a battery of rectangular lights whence came the pale blue radiance that shone out through the great window of the operating room upon the night. Aside from the soft sounds of rubber-shod feet in the corridor and the occasional muffled thud of the swinging doors as someone entered or left, it was very quiet. Behind a glass screen on one side of the room a half-dozen students, also dressed in white, sat on the double row of seats, their chins cupped in their hands, watching the patient or dozing.
>
> "The woman stirred slightly and looked up at the older man.
>
> " 'Doctor!' said she, 'am I going to die?' "

There follows the vivid tale of the hard fought battle that went on through the night to save that woman's life, for she went deeply into the valley of the shadow of death. In the early morning hours the chief looked out of the windows at a reawakening world oblivious to the heroic event that was warp and woof of his life. What was the secret of the fascination of his special work, what the secret of the inner urge of the true follower of Asklepios? Some of it is expressed in the concluding paragraph of his soliloquy which ends the book.

> "All last night I had nothing to do but to care for one patient; no part to play, no rôle to fill, and no audience but a few tired medical students; in one sense it was peaceful. The hospital staff was superb, it functioned as smoothly as it always does—for emergencies may occur in obstetrics when they are least expected—there was no tumult; there were no false moves, no mistakes. Before I go, I must tell the resident and the head nurse how much I appreciate it. I am glad that I decided to operate on Mrs. MacDonald, otherwise she would not be alive this morning; and now, when the time comes, she can go home to her children and her husband, which is no small thing. It would have been a bitter disappointment if I had lost her. 'If after the manner of men I have fought with beasts at Ephesus, what advantageth it me if the dead arise not?' "

The magic touch in this book is no surprise to old friends of the author who were present at the delivery of the Ballad of Chambers Street, how many years ago. There still ring through my head scattered couplets and quatrains and indeed single lines that are immortal; long ago I mislaid or hid my copy for safe keeping, where I know not, but like the old Greek legends it will be handed down from one disciple to another.

> "Far in the East the lambent wheel of Phoebus' car was turning.
>
> "High up in a suite in Chambers Street the gas was dimly burning;"

And to that suite the buzzy bell summoned the medical student then on duty at the old Lying-In Hospital at 24 McLean Street, which hundreds, yes I suppose thousands, of us remember so vividly with mixed regrets, and which is brought back to us in the delightful accounts of those days in the first two parts of the book.

Really the only complaint I have about the volume is that it isn't three books instead of one. Part One, the Apprenticeship of a Doctor, might, with the various personal reminiscences later on, have been expanded most delightfully into the size of the present volume; I was sorry when I came to page 57 and the end of this first part. There follows thereupon the Biography of a Hospital, with much of interest concerning medical history in Boston in the last 100 years, and, of course, especial attention to the Lying-In Hospital which now stands, under Dr. Irving's own direction, as one of the great obstetric institutions of the world.

Intermingled in Part II and throughout Part III, Aspects of a Profession, there are most instructive chapters of obstetrical history, well worth reading separately by any one interested in any of the subjects discussed: cesarean section, obstetrical forceps, puerperal fever, eclampsia, abortion, mother's milk, and last but not least anesthesia. There is to my mind the best appraisal that I have ever read of the ether controversy between Morton and Jackson, and between Boston and Athens, Ga.; and indeed between the U.S.A. and England. With charm and wit Dr. Irving pokes fun at many of the people and customs about which he writes, but at the same time pays his respects to the Yankee tradition that is the inheritance of his hospital and school and of his own position in both.

It is a pleasure to pay this little tribute to the work of a colleague and old friend who richly deserves the high place he holds in this community and in American medicine.

PAUL D. WHITE

* * *

The following mailing address gives both rank and assignment for Lt. Col. John E. Gordon, MC, Chief Preventive Medicine, Headquarters, SOS, ETO, Office of the Chief Surgeon, APO 871, U.S. Army.

A second promotion for Lt. Col. James E. Fish, MC, AUS, (*ES* 1930) should be noted. He is Chief of Surgical Service at the North Sector General Hospital, Honolulu.

Lt. Comdr. B. M. Jacobson (*a.p,* 1937) received this promotion as of October 1, 1942. He is still attached to the Navy Yard, acting as Senior Medical Officer in charge of the Dispensary, USN Dry Dock, South Boston.

A letter from Major Francis D. Pierce, MC, AUS, (*res. WM* 1931) now with the 59th Station Hospital at Camp Gruber, Okla., states that he is Commanding Officer of the hospital.

Lt. Comdr. Walter E. Garrey, MC, USNR (*ES* 1933) received his promotion in October. He is on duty in the South Pacific.

The 29th General Hospital, the unit of the University of Colorado School of Medicine and Hospitals, was recently activated at Fort Meade, Maryland, with Major Foster M. Matchett, MC, AUS, (*Or.* 1934) as chief of the orthopaedic section.

♧ ♧ ♧

Major Edward Parnall, MC, AUS, (*Or.* 1932) sent the following letter to the Harvard Medical Alumni Bulletin, and a copy was transmitted to the War Records. It is headed Pan American Highway, US Engineer Dept. Managua, Nicaragua:

> This is just by way of locating one member of your eminent (if at present largely belligerent) body. I received today a copy of the M.G.H. NEWS, which gave me a heavy touch of nostalgia. I may refer to this disease now that it has official place on the Army Standard "diagnosis" list.)
>
> In November, I was suddenly transferred from Camp White, Ore., where I was chief of the orthopaedic section, Station Hospital, to down here where I am chief medical officer for this project, now made public but concerning which I can, of course, tell you nothing. You may take it for granted, however, that we will *not* have a white Christmas here!

The following ranks and addresses have been received from the War Records Office:

P. J. Culver, Lt., MC, AUS; School of Aviation Medicine, Miami, Fla.
I. H. Jaffee, Capt., MC, AUS; Fort Devens, Mass.
W. McK. Jefferies, Lt., MC, AUS; Station Hospital, SAACC, San Antonio, Texas
E. L. Persons, Lt. Col., MC, AUS; 6th General Hospital, Ft. Bragg, N. C.
M. M. Pinckney, Major, MC, AUS; 45th General Hospital, Camp Lee, Va.
P. P. Thompson, Jr., Lt., MC, AUS; 466th Sq., CA (AA) Bn., Camp Stewart, Ga.
M. M. Tolman, Lt. Comdr., MC, USNR, USN Hospital, St. Albans, Long Island, N. Y.
T. V. Urmy, Major, MC, AUS; Station Hospital, Camp Chaffee, Ark.
J. L. Ward, Lt., MC, USNR; USN Hospital, Newport, R. I.

* * *

Several graduates of the Massachusetts General Hospital, as was reported in a recent issue, are already serving the air companies and units. One of them has written: "Any doubts I may have had as to the nature of this work and its relation to the war effort have been completely dispelled. This is entirely and completely a war job."

* * *

The Department of Radiology transmits word that 1st Lt. Lloyd E. Hawes (*EM* 1939) has been assigned to the X-ray Department of the Halleran General Hospital at Staten Island, N. Y., and that he writes with enthusiasm of his work and his fellow workers there.

Also, that Dr. J. Maurice Robinson (*res. R* 1936) sent New Year greetings from the USN Training Station at Farragut, Idaho. Dr. Robinson does not say how long he has been in service nor give his present rank but states that he is "a former examining physician for a Marine Corps Recruiting Station; the erstwhile Medical Officer of the Submarine Base, Midway Island; and, it is said, a one-time radiologist."

Capt. Otto J. Sahler, (*res. R* 1941), assigned to duty with the 160th Station Hospital, wrote to the department early in November. His duties overseas appear to combine both radiology and clinical medicine, and he is enjoying both. He had recently spent a "day off" bicycling around the country. A 47-mile trip is, as he remarked, "a lot of pedaling in one afternoon."

The promotion of Lieutenant Colonel given to former Major James R. Lingley (*res. R* 1930) in charge of the X-ray Department of the 6th General Hospital, is mentioned more fully in a Camp Blanding letter on a later page, which notes similar promotions for Lieutenant Colonels Talbott and Rae.

* * *

A note from 1st lt. John R. McDaniel, MC, AUS, (*res. ES* 1940) who is assigned to an Engineer regiment, was sent by him early in December from "Somewhere in Africa."

When future archaeologists come to trace the "culture" of the mid-Twentieth Century, they may be puzzled to discover odd copies of one small journal at unrelated geographical points. But how pleasant it is for that one small journal to discover in its morning mail this letter from a present-day reader:

January 3, 1943

Dear Editors:

Was delighted with the arrival of your November issue in this morning's mail, and the more appreciative of it because of its belated appearance. Your bits of news and gossip are the sustaining tonic out here 10,000 miles from home.

Following a rapid, pleasant, and most secure voyage over the Equator and beyond the International Date Line, we disembarked at the capital of this island in the Southwest Pacific. Disappointed thus far in not locating Dorothy Lamour or her sarong. Have been at it for three weeks, and already the ebony-skinned, kinky-haired natives appear more attractive.

We have pitched a tent city just at the outskirts of the capital to house us during the construction period—estimated to require another two months, at the end of which time we hope that we may well serve that purpose for which our unit has travelled almost half-way around the world.

Our camp is situated upon a hillside overlooking several fjords of the bay a mile before us, with the mineral-saturated mountains rising majestically out of the sea just beyond the bay. The scenic panorama is incomparable, especially in the reflection of the glorious sunsets and sunrises. Although we are now in the midst of the alleged hot and rainy season, the days have been warm and dry with a constant refreshing breeze from the sea (not to mention a daily swim at the beach), while a blanket has been necessary at bedtime.

My deepest appreciation for the copy of the News and my best to everyone for the New Year.

Daniel H. Hindman, Lt. (jg) USNR
Navy 608, c/o Fleet P. O., San Francisco

* * *

Boston newspapers have recently given some publicity to the excellent medical attention being received by the wounded soldiers of the American forces in New Guinea. They mention Major George A. Marks, MC, AUS, (*ES* 1931) and Lt. John T. Lambert (*WM* 1942) at work with portable equipment in jungle huts sometimes within sniping distance of the enemy lines. One newspaper states: "On the average, men hurt on the Buna front get quicker and better medical attention than the victims of ordinary street accidents in American cities." Major Marks and Lieutenant Lambert were among the nineteen M.G.H. men who went overseas last summer, under the command of Lt. Col. Augustus Thorndike (*WS* 1923), as members of the 105th General Hospital.

Lt. (jg) Charles C. Derrick, MC, USNR, (*P* 1940) is with Naval Mobile Hospital No. 8, and is assigned to duty in the Pacific.

* * *

Capt. David W. Wallwork, MC, AUS, (*ES* 1932) entered upon active service on September 26, 1942, and is now Surgeon, 8th Ferrying Group, North Atlantic Wing, Air Transport Command. His first assignment with this command was at Morrison Field, West Palm Beach, and he afterward attended the Medical Field Service School at Carlisle, Pa.

Dr. Churchill shares the following pleasant, and tantalizing information: "Lt. Floyd H. Jergesen (*Or.* 1942) writes that in the vicinity of —— the flowers are in full bloom and wine is cheap." The deletion was made, presumably, in the interests of military safety and not at the request of transportation services. Nor should attention be called to the fact that no location is given for Colonel Churchill's assignment to military service!

* * *

Capt E. H. Trowbridge, Jr., MC, AUS (*res. N* 1940) sends an account of his assignment at Camp Joseph T. Robinson, Ark., and gives word of Lt. Col. Walter Bauer:

This is a replacement training center for infantry and medical units. In World War I, it was Camp Pike. . . . Since my arrival at the Station Hospital, I have had the pleasure of being chief of the neuropsychiatric division. This is composed of three wards, but we shall soon have two additional. . . . Occupational, recreational and some psychotherapy is provided for patients on the neuropsychiatric service.

Lt. Col. Walter Bauer, the Medical Consultant of the 8th Service Command, visited our hospital, and it was pleasant to chat with a staff member of Massachusetts General Hospital.

* * *

News has reached the Dental Clinic of the promotion of Lt. F. K. Poulin (*Dn.* 1942) to Captain and of his transfer from England to the North Africa Hqrs. of the Air Force unit to which he is attached. He writes an enthusiastic report of life in North Africa, where "they are really doing things"; of the French people and how fine they are; of living in B shelters and learning how to open cans and feed themselves in pitch darkness; of reading by flashlight the grand letters from home that reach them with marvellous speed via Uncle Sam's airmail. And The News was interested to learn that the Dental Department sends each week an airmail letter of messages and news to its members in military service.

* * *

A note from Major O. Sherwin Staples, MC, AUS, (*Or.* 1938) gives information both about him and Major Richard J. Clark (*WM* 1933):

Majors R. J. Clark and O. S. Staples who represent grandchildren of the 6th General Hospital, having been transferred from the 160th Station Hospital in July 1942, are with the 3d Convalescent Hospital in Camp Livingston, La. They were recently promoted, and are assigned as Chiefs of the Medical and Surgical Services, respectively. After leaving the 160th Station Hospital they joined the 3d Convalescent Hospital at Camp Edwards, and moved southward with that organization in September.

* * *

Comdr. Howard B. Sprague (*EM* 1924) keeps the Hospital in touch with US Naval Mobile Hospital No. 6, on duty in the Pacific, and says, "Give our best to the new clinic doctors."

Our outfit remains in the same location, busy with (I can't tell you how many) war casualties. The hospital compares favorably in size to the M.G.H. itself. Another member of the M.G.H. staff has recently been a patient here, and I hope to keep him as an addition to our own surgical group.

morale; as for us, it will take one of our major headaches, civilian procurement authority and payrolls, off our hands.

The counting of enlisted time for officers' longevity pay will prove a great boon to several of our officers, particularly Capt. Jenkins the mess officer, who has over twenty years' service. I believe that World War I service counts, too, so Colonel Rogers and Major Rae will benefit as well. And the extra $100 uniform allowance for lieutenants and captains will make us rich as Croesus; guess I'll save mine to help pay my income tax.

Jan. 6: About the only thing we have to talk about are the weather and our state of health. The former has been fine, the latter not so fine. There is a minor outbreak of upper respiratory infection going the rounds. At the present writing Lt. Colonel (please note promotion) Talbott, Majors Taylor and Parsons and Captain Davenport are in the hospital. They aren't very sick, but are better there than in our wind-blown area. A few of the others are down with the same bug but have as yet not been hospitalized.

Rank has been blossoming here, with Lt. Colonel Talbott's promotion (effective December 31) and Lt. Colonels Lingley and Rae's promotions (effective January 1) all having come through within the past few days. Their gold has turned to silver but we love them all the same.

Our years-end reports have given us some busy times of late, but they are pretty well under control by now. Which reminds me that your Annual Report headache must be just about beginning.

Jan. 14: Our epidemic (if such it could be called) of upper respiratory infections seems to be subsiding. Colonel Talbott, Majors Taylor and Bartlett, Captains Ludwig and Sarris and Lt. Wyman are still in the hospital, but Majors Parsons and Faxon and Captain Davenport are back with us and pretty nearly normal. A few of the officers should have gone to the hospital and didn't, and a few are still hanging around and feeling none too good, but the majority of us continue to enjoy good health.

You will be interested to learn, if you don't already know, that Miss Gilbert, late of the E. W. and South Medical, is an Ensign in the Waves, working in the personnel office at the Jacksonville Naval Air Station. She looks very trim indeed in her new uniform, and reports that she is enjoying her work immensely.

We have embarked on a new training schedule, a semi-formal one dealing largely with problems with which we may be faced in the near future, and one which may be dropped at a moment's notice, should the occasion demand. Among other exercises, Captain Davenport has been passing on to us some of the information he received at Chemical Warfare School. His talks have been both instructive and entertaining. Aside from them, the problems of tent-pitching and striking take up most of our free time. Beneath what exercises we have runs the constant undercurrent of watchful, hopeful expectancy as we wait not too patiently for the 6th General Hospital's part in the Battle of Blanding to end.

* * *

Surgeon Lieutenant W. G. Breckenridge, RCNVR, (*Or.* 1941) reports that he has been on active duty in Canada since January 28, 1942. At present he is serving on one of the traded U.S. destroyers, now known as HMCS "Hamilton."

* * *

A third graduate of the Hospital is serving aboard the USS "Solace." Lt. Comdr. Dana L. Farnsworth (*WM* 1935) and Lt. Hugh Montgomery (*EM* 1932) have been reported previously. Lt. Comdr. Jesse T. Nicholson, MC, USNR, (*res. O* 1933) is assigned to the same vessel.

Give enough

. . . soon enough

GREATER BOSTON
UNITED WAR FUND

The annual gathering of staff and employees in the Moseley Auditorium for the opening of the United War Fund drive was held at 4 p.m. on January 12. Mr. Henry R. Guild, Treasurer of the Hospital (General Chairman of the Fund in 1940, and now acting as Associate Vice-Chairman of the Community Fund) spoke, presenting the aims of the campaign for 1943.

To bring further word of the significance of the present Fund drive and some report of its practical results, we hope to include in our next issue quotations from a letter recently received from Capt. T. Stewart Hamilton, now at Camp Blanding. Last year Captain Hamilton was the Community Fund representative here at the Hospital; this year he sends first-hand observations on "the magnificent work being done by the U.S.O. and the Red Cross" and says, "They are both contributing vital services to the armed forces." The amount contributed this year at the Massachusetts General Hospital to the larger objects of the United War Fund, will have special interest for members in service. We shall hope to report that figure in our next issue.

* * *

Appreciation of the conduct of the Hospital in time of public disaster has not been confined to official circles. Many letters have been received from our own members, who, through their loyalty to this institution and their pride in it, share its achievements.

> Congratulations to the M.G.H. for a masterful handling of a tragic catastrophe. Add another star to the crown of the M.G.H. to shine brilliantly with the many others already present. Fred Coller once said the Alumni of the M.G.H. belong to "the finest club in the world"—and so it is. Wherever one goes it is the password to gracious reception, respect and comradeships professional and social.

This letter comes from Lt. Comdr. Eugene A. Osius, MC, USNR, (*WM* 1923) He writes from Navy 1105, Fleet P.O., San Francisco, and adds: "John Wilson (*ES* 1940) and I have been out here since August and hope to be doing more soon."

One more letter suggests that all roads lead to the war and to the war effort. Dr. Henry B. Ruley (*WS* 1940) writes on the letterhead of the Louisville City Hospital, Under Director of Health, and with the local address of Kenvir, Ky.:

January 13, 1943

THE NEWS
Mass. General Hospital
Boston, Mass.

DEAR FRIENDS:

I have been receiving "The News" and have greatly enjoyed learning what is happening to my friends and other alumni of M.G.H., particularly since at the moment I feel out of touch with the world at large.

When I left the M.G.H. last spring I went to Iceland with a naval construction company, and worked up there all summer. We returned to the States via the British Isles, and lost everything but our shirts when our ship, the former "Manhattan" caught fire and burned two days out from the East Coast.

On my return home I applied for a commission in the Army Medical Corps, but the Procurement and Assignment Service took a hand, and for the past three months I've been working as surgeon for a mining town of nearly 6000 people in the mountains of Eastern Kentucky. It's a far cry from the West Surgical Service of the M.G.H., but we have a 15-bed hospital which we keep filled most of the time. In addition to general surgery, I find myself practicing general medicine, pediatrics and obstetrics, frequently after climbing a mile up the mountainside!

* * *

2d Lt. Donald J. Emery, CWS, AUS, a research fellow in Dermatology during 1941, reports on his training for duty as Post Chemical Officer:

> Enlisted February 6, 1942, and assigned to Camp Lee, Va., for basic training in the Medical Department. Then assigned to Camp Cooke, Calif., as medical technician (T/5) in the 75th Armored Medical Battalion, 5th Armored Division. Accepted for Officer Candidate School, and spent three arduous months at Edgewood Arsenal, Md. Commissioned 2d lieutenant in the Chemical Warfare Service on October 31, 1942. After various temporary duties over the entire country, finally assigned as Post Chemical Officer, Air Depot Training Station, Albuquerque, N. M.

News of another branch of the Services comes from 1st Lt. Marshall deG. Ruffin (*P* 1939):

> I have been in the Air Forces for over seven months, stationed in Washington, Maxwell Field, and Maimi Beach. For the past three months I've been an instructor in The School Aviation Medicine at Randolph Field, Texas, where we are turning out 300-odd flight surgeons in embryo every six weeks. I took the course last June.

* * *

Recent news from Major A. A. Holbrook, MC, AUS, (*CM* 1933) gives the following account of his service to date:

> I am affiliated with General Hospital 44, which is being activated at Fort Sill, Okla. My orders to report there have not come through yet. Since June 22, 1942, I have been at Camp Grant, Ill., with the exception of the month of December, when I attended the 4th Medical Officers' Course, Chemical Warfare School, Edgewood Arsenal. I was delighted to meet Captain Davenport there, and hear first-hand about so many of my friends in Hospital #6.

The 44th General Hospital was formed at the University of Wisconsin, Madison.

* * *

Lt. H. C. Moffitt, Jr., MC, USNR, (*EM* 1942) is now serving aboard the USS "Foote."

THE NEWS

No. 6 Boston, Mass. March 1943

When the White Building was completed, the former Children's Ward on the second floor of the Bulfinch Building was returned to administrative use. It was restored to its original architectural appearance and became the present Medical Staff Room. In the early days of the Hospital it was the "Trustees' Parlour," and a photograph of it ,taken about 1890, shows it furnished with distinctly Victorian decor. In this photograph may be seen, for instance, a good-sized covered box, with a stuffed top rounding up plumply and the sides concealed by a full ruffle of material with an opulent-looking border of heavy fringe along the bottom.

A colored photograph would have shown the whole to be a concoction in red. For this very same box was to be found until recently in one of the Hospital's vaults. And it still contained, as had apparently been its original purpose, the files of the Secretary of the Hospital. These papers were folded in narrow lengths and tied together in chronological bundles dating from 1810. The box was brought out from the vault in 1938 so that Dr. Washburn might look through these documents in preparation for writing his history of the Hospital.

The papers were in excellent condition —but the box had lost its looks completely. It was still covered with plush now a dingy dark red, and the top was lumpy, and the ruffle had lost every vestige of its elegant fringe. The wooden sides of the box showed under it all the way around. It could have said to itself, "This be none of I!"

When the papers it contained had been distributed into the files of the Archives Department, the box itself was tenderly considered for its old associations, but, as it appeared to have no other redeeming qualifications, it was set out to be collected by Mr. Frankson's department.

Not long after, Mr. Frankson came to the Archives Office one day and asked what was known about the old box. He listened to its honorable history. "But it's solid mahogany," he said, "and I'm going to fix it up." So, if you come to the Archives Room, you will now see there a large sturdy box with a fine wood surface in natural mahogany finish, with dowelled corners, its old lock restored, and four neat feet to keep it from further wear. Mr. Frankson has covered the top once again, but not so plumply, with red plush—a piece he had left from relining the old surgical instrument cases in the Dome a few years ago.

The Archives is proud of its old record box—as the Hospital is of all the relics preserved for it by the vigilance of Mr. Eric Frankson.

At the request of the Surgeon General's Office, the Courses for Graduates of the Harvard Medical School is conducting at the Massachusetts General Hospital a series of courses for the training of army medical officers. These officer graduate students have been assigned from posts all over the country.

Dr. Arthur W. Allen, Chairman of the Committee on Graduate Teaching at the Hospital, is in supervisory charge of the courses, and the plans for them were outlined by him and Dr. Edward D. Churchill. As Dr. Churchill left for military duty a few days after the opening of the first course, his lectures have been taken over by Dr. Oliver Cope in basic surgery, and by Dr. Richard H. Sweet and Dr. Robert K. Brown in thoracic surgery.

Dr. Allen provides a general statement of the schedules of the groups: "The first course started on January 4, with 38 officers reporting. After two weeks of intensive instruction in general surgical principles, the group was divided into sections according to a pre-arranged plan with the Surgeon General's Office. Seventeen were assigned to a course in lesions of the extremities, under Dr. M. N. Smith-Petersen; eleven to maxillo-facial and plastic surgery, under Dr. LeRoy A. Schall and Dr. V. H. Kazanjian; and ten to thoracic surgery under Dr. Richard H. Sweet.

"A second group of 38 officers began their course on February 15, and will later be similarly divided. The course is to be repeated again on March 29 and May 10, with the exception that no students in the March 29 group will be assigned to thoracic surgery."

To these facts Dr. Allen adds a pleasant comment: "The first two groups have been well selected; the men are intelligent, coöperative, and are showing tremendous interest in our efforts in their behalf."

"In Faith and Hope the world will disagree
But all Mankind's concern is Charity."
—*Alexander Pope.*

The Massachusetts General Hospital's quota for the Greater Boston United War Fund was $11,650. Dr. Houser, chairman of the campaign in the Hospital, reports that this objective was reached the day before the drive closed and that to date a total of $12,002 has been subscribed. Besides the usual publicity for the Fund, with its now familiar red feathers, two displays in the lobby of the White Building attracted visitors and personnel: a huge thermometer registered in red the daily rise of contributions, and a large rotating illuminator showed pictures and graphs of services made possible or benefited by gifts to the Fund. This exhibition represented the ingenuity and work of the Medical Illustration Division and the Maintenance Department. Mr. Albert Wait, chief electrician, set up the time-meter and light mechanism of the revolving display. Our large picture of the 6th General Hospital was also exhibited. The total hoped for in this year's combined campaign is $7,800,000. It is expected this will be reached within a few weeks.

During the month of March the American Red Cross makes its appeal. Everyone knows the scope and excellence of the work done at all times by this organization. A portion of a recent letter from Captain Hamilton at Camp Blanding gives direct report of some of its war work and that of the U.S.O.:

> I only wish everyone could see first-hand, as we do, the magnificent work being done by the Red Cross and the U.S.O. They are both, particularly the Red Cross, contributing vital services to the armed forces, services that would otherwise have to be maintained out of tax-money. In addition to its well-known camp shows, which, contrary to rumor, are free, the U.S.O. maintains excellent recreation buildings with libraries and cafeterias, and guest houses. It sponsors dances for the men, furnishing everything except refreshments.
>
> I believe the work of the Red Cross, while less visible, is even more important. Its services to prisoners of war are well known. In hospitals it maintains recreation centers. In addition, it verifies requests for emergency furloughs and maintains an interest-free loan service for soldiers. The liaison maintained by the Red Cross between the soldier, his family, and the army seems to me its most vital service, one of the few classes of military problems that can be solved better by civilian than by army authorities.
>
> My rather hasty notes on these two organizations are to tell you all at the Massachusetts General Hospital that, looking at it from the Army side, I feel sure these organizations are eminently worthy of our whole-hearted support, for they are performing a magnificent service in our war effort.

At the meetings of January 23 and February 3, the Trustees voted:

That Dr. Lamar Soutter be granted leave of absence because of service with the armed forces, with the understanding that he may resume his present position on the Staff upon completion of such service.

That Dr. James B. Ayer be continued as Chief of the Neurological Department and Dr. C. Guy Lane as Chief of the Dermatological Department, in spite of the fact that they have reached the retiring age of sixty years for part-time men.

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Collection of War Records

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The proper place to do this seems to be in the Treadwell Library, as a part of the activities of the Library. It is understood that the librarian will not have time to do this and that it must be done by volunteer workers. Mrs. James H. Means has kindly consented to carry on this activity.

To this end Mrs. Means has established a file for letters from staff and graduates, together with other information pertinent to them, and has started a card file on which will be collected important factual data relating to each individual. These records will not be open, naturally, for general inspection but information regarding them can be obtained, by proper person, from Mrs. Means or, in her absence, Miss Lewis.

It is requested that all members of the Hospital family send to the War Records letters they may receive from staff members. These will either be filed or portions copied from them. Persons depositing letters should block out any passages they consider purely personal and also limit the right of publication of any part of the letter. If requested, the War Records will return personal letters to the owner.

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N. W. Faxon, M.D., Director

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OFFICIAL NOTICE

Memorandum: February 17, 1943
To: Staff and Nursing Service
From: Dr. N. W. Faxon

At a meeting of the General Executive Committee held on February 10, 1943, it was agreed that intravenous barbituate anesthesia is never to be used in any part of the hospital unless

(a) facilities are at hand for aspirating the pharynx and

(b) complete facilities (oxygen and apparatus) are at hand for administering high oxygen atmospheres.

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No meeting of the Medical Staff was held during February. Dr. James H. Means makes the following announcement of future meetings:

On March 15, Dr. Conrad Wesselhoeft has consented to speak to us. His subject will be "Problems in the Care of Communicable Disease." As Dr. Wesselhoeft always has something interesting to say, I hope there will be a full attendance.

On April 12, Dr. Leland S. McKittrick will speak on "The Surgical Belly"—a talk by a surgeon to internists.

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RESOLVED that an annual cash prize of $100 be offered during each calendar year for the best original essay, the subject of which shall be germane to Orthopaedic Surgery. Any orthopaedic house officer or orthopaedic resident surgeon of any approved hospital located within the New England States shall be eligible for this award. Any individual who holds a full-time fellowship in research shall not be eligible.

The Editorial Committee of the American Academy of Orthopaedic Surgeons has consented to act as judge of the essays submitted and to recommend the award. A suitable certificate of award will then be issued to the successful candidate. If, in the opinion of the committee, no paper in any calendar year is worthy of the prize, no award will be made.

It is further provided that, should the treasury of the Boston Orthopaedic Club be insufficient to warrant giving the full amount of $100 provided originally, the sum may be reduced to an amount deemed advisable by the Executive Committee of the Club.

John W. O'Meara, *President*
Robert J. Joplin, Secretary

Boston Orthopaedic Club
372 Marlborough Street

To our inquiry for a date for submitting essays, Dr. Joplin replies: "There is no set date for the submission of papers at the present time. The Orthopaedic Club holds meetings from October to May, inclusive, each year. Any papers received could be acted upon during those months only."

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On Sunday, February 7, at St. Paul's Cathedral the M.G.H. graduating nurses heard Rev. Dr. John Haynes Holmes of New York deliver their baccalaureate sermon. Graduation exercises took place on February 11 in the rotunda of the Moseley Memorial Building as usual. Rt. Rev. Henry K. Sherrill, Chairman of the Board of Trustees, presided, and Rev. Cornelius P. Trowbridge, Rector of the Church of the Redeemer, Newton, gave the principal address. Eighty-four students were graduated, five of whom had taken the accelerated course and completed the work in less than three years.

A new class entered the School of Nursing on February 12. It numbered seventy-four students, and is the largest February class ever accepted.

THE NEWS makes a special effort to publish letters from abroad. Consequently, it is specially flattered to find itself received with the warmth accorded all news from home and old associates. On January 15, Commander Sprague sent a welcome letter from our naval group, USN Mobile Unit No. 6:

> I am glad to acknowledge the receipt of two numbers of "The News," eagerly studied by all the Boston group here. The censor tells us that we may now tell you that we are in New Zealand, and you may draw your own conclusions about our activities in the South Pacific struggle. As you know, we have been busy in our professional work, and the war has altered the character of work for all of us. Hunter is temporarily detached for investigation of a special problem, but we hope to see him back.
>
> Because of the detachment of our Executive Officer, a Captain in the regular Navy, I have inherited the position as Executive and Charlie Johnson is Chief of Medicine. Luckily Charlie is very adaptable and he is certainly helpful to me and to the outfit. We all feel sufficiently experienced to tackle any naval medical problem after four months as a going concern overseas.

* * *

Recent word has been received from Comdr. John P. Wood, MC, USN, that he came ashore from the fleet last fall and is now on planning and procurement duty. Commander Wood was a graduate assistant in Radiology during 1938-39 as one of the officers assigned by the Navy for a year's work and study at this hospital. In a letter addressed to Dr. Aubrey O. Hampton (now Major Hampton, MC, AUS, and absent on military service) and written from a USN Medical Supply Depot he says: "The Navy decided I had been to sea long enough and sent me ashore for a while. I am now here at the Depot in connection with procurement of X-ray equipment, supplies and related items. Where I have been I have heard very little from the General crowd." The Department is very glad again to have word from Commander Wood. After leaving the Hospital he was assigned to the Chelsea Naval Hospital and then to the Naval Hospital at Pearl Harbor. Shortly before the attack there, he wrote that he had been transferred to his first sea duty.

Several other members have seen service in or near Honolulu, and it is perhaps not without general interest to mention that the staff of the US Naval Hospital at Pearl Harbor received from Admiral Nimitz an unusual honor, a blanket citation of the entire unit, for its meritorious service on December 7, 1941.

Certainly one MGH graduate is entitled to share in this citation. An article by Lt. Comdr. Paul E. Spangler, MC, USNR, (*WS 1925*) entitled "Burns: A Treatment Plan for Large Numbers," appeared in the Hawaii Medical Journal for September-October 1942. Commander Spangler, promoted in rank as of July 1942, is chief of surgical service with USN Mobile Hospital No. 2. In an earlier issue THE NEWS mentioned that Commander Spangler was on active duty at the Naval Hospital at Pearl Harbor on December 7, 1941, and had had "the questionable honor of performing the first operation of this war." A few general statements from his article suggest the magnitude of the Pearl Harbor attack and a comparison with the recent Boston disaster:

> At the Naval Hospital at Pearl Harbor on December 7 we treated several hundred burns. Many different methods of treatment were used. We had an excellent chance to observe the results of these different methods of treatment and their applicability to mass treatment. Following this experience a burn committee, of which I was a member, was appointed to evaluate our results, to adopt a standardized procedure adaptable to a large number of casualties, and to make provisions for equipment supplies and instructions. We have adapted the report of this committee to our use at Mobile Base Hospital No. 2.

Opportunely, a letter from Commander Spangler has been forwarded by Dr. Churchill. It adds these recent details and comments:

> Promoted to Commander, same date as Jim White. Also am now Executive Officer as well as Chief of Surgery of this hospital. We expect to be going down soon to help Howard Sprague out, and then we shall find out whether No. 6 is as good as No. 2 or not.
>
> Noted your brief remarks about the Cocoanut Grove burns and noted the absence of cleansing and debridement. If we can get away with that I believe the sterile compression treatment of burns will prove equally practical and more efficient than the tannic acid, silver nitrate, which the Navy is advising at the present time. Send me the dope. Give my best regards to all the gang and old friends.

* * *

From the Station Hospital at an Army Air Base, Major Ira M. Dixson, MC, AAF, (*WS 1930*) wrote to the Hospital on January 20:

> I am at my first station after completing the Air Force Training School at Miami Beach. This hospital is just seventeen days old today, and this is my fifth day here as Chief of the Medical Service. Very little equipment as yet, but — patients. I'm having a swell time organizing my service, with more and diverse problems than you can shake a stick at. Pike's Peak is our backdrop, lovely in its snow and sunlight—and, let me add, it's 22 below zero.

To this we add a portion of a letter dated February 4, from Major Dixson to Dr. Arthur W. Allen:

> I find myself Chief of Medicine here at this Station Hospital, which was opened on January 3rd last. We have about — patients, 90% of whom are medical. Until this morning we had no nurses whatever and our Medical Detachment personnel is only partially trained and entirely inadequate as to numbers. Just how we have got through these past few weeks is something of a mystery to me. But all the boys seem to be going out the front door cured and with a smile on their faces (probably accounted for entirely by the pleasure of release).

Lt. Col. Alexander Marble, MC, AUS, (*res. WM 1930*) was transferred from Camp Edwards early in January, to become Chief of the Medical Service at Harmon General Hospital, Longview, Texas. He writes from there to the War Records:

> Reported for duty at this new General Hospital on January 11, after two years spent at the Station Hospital, Camp Edwards, Mass., and (during this past summer) with the Massachusetts Medical Officers' Recruiting Board. Am impressed with the nearby oil fields and the variability of Texas weather. Major Herbert Jones, a brother of Dr. T. Duckett Jones, is a member of the staff here.

Lt. Arthur T. Willetts, USNR, (*res. U 1941*) is with USMC Unit No. 595. As an officer with the Marines he has been "somewhere in the South Seas, Pacific Area," for months. He was promoted to senior grade since leaving the U.S.A.

Lt. Comdr. M. M. Tolman, MC-V(S), USNR, (*a derm.*) writes from US Naval Hospital at St. Albans, Long Island:

> A new hospital, just ready to be commissioned. It is much like a General Hospital, with full and adequate facilities for interdepartmental consultation. As near as possible, qualified specialists are given their own field of endeavor: for example, I have been put in charge of the department of dermatology and syphilis, with two excellently equipped wards.

Lt. Charles G. Mixter, Jr., MC, AUS, (*WS 1940*) is listed as a recent graduate at the School of Aviation Medicine in Texas. He has been assigned to service in the southwest Pacific area, and his post-office address is: 1st Lieut. Charles G. Mixter, Jr., MC, AC, 801 Medical Squadron, Air Evacuation Transport, APO 502, San Francisco. His father, Charles G. Mixter, (*WS 1907*) sends these details of his training and present service:

> Following his entrance into active service in May 1942, he was assigned to the Air Corps of the Army first at Rome, N. Y., then for flight surgeon's training at Randolph and then Kelley Fields in Texas. Following his graduation as flight surgeon he was ordered to Bowman Field, Louisville, and later to Hamilton Field in San Francisco and was ordered overseas about the first of the year. His duties, of course, are in the air evacuation of casualties.

Lt. Irad B. Hardy, Jr., MC, USNR, (*ES 1939*), whose first assignment was at a submarine base, has sent word to the War Records that he is temporarily with the Hdq. Bat. Casual Co., Fleet Marine Force Training Centre, Camp Lejeune, N. C., taking a course with the Marines in anticipation of attachment with a battalion for foreign duty as a medical officer.

* * *

Brief news of numerous promotions has been received as follows:

Lt. Comdr. James M. Faulkner, MC, USNR, (*EM 1925*) was promoted to Commander on December 6, 1942, and is still at the Chelsea Naval Hospital. Comdr. Walter S. Burrage, MC, USNR, (*EM 1927*) was promoted on February 5, 1943, as of August 1, 1942, and is also at the Chelsea Naval Hospital. Comdr. Joseph S. Barr, MC, USNR, (*Or. 1929*) has received this promotion and been assigned to a new hospital at USN Hqrs. at St. Albans, L. I. Lt. L. M. Woodruff, MC, USNR, (*ES 1939*) was promoted to s.g. in July 1942. Lt. Col. Neil L. Crone, MC, AUS, (*WM 1933*), promoted as of November 6, 1942, from Major, is chief of the section of preventive medicine, 1st Army, Eastern Defense Command, at Governor's Island, N. Y. Major Ernest B. Howard, MC, AUS, (*a. in M*) received this promotion on November 9, 1942. He is still assigned to Hqrs. 4th Service Command, Atlanta, Ga. The promotion of Capt. William McK. Jefferies, MC, AUS, (*EM 1942*) to this rank dates from January 21, 1943. Captain Robert N. Buchanan, Jr., MC, AUS, (*res. D 1941*) was promoted to Major on February 5, 1943.

Capt. Lloyd S. Saltus, MC, AUS, (*CM 1938*) received this promotion on December 15, 1942, and is now taking the Officers Medical Field Service Course at Carlisle Barracks, Pa.

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Letters and telegrams have been received from the Red Cross and members of the 6th General Hospital announcing their safe arrival in North Africa.

NWF:ARM:q
3/6/43

In February the Harvard University Press published a small book entitled "William Lawrence: Latter Years of a Happy Life." The author of the book is the Right Reverend Henry K. Sherrill, Chairman of the Board of Trustees. Material for the book was provided by an unpublished diary covering the years of Bishop Lawrence's life from his retirement in 1926 until his death in November 1941. It will be remembered that Bishop Lawrence, in his ninetieth year, raised the money for building the Chapel, was active in planning it, and was present at its opening in April 1941.

* * *

Mr. Ralph Lowell, since 1940 a member of the Board of Trustees, has succeeded President Lowell as Trustee of the Lowell Institute. He has also been made treasurer and trustee of the U.S.O. Greater Boston Soldiers and Sailors Committee. Recently he was appointed a member of the Executive Committee of the Massachusetts Committee of the Conference of Christians and Jews, and has been elected treasurer of the New England Grenfell Association, of which he has served as a director for several years.

* * *

A statement of his new assignment on February 1, 1943, has been received from Dr. André W. Reggio (*WS 1914*): "Released by the Massachusetts Committee on Public Safety as Director of Medical Division for Massachusetts to take over new duties at the Office of Civilian Defense, 17 Court Street, Boston, as Acting Medical Officer of OCD Region I, which comprises the six New England States." Dr. Horace P. Stevens (*WS 1907*) has been made Acting Medical Director of the Massachusetts Committee on Public Safety.

* * *

As members of a course completed in December, more than a hundred officers were graduated from the Specialists' Course in Tropical and Military Medicine at the Army Medical School in Washington. Col. Richard P. Strong (*Hon. Phys.*), director of the series, delivered the address. Another class is now in session. Dr. George C. Shattuck (*Cons.*) is one of the lecturers in the course.

* * *

A recent release from the National Committee for the Resettlement of Foreign Physicians states that 1500 refugee physicians have been placed in hospitals as interns, resident physicians, and in laboratories. A maximum use of 6000 *emigré* doctors is planned for, on the basis of temporary placement for the duration of the war. Dr. Tracy J. Putnam (*ES* 1923) is vice-chairman of this committee, chairman of the sub-committee on war neuroses of the National Research Council, and a member of the committee on neuro-psychiatry and of the sub-committee on neurosurgery. As Director of Services on Neurology and Neurosurgery at the Neurological Institute, New York, he is also giving a series of courses in neurosurgery for the Army.

A growing attention to South American relations gives special interest to the recent good-will tour of Dr. Fred H. Albee. Dr. Albee visited Brazil, Argentina, Chile, Peru, and Panama. He was delegated by the Rehabilitation Commission of New Jersey, of which he has been chairman since the last war, to report on its work in these countries. He also addressed the Brazilian National Orthopaedic Association and lectured at the University of Chile, of which he is an honorary faculty member. At the invitation of the University of Buenos Aires he had the further honor of dedicating its new operating room, which is to be called the Professor Fred H. Albee Operating Room.

* * *

Dr. Juan Salamanca has completed his internship at the Massachusetts General Hospital and returned to his home in Bogotá, Colombia. An interesting statement about Dr. Salamanca's appointment here and its purpose has been given to THE NEWS by Dr. Henry K. Beecher:

"In the summer of 1941, I had the privilege of going as an exchange lecturer from Harvard to the National University of Colombia at Bogotá under the auspices of the Department of State. While there I was given the opportunity by the Department of State of choosing one of their young physicians to bring back to this country to train in anesthesia. Dr. Juan Salamanca was the choice and has now completed an internship here.

"It is widely recognized at the University of Colombia that two major deficiencies are retarding the development of medicine in that part of South America, namely anesthesia and nursing care. Until these are improved, small hope is held by the faculty for modernization of their practice of medicine. They are making earnest effors to bring about changes in these fields and I believe deserve whatever support this country can give them."

* * *

Dr. Walter B. Cannon, Consultant in Physiology at the McLean Hospital, and George Higginson Professor of Physiology at the Harvard Medical School, was elected foreign secretary of the National Academy of Sciences in 1942. He has recently been made an honorary member of the Medical Association of Argentina.

* * *

Dr. Francis R. Dieuaide, who has been a member of the Hospital staff since 1939 as a Physician and Chief of the Syphilis Clinic and is Clinical Professor of Medicine at the Harvard Medical School, has been commissioned Lt. Colonel, MC, AUS. He has been assigned to the Surgeon General's Office in Washington, and is to do work in the field of tropical medicine.

* * *

Dr. Fuller Albright (*P.*) delivered the fourth Harvey Society Lecture in the current series at the New York Academy of Medicine. His subject was "Studies on the Pathological Physiology of Cushing's Syndrome."

Mr. George L. Alcock has accepted the position of superintendent of works at Cambridge Hospital. He came to the Massachusetts General Hospital in November 1939, to take charge of the alterations in the Bulfinch Building, and in February 1942 took over the duties of Mr. Norman M. Dahl, then assistant superintendent of works here. Mr. Dahl resigned to become a civilian employee of the U.S. Navy in the Technical Division. After completing a course in naval architecture, given at the Massachusetts Institute of Technology for the training of naval personnel, Mr. Dahl is now assigned to duty in Boston district and is making stabilization tests on converted vessels.

Walter A. Ryan, messenger for over five years at the Baker information desk, is now in military service. He is a private, attached to an air base in Nebraska.

* * *

The appointment (without limit of time) of Dr. Richard M. Smith (*WM 1909*) as Thomas Morgan Rotch Professor of Pediatrics at the Harvard Medical School dates from July 1, 1942. Dr. Smith was previously Clinical Professor of Pediatrics and Child Hygiene. He is also a member of the Harvard Infantile Paralysis Commission.

Dr. George H. Acheson (*WM 1939*), an Instructor in Physiology until October 1, 1942, has received the term appointment of Associate in Pharmacology, at the Harvard Medical School.

Lt. William W. L. Glenn, MC, AUS, (*r.s. 1941*) is working on a research project at the Harvard School of Public Health, where he has held an appointment as Assistant in Physiology since July 1, 1942.

Dr. John G. Young (*CM 1926*) is Chief of Staff at the Children's Hospital of Dallas, and has recently been appointed Associate Professor of Pediatrics at the Baylor Medical School.

Dr. Frederic C. Bost (*Or* 1929) writes from San Francisco:

> I am Associate Clinical Professor in Orthopedic Surgery at the University of California, and for the present have been deferred as a member of the University Staff so that I have not had the opportunity of entering the Service. I have had many pleasant visits with former Massachusetts General Hospital House Pupils en route through this port.

* * *

Major Harold H. Hamilton, MC, AUS, (*res. PH 1933*) sends to the War Records pleasant news of himself and his M.G.H. associates at Westover Field, Chicopee Falls, Mass.:

> No citations, decorations, etc. Have been in service since May 27, 1942, planted right here. The job: Chief of Surgical Service, Station Hospital. Capt. Thomas Warthin is here also, and is doing a fine job as Hospital Registrar. He is also Assistant Chief of the Medical Service. Lt. D. Crosby Greene, Jr., pediatrician, is also stationed here, just now on detached service at Carlisle, Pa.
>
> Our hospital has been favored by fortnightly ward-walks and lectures from Drs. Cattell, Munro, Ober, Levine, and Keefer. This program is still going on, and is under the direction of the Mass. Med. Society.

Major Richard B. Capps, MC, AUS, (*CM 1931*) is with the 12th General Hospital, until recently stationed at Fort Benjamin Harrison, Ind.

Interesting news of civilian practice in Hawaii comes from Dr. Stewart (*Or. 1921*); under date of January 15, 1943, in a letter headed The Medical Group, 1133 Punchbowl, Honolulu, Department of Orthopaedic Surgery, Steele F. Stewart, M.D.:

> My job here is a very interesting and extensive one. First of all I have charge of the Shriners' Hospital for Crippled Children, a thirty-bed hospital in the midst of beautiful tropical surroundings. Then I am Orthopaedic Consultant for the Territorial Board of Health, and make semi-annual trips to the other islands to examine crippled children. All our travelling is done by plane, but unfortunately for the esthetic senses the windows are all frosted. I've made the trip in earlier days and have seen the beauty of the seas, the coasts and mountains. I also have private practice.
>
> I came down here the first of March, so I'm not a veteran of the war, although the second night after I arrived a Japanese plane dropped four big bombs about half a mile away. Sounded like a big gun going off. When I arrived people were still jittery, as you can well imagine. . . . However, things aren't that way any more. . . . The work done on these islands has been Hollywoodian in character except it isn't just a show. . . . All lights have to be blacked out by 7 p.m. and not exposed till 7:15 a.m. Each month that will be increased 15 minutes to half an hour, till in midsummer the hour will be 6 a.m. and 8 p.m. Until recently all cars had to be off the street after 8 p.m. except physicians, ambulances, utilities and military cars. Now it is 10 p.m. As a physician I am allowed twice the light of the civilian car. . . . Strange as it may seem, all this blackness has not raised the incidence of disease but markedly lowered it. I expect the recent ruling about theatres and bowling alleys being allowed open till 9:30 p.m. will probably be followed by an increase of communicable diseases.
>
> About one-third of the population here are Japanese. That makes our problem different from even California. They are scattered over the sugar and pineapple plantations and in the cities. They are very closely watched and cannot go from district to district except by permission of the military. There are many very loyal Japanese of the younger generation, like the Victory Volunteers—University boys of Japanese ancestry who were denied the privilege of bearing arms against Japan but who volunteered to do anything to help win the war. They worked cutting trees, cooking, digging ditches and whatnot, any menial task they might be set at. Some of the older Japanese are disloyal and some very loyal, as the dresser in our office whose son is a Victory Volunteer. Then there are the younger American-Japanese, educated in Japan; these are considered dangerous. I feel that the trouble stems from two or three sources (1) The continuance up to December 7 of Japanese language schools; (2) the Japanese influence of the home; (3) the Japanese nationalistic churches—Shinto temples; (4) the Japanese language papers. We can't and should never try to break up the influence of the home, but I think we should insist on all schools being in English, the abolition of all foreign newspapers twenty years after the stoppage of emigration, and the prohibition of all churches other than catholic churches—not Roman Catholic but churches with nationalistic boundaries, i.e. Lutheran churches Yes, German Lutheran or Swedish Lutheran No.
>
> Another interesting medical feature in the islands is the paternalistic form of medicine practiced on the plantations. On the sugar plantations there are about forty hospitals with thirty doctors in charge. These men take care of about 100,000 plantation employees and their families. The latter are provided with complete medical care, and the cost to the plantations runs from $11 to $15 per person per year. The hospitals vary from old wooden structures to new fireproof structures, all one story. All have adequate fresh air and light, but they have no heating problems—even blankets are not routine, only a sheet. These men are doing really splendid medicine in these little hospitals, and they are doing it because they have enough patients to keep them busy.

Dr. Stewart added that he had seen Lt. Hannibal Hamlin, MC, USNR, (*res. NS 1942*) from time to time. Word has since come that Lieutenant Hamlin is aboard the USS "Solace."

* * *

Lt. Comdr. Walter E. Garrey, MC, USNR, (*a. in S*) wrote the following letter on January 28, aboard the USS "American Legion." It brings good news of a notable number of MGH members in service, and suggests that Lt. Commander Garrey has not spent overmuch time in port.

> The Editors, M.G.H. News:
>
> With our long overdue mail arrived yesterday the October and November issues of "The News," and they were greatly enjoyed. Mail from home is our biggest event and so far in ten months in the South Pacific we have only received it at intervals of two or three months.
>
> I've enjoyed what may be a unique opportunity to see most of our graduates in this area within recent months. I'm hoping to give you some real news of them and still not break the censor rules of the "silent service."
>
> Ted Pratt was seen both before and after his long and trying time at the front. He had much surgery to do, under fire over a long period, and all who were with him sing his praises. Bob Legge I have seen several times, doing orthopedics at one place, and like most of us stepping out of his rôle to treat malaria at another. He has had quite a series of cases of gas gangrene foisted upon him.
>
> Nicholson, Montgomery, and Farnsworth have been very busy indeed, especially the former, who has been using up astronomical amounts of plaster of paris. Jack Gibbon was seen by a lucky coincidence and was treating war casualties. Ben Tenney I have seen twice, Joe Holmes was found at work doing a grand job making an active surgical hospital out of his relatively small field unit.
>
> A very pleasant experience was to have temporary duty for a time with the group of Howard Sprague, Charley Johnson, et al. Carmody was busy especially with peripheral nerve wounds, and Kennard with gunshot wounds and burns. McGinn had some unusual medical cases and Hunter's lab. was grinding out the malaria smears.
>
> Joe Placak was seen busy with war wounds in a fine hospital.
>
> It was a grand break to spend a night with Gus Thorndike and his group, and swap experiences with them all. They are quite busy with surgical and medical casualties. George Marks was away and will have some interesting tales to tell of his detached duty.
>
> Others seen who have been students with us are Weir, Crile, and Mr. McMillan who was with Beecher in anaesthesia. All are now busy after variable waiting periods.
>
> My best to all in and from Boston, wherever they may be.

* * *

From NEWSWEEK for December 21, 1942, we take a description of one aspect of the work being done by the 105th General Hospital:

> In the main base hospital in Australia, surgeons have performed more than a thousand operations. . . . Special attention is given to the mental and nervous rehabilitation of sufferers from shock. To a big psychiatric hospital in a small Australian town, staffed by a famous Harvard unit under Major Augustus Thorndike, Jr., go members of the fighting forces needing the most skilled psychiatric treatment. Major Thorndike is interested in the experiment of using phonographic records of the thud of mortars, shrieking bombs, rattling machine guns, and human cries to make the victims relive their hours of horror on the battlefield, and to realize that they are not now in actual danger.
>
> Mental cases run to only 2 per cent of total casualties—far below that of the United States troops in the last war. The milder war neuroses wear off quickly, and most of the men go back into action. In both New Guinea and the Solomons, the morale of the convalescent soldier is exceedingly high. Doctors say that of all the men they have treated, they can recall only a few who have failed to grin about their condition. One American soldier was typical. A sergeant in the morning, on the same day he was made a second lieutenant, went into action, and was wounded. His only comment was: 'They sure initiated me fast.'

* * *

Lt. Comdr. Alfred L. Duncombe, MC, USNR, (*EM 1934*) received this promotion from Lieutenant on November 1, 1942. Word of him sent to the War Records states that he was one of the attending physicians to Captain Rickenbacker and his party during their convalescence; also, that he returned from the Pacific area to duty in the States early in December and was given two weeks' leave at home. He has since returned to his former duty in the Pacific section.

Lt. Alexander M. Waldron, MC, AUS, (*EM 1938*) was promoted on January 1, 1943, to Captain. The War Records reports that he has been in Australia since June 4, on the staff of the 166th Station Hospital.

Capt. Otto D. Sahler, MC, AUS, (*res. R 1941*) still on service in the British Isles, early in January sent word of his unit to his former department:

> We have just moved here to a brand new hospital. It isn't open or completed yet but is to be ready in a couple of days. . . . Smedal has been bumped up to Lt. Col. recently. They are here some place. Simeone is now a Major. I went all over Northern Ireland the last two weeks we were there. Visited Belfast, etc., and had a nice plane ride while there. Saw a bit of the Atlantic and sort of wanted to head West but couldn't for we didn't have enough gas!

Lt. Col. William A. Reilly, MC, AUS, (*CM* 1928) is in charge of the medical service in an evacuation hospital now in Africa.

Major Milton S. Thompson, MC, AUS, (*Or. 1934*), now with the 67th General Hospital, writes from "Somewhere in England" and sends news of Major Jack Spencer, MC, (*res. R 1934*), and Major Wilfred Comeau, MC, AUS, (*a. in M 1937-39*).

> Our unit (the Maine General Hospital Unit) was activated on September 1 and on December 1 arrived here, after a brief two months in El Paso, Texas. We have opened a fine new hospital and are beginning to become doctors again.
>
> There are three M.G.H. alumni in this unit. Major Jack Spencer, Major Wilfred Comeau and myself are in charge, respectively, of the X-ray, the cardiology and the orthopedic sections.

Dr. Gordon E. Jones, (*ES 1939*) writes that he has been transferred from the African Division of Pan American Airways to the Alaska Division, and is based in Seattle.

Lt. Col. Henry A. Kind, MC, AUS, (*CM 1935*) went into the service as a Lieutenant in November 1935, and has since received these promotions: Captain, MC, USA, November 12, 1938; Major, MC, AUS, March 22, 1942; Lt. Colonel, MC, AUS, November 17, 1942. He is now at the Tilton General Hospital, Fort Dix, N. J., but has seen service at Fort Adams, R. I., Fort McKinley, Me., Army Medical School at Washington, Carlisle Barracks, Pa., and Schofield Barracks, T. H.

Major Richard Chute, MC, AUS, (*ES 1929*) has been called to active duty and is to report at Carlisle Barracks, Pa.

THE NEWS makes a special effort to publish letters from abroad. Consequently, it is specially flattered to find itself received with the warmth accorded all news from home and old associates. On January 15, Commander Sprague sent a welcome letter from our naval group, USN Mobile Unit No. 6:

> I am glad to acknowledge the receipt of two numbers of "The News," eagerly studied by all the Boston group here. The censor tells us that we may now tell you that we are in New Zealand, and you may draw your own conclusions about our activities in the South Pacific struggle. As you know, we have been busy in our professional work, and the war has altered the character of work for all of us. Hunter is temporarily detached for investigation of a special problem, but we hope to see him back.
>
> Because of the detachment of our Executive Officer, a Captain in the regular Navy, I have inherited the position as Executive and Charlie Johnson is Chief of Medicine. Luckily Charlie is very adaptable and he is certainly helpful to me and to the outfit. We all feel sufficiently experienced to tackle any naval medical problem after four months as a going concern overseas.

* * *

Recent word has been received from Comdr. John P. Wood, MC, USN, that he came ashore from the fleet last fall and is now on planning and procurement duty. Commander Wood was a graduate assistant in Radiology during 1938-39 as one of the officers assigned by the Navy for a year's work and study at this hospital. In a letter addressed to Dr. Aubrey O. Hampton (now Major Hampton, MC, AUS, and absent on military service) and written from a USN Medical Supply Depot he says: "The Navy decided I had been to sea long enough and sent me ashore for a while. I am now here at the Depot in connection with procurement of X-ray equipment, supplies and related items. Where I have been I have heard very little from the General crowd." The Department is very glad again to have word from Commander Wood. After leaving the Hospital he was assigned to the Chelsea Naval Hospital and then to the Naval Hospital at Pearl Harbor. Shortly before the attack there, he wrote that he had been transferred to his first sea duty.

Several other members have seen service in or near Honolulu, and it is perhaps not without general interest to mention that the staff of the US Naval Hospital at Pearl Harbor received from Admiral Nimitz an unusual honor, a blanket citation of the entire unit, for its meritorious service on December 7, 1941.

Certainly one MGH graduate is entitled to share in this citation. An article by Lt. Comdr. Paul E. Spangler, MC, USNR, (*WS 1925*) entitled "Burns: A Treatment Plan for Large Numbers," appeared in the Hawaii Medical Journal for September-October 1942. Commander Spangler, promoted in rank as of July 1942, is chief of surgical service with USN Mobile Hospital No. 2. In an earlier issue THE NEWS mentioned that Commander Spangler was on active duty at the Naval Hospital at Pearl Harbor on December 7, 1941, and had had "the questionable honor of performing the first operation of this war." A few general statements from his article suggest the magnitude of the Pearl Harbor attack and a comparison with the recent Boston disaster:

> At the Naval Hospital at Pearl Harbor on December 7 we treated several hundred burns. Many different methods of treatment were used. We had an excellent chance to observe the results of these different methods of treatment and their applicability to mass treatment. Following this experience a burn committee, of which I was a member, was appointed to evaluate our results, to adopt a standardized procedure adaptable to a large number of casualties, and to make provisions for equipment supplies and instructions. We have adapted the report of this committee to our use at Mobile Base Hospital No. 2.

Opportunely, a letter from Commander Spangler has been forwarded by Dr. Churchill. It adds these recent details and comments:

> Promoted to Commander, same date as Jim White. Also am now Executive Officer as well as Chief of Surgery of this hospital. We expect to be going down soon to help Howard Sprague out, and then we shall find out whether No. 6 is as good as No. 2 or not.
>
> Noted your brief remarks about the Cocoanut Grove burns and noted the absence of cleansing and debridement. If we can get away with that I believe the sterile compression treatment of burns will prove equally practical and more efficient than the tannic acid, silver nitrate, which the Navy is advising at the present time. Send me the dope. Give my best regards to all the gang and old friends.

* * *

From the Station Hospital at an Army Air Base, Major Ira M. Dixson, MC, AAF, (*WS 1930*) wrote to the Hospital on January 20:

> I am at my first station after completing the Air Force Training School at Miami Beach. This hospital is just seventeen days old today, and this is my fifth day here as Chief of the Medical Service. Very little equipment as yet, but — patients. I'm having a swell time organizing my service, with more and diverse problems than you can shake a stick at. Pike's Peak is our backdrop, lovely in its snow and sunlight—and, let me add, it's 22 below zero.

To this we add a portion of a letter dated February 4, from Major Dixson to Dr. Arthur W. Allen:

> I find myself Chief of Medicine here at this Station Hospital, which was opened on January 3rd last. We have about — patients, 90% of whom are medical. Until this morning we had no nurses whatever and our Medical Detachment personnel is only partially trained and entirely inadequate as to numbers. Just how we have got through these past few weeks is something of a mystery to me. But all the boys seem to be going out the front door cured and with a smile on their faces (probably accounted for entirely by the pleasure of release).

Lt. Col. Alexander Marble, MC, AUS, (*res. WM 1930*) was transferred from Camp Edwards early in January, to become Chief of the Medical Service at Harmon General Hospital, Longview, Texas. He writes from there to the War Records:

> Reported for duty at this new General Hospital on January 11, after two years spent at the Station Hospital, Camp Edwards, Mass., and (during this past summer) with the Massachusetts Medical Officers' Recruiting Board. Am impressed with the nearby oil fields and the variability of Texas weather. Major Herbert Jones, a brother of Dr. T. Duckett Jones, is a member of the staff here.

Lt. Arthur T. Willetts, USNR, (*res. U 1941*) is with USMC Unit No. 595. As an officer with the Marines he has been "somewhere in the South Seas, Pacific Area," for months. He was promoted to senior grade since leaving the U.S.A.

Lt. Comdr. M. M. Tolman, MC-V(S), USNR, (*a derm.*) writes from US Naval Hospital at St. Albans, Long Island:

> A new hospital, just ready to be commissioned. It is much like a General Hospital, with full and adequate facilities for interdepartmental consultation. As near as possible, qualified specialists are given their own field of endeavor: for example, I have been put in charge of the department of dermatology and syphilis, with two excellently equipped wards.

Lt. Charles G. Mixter, Jr., MC, AUS, (*WS 1940*) is listed as a recent graduate at the School of Aviation Medicine in Texas. He has been assigned to service in the southwest Pacific area, and his post-office address is: 1st Lieut. Charles G. Mixter, Jr., MC, AC, 801 Medical Squadron, Air Evacuation Transport, APO 502, San Francisco. His father, Charles G. Mixter, (*WS 1907*) sends these details of his training and present service:

> Following his entrance into active service in May 1942, he was assigned to the Air Corps of the Army first at Rome, N. Y., then for flight surgeon's training at Randolph and then Kelley Fields in Texas. Following his graduation as flight surgeon he was ordered to Bowman Field, Louisville, and later to Hamilton Field in San Francisco and was ordered overseas about the first of the year. His duties, of course, are in the air evacuation of casualties.

Lt. Irad B. Hardy, Jr., MC, USNR, (*ES 1939*), whose first assignment was at a submarine base, has sent word to the War Records that he is temporarily with the Hdq. Bat. Casual Co., Fleet Marine Force Training Centre, Camp Lejeune, N. C., taking a course with the Marines in anticipation of attachment with a battalion for foreign duty as a medical officer.

* * *

Brief news of numerous promotions has been received as follows:

Lt. Comdr. James M. Faulkner, MC, USNR, (*EM 1925*) was promoted to Commander on December 6, 1942, and is still at the Chelsea Naval Hospital. Comdr. Walter S. Burrage, MC, USNR, (*EM 1927*) was promoted on February 5, 1943, as of August 1, 1942, and is also at the Chelsea Naval Hospital. Comdr. Joseph S. Barr, MC, USNR, (*Or. 1929*) has received this promotion and been assigned to a new hospital at USN Hqrs. at St. Albans, L. I. Lt. L. M. Woodruff, MC, USNR, (*ES 1939*) was promoted to s.g. in July 1942. Lt. Col. Neil L. Crone, MC, AUS, (*WM 1933*), promoted as of November 6, 1942, from Major, is chief of the section of preventive medicine, 1st Army, Eastern Defense Command, at Governor's Island, N. Y. Major Ernest B. Howard, MC, AUS, (*a. in M*) received this promotion on November 9, 1942. He is still assigned to Hqrs. 4th Service Command, Atlanta, Ga. The promotion of Capt. William McK. Jefferies, MC, AUS, (*EM 1942*) to this rank dates from January 21, 1943. Captain Robert N. Buchanan, Jr., MC, AUS, (*res. D 1941*) was promoted to Major on February 5, 1943.

Capt. Lloyd S. Saltus, MC, AUS, (*CM 1938*) received this promotion on December 15, 1942, and is now taking the Officers Medical Field Service Course at Carlisle Barracks, Pa.

In his Annual Report to the Surgeon General, Colonel Goethals includes general statements that are of special interest to us all now.

> Function and Organization: The 6th General Hospital is a numbered General Hospital organized as a Field Medical Unit for service in a Theater of Operations. . . . During 1942 the 6th General Hospital was administered entirely as a unit in training. It performed no professional duties except as its personnel were assigned for special duty at the Station Hospital, Camp Blanding. Consequently the bulk of its administrative functions was concerned with personnel, and supply and training activities.
>
> Training of Personnel: The training objective of a General Hospital is the attainment of the maximum state of proficiency in the shortest practicable time, in order that it may be prepared to take the field on brief notice in any designated theater of operations and carry out the mission for an organization of its type as a functional unit with the field forces. . . . Of the personnel assigned the officers and nurses, for the greater part, had had no previous military experience or training. The enlisted men were about equally divided between one group of men who had had one year of military training with the 63rd General Hospital, the source unit, and a junior group of enlisted men who had been in the military service from one to six months prior to May 15, 1942. The enlisted personnel had had their basic military training and the detachment as a whole had been carried through several training programs in accordance with Medical Department Mobilization Training Program 8-1, in addition to which about one-third had been trained at various Medical Department Technicians' Schools and at the local Station Hospital.
>
> Facilities available for training comprised the following: The A-6 Area in Camp Blanding, to which the officers and men were assigned, included adequate quarters for living and messing; a motor pool area, used for instruction in close order drill, calisthenics, litter drill, ambulance loading and weekly reviews. Two day rooms, designed for enlisted personnel and one recreation building for officers were suitable for use as class rooms and the projection of training films; a dispensary building, equipped and maintained with supplies drawn by the 63rd General Hospital, was used for sick call, dispensary service and class room. There were adequate instructional aids and training equipment improvised by the unit or by the use of Training Unit E belonging to the 63rd General Hospital. Training films, film strips and projectors were borrowed from the Camp Film Library.
>
> The CASO Station Hospital, Camp Blanding, Florida, was available for two main purposes:
>
> (1) All female personnel of the 6th General Hospital, including nurses, dietitians, dental hygienists, physical therapy aides and Red Cross Workers were attached to the Station Hospital for special duty, rations, quarters and in all technical matters were under command of the Camp Surgeon. Basic military training, including defense against chemical warfare, was conducted by the 6th General Hospital.
>
> (2) Facilities of the Station Hospital were made available for technical training of officers and enlisted men of the medical, surgical, laboratory and X-ray services of the 6th General Hospital. In addition, Camp Dental Clinic No. 1 was utilized to a great extent by officers and enlisted personnel of the dental service.
>
> Consideration of the factors outlined in the two preceding paragraphs constituted a preliminary estimate of the training situation from which an initial training program was drawn up. Subsequent training programs were altered to conform with changes in training situation.

The training program then reported in detail is too long to quote, but one section is given:

> Housing: On activation the officers and enlisted personnel of the 6th General Hospital were assigned quarters in Area A-6 of Camp Blanding. This area was shared with the 63rd General Hospital and miscellaneous smaller units which were changed from time to time. The nurses and civilian personnel were quartered in the buildings of the Station Hospital. The officers and men assigned to Area A-6 were quartered initially in winterized pyramidal tents, which were replaced in June and July by the construction of 16 x 48 foot hutments for the enlisted men and of 16 x 16 foot hutments for the officers.

Colors of the 6th General Hospital at Camp Blanding

These brief statements on disease control are included:

> Insect borne diseases: No case of insect borne disease was reported among the personnel of the 6th General Hospital admitted to sick report during 1942. This is believed due to effective eradication of mosquitoes by the control measures instituted by the Camp Medical Inspector.
>
> Common diarrheas: No common diarrheas in epidemic form occurred through the year; only one such case was admitted to hospital.
>
> Common respiratory diseases: At no time during 1942 was there an epidemic of common respiratory diseases. Of the 158 hospital diagnoses 63 were due to this cause, but they were of sporadic rather than epidemic occurrence.
>
> Contagious diseases: One case of measles and one of German measles were transferred to the Station Hospital during the months of May and December respectively and the diagnoses confirmed. No further cases occurred.
>
> Primary pneumonia, atypical: The diagnosis of this condition was made at the Station Hospital on 10 cases transferred thereto.
>
> Venereal Disease Control: Educational and prophylactic measures designed to prevent venereal disease, as prescribed in Section VII, AR 40-210, were provided in this command during the year.

Under Welfare, Social Service and Recreation, the report lists nine forms under Recreation and the last-named of these is "Securing the approval of an appropriate unit insignia from the Office of the Quartermaster General"!

It also states:

> Activation of the 6th General Hospital at Camp Blanding placed it from the beginning in a well established and excellently organized Army post. Social service facilities provided by the Camp were drawn on principally for verifying reports of illness and death in families of the unit personnel, and occasionally for advancing money to a soldier granted furlough by reason of a family emergency.
>
> Morale was maintained at a high level throughout the year. Despite delay in fulfilment of prospects of early duty in an oversea Theater, officers, nurses and enlisted men entered their military environment enthusiastically and without question, and accepted the necessity for subordination of their individual eagerness to the interests of the Army as a whole.

Under Problems and their Solutions, Colonel Goethals first states under the heading "General":

> Problems incident to activation, administration, and supply of the 6th General Hospital were neither more frequent nor more difficult than those which may arise in any unit in garrison status. The one problem of greater magnitude than any other was that of training, including, as it did, four separate approaches, one each for officers, nurses and civilians, enlisted men, and for the combined unit.

The details of those problems are too long to quote. They are suggested by the following sentences: "When this unit was activated only eight of the fifty-seven medical and dental officers originally assigned had had prior active duty during 1941 or 1942. . . . On the date of activation the 6th General Hospital had no information as to when it might receive movement orders for oversea service." That all training difficulties were met and really solved may be inferred in the last section:

> Problems in combined (unit) training. In the strict sense of the phrase combined unit training of all personnel of a General Hospital is impossible until the hospital itself is established, equipped, and in operation. Consequently this problem was never completely solved by the 6th General Hospital in 1942. The nearest practicable equivalent to it, however, was attained. First, all personnel were thoroughly grounded in basic military training. Second, the professional qualifications of the officers and nurses were unquestionable. Third, the enlisted personnel were instructed intensively in technical subjects by the officers under whom they were to serve. Fourth, a standing operating procedure was prepared and adopted. It may be stated with confidence that the 6th General Hospital is trained and qualified to fulfill its mission adequately wherever it may be stationed.

The Summary of the Report merely confirms the confidence and admiration the Hospital feels for its unit.

> Review of the organization, activation and early training of the 6th General Hospital during 1942 leads this reporter to the conclusion that the policy of the War Department, announced in 1940, to rely upon outstanding civilian hospitals and medical teaching centers for furnishing professionally trained officer personnel and nurses for field medical units, especially those of the fixed type, has met with a gratifying degree of success.
>
> It is believed, based upon the first seven and a half months of its existence, that the 6th General Hospital is prepared to meet the final test of its competency,—field duty,—and that it will discharge its mission with credit to itself and with benefit to the Force in which it serves.

* * *

No definite word has yet been received concerning Capt. James K. Keeley, MC, AUS, (*NS 1937*). He received this promotion in April 1942 while serving in the Philippine area, and sent word of it in May. The following gallant statements have been received from his mother, Mrs. James Keeley:

> No news since May 1, 1942. Presumably still in Philippine area. All those in Japanese-occupied territory are reported by the U. S. Government as "Missing in Action." The organization known as "Relief for Americans in the Philippines," 101 Fifth Avenue, has a list of internees in Santo Tomas, Manila. My son's name is not among them. He may be in hiding in the mountains of Mindanao. We have heard of friends there, but do not know if he is with them. This organization issues a letter about once a month culling items from many sources, the Churches, Red Cross, etc., and I have found several items of interest. Also, a book has been published giving considerable information of Santo Tomas and Manila—"Internews," a combined comic-serious record with many drawings. Mr. Shelby of War Prisoners Monitory System, gets news at times through [a western city].

THE NEWS

No. 7 Boston, Mass. April 1943

On April 16 the Harvard Dental Alumni Association will celebrate its annual Alumni Day and the 75th anniversary of Harvard University Dental School. Dr. Elbert S. Godfrey (Dn.S) is chairman of the celebration committee. This date is, also, approximately the 75th anniversary of the Dental Service at the Massachusetts General Hospital. Although no Dentist was appointed here until 1872, from the beginning of the School its students worked in the Out-Patient Department, and its first quarters were houses in the neighboring streets. In 1883 it inherited the building of the old Medical School itself, and continued there until 1909. As this building stood on the north side of Fruit Street, plumb at the end of North Grove Street, and bore a large sign proclaiming it the Harvard Dental School and Dental and Oral Hospital, it will be remembered by all who were members of the M.G.H. in those years. The building was acquired by the Hospital after the departure of the Dental School to Longwood Avenue. It was razed in 1915 to provide a part of the site for the Moseley Building and the new front entrance of the Hospital. Perhaps some will recall it when for a time the top story was used to house employees and was reached by an eerie bridge from the top of the Gay Ward!

Although this year marks the 75th anniversary of the Harvard University Dental School, the main subject in the minds of its alumni will be the proposed Harvard School of Dental Medicine. It is hoped to make a later report of the program in celebration of Alumni Day.

At the December meeting of the dental staff of the Hospital, the retirement of Dr. LeRoy M. S. Miner was announced. Dr. Miner who was appointed to the staff in 1910 and has been Chief of Dental Service since 1924, was presented with an engraved compendium in testimony of his long service. He spoke briefly on the evolution of the dental clinic, in which the treatment given to patients now amounts annually to more than 6000 visits.

The recent issue of the Harvard Dental Alumni Bulletin gives its first pages to an account of Dr. Varaztad H. Kazanjian (Bd. of Cons.) and a tribute to him as "a most distinguished contributor to the art and science of surgery." Dr. Kazanjian was the essayist at the December 1942 meeting of the Harvard Odontological Society. The Bulletin reports that he did not present a formal paper but "just talked", and it recalled that Dr. Kazanjian's first essay before any professional group was delivered before the Society in 1910. For that occasion Dr. Kazanjian prepared his manuscript with some trepidation since at that time he could read English better than he could speak it. But, with some editing in that respect by a colleague, this paper was printed in the Allied Dental Journal and became Dr. Kazanjian's first publication. This was five years after he had received his degree in Dentistry and eleven years before he completed his studies for a degree in Medicine.

Dr. Kazanjian's name has long been known from his work in plastic surgery during World War I. "He was in France from June 1915 until January 1919, held the commission of Honorary Major in the Royal Army Medical Corps, was mentioned three times in dispatches, and was awarded the Order of St. Michael and St. George." The Bulletin gives the further informing detail that although Dr. Kazanjian had no courtesy appointment from any Boston hospital previous to his military service he had treated over 400 cases of jaw fracture, an "unwanted" type of case turned over to the Prosthetic Department at the Dental School. "Consequently, when the first Harvard unit had to have a dental chief, it is not surprising that Dr. Edward Nichols took some good advice and offered the job to Kazanjian."

The account includes other interesting biographical details about Dr. Kazanjian's first years after his arrival here in 1895 from Sivas in Turkish Armenia, and closes with an incident of his "student" days in 1920:

> Some surgical demonstration had been planned at the Brigham for a group of medical students, who crowded the surgical amphitheatre. Dr. Cushing made his appearance, accompanied by two high ranking officers from the Royal Army Medical Corps. The attention of the students was fixed upon Dr. Cushing and his guests, and the occasion was an impressive one.
>
> On glancing up at the group of students above him, one of these British medical officers suddenly grasped his companion's arm and pointed. And then, with greater haste than dignity, the students assembled were startled to see these two high ranking officers climb up the steps and literally drag down to the amphitheatre floor the quiet, black-haired little dentist whom the medical students thought they had successfully ignored. And Kazanjian was introduced as the man who had taught these guests the technique to be demonstrated.

Staff changes approved at the Trustees' meetings of February 19 and March 5 are here reported:

Leaves of absence have been granted to Drs. Francis R. Dieuaide and Richard Chute because of military service, and to Dr. Louis Nathan because of service with the Veteran's Bureau, "with the understanding that they may resume their positions on the Staff upon completion of such service."

It was voted that Drs. J. Herbert Young, Charles A. McDonald, Carlisle Reed, and Frank C. Colloten, "who have reached the retiring age, be continued on active duty for the duration of the war." The resignation of Dr. B. Thurber Guild was accepted with regret.

The following promotions were made:

Drs. William R. Hill, Jr., and Marian W. Ropes from Assistant in Medicine to Assistant Physician
Drs. G. Colket Caner and Charles S. Kubik from Assistant Neurologist to Associate Neurologist
Elizabeth M. Hincks, Ph.D. from Assistant Psychologist to Psychologist
Dr. John C. Stanton from Assistant Dental Surgeon to Dental Surgeon
Drs. John Adams, Jr., G. Marshall Crawford, and Mildred Ryan from Assistant in Dermatology to Assistant Dermatologist
Dr. Jost Michelsen from Assistant in Neurosurgery to Assistant Neurosurgeon
Drs. Madelaine R. Brown, Edwin M. Cole, Augustus S. Rose, and Robert S. Schwab from Assistant in Neurology to Assistant Neurologist
Dr. Rulon W. Rawson from Research Fellow to Assistant in Medicine
Dr. Samuel Lowis from Graduate Assistant to Assistant in Neurosurgery
Dr. Robert H. Hepburn from Assistant Resident to Resident in Urology, effective Feb. 12, 1943

Dr. Hill has since been appointed to have charge of the South Medical Clinic during Dr. Dieuaide's absence on military service.

The following appointments were made:

Dr. LeRoy M. S. Miner as a member of the Board of Consultation, effective February 19, 1943
Dr. Kurt H. Thoma as Oral Surgeon and Chief of Dental Service, effective upon Dr. Miner's retirement
Robert A. Young, Ph.D. as Research Fellow in the Psychiatric Department rather than Psychologist
Dr. Gertrud C. Reyersbach as Research Fellow in Pediatrics and Bacteriology beginning August 1, 1943
Dr. Janet Ward McArthur as Assistant Resident Physician beginning July 1, 1943

It was also decided to appoint "an Assistant Resident Surgeon, assigned to the

Tumor Clinic, if a suitable man can be obtained."

Dr. Marianna Taylor, Assistant Psychiatrist, is to be continued on the active staff for another year, and the resignation of Dr. Jurgen Ruesch, Psychologist, has been accepted.

Among Harvard appointments recently announced were the following as new members of the Administrative Board of the Harvard Medical School from February 1 to July 1, 1943:

George Widmer Thorn, M.D., A.M. (hon.) In place of Walter Bauer, on leave.)

Oliver Cope, A.B., M.D. (In place of Edward Delos Churchill, on leave.)

The advancement of Dr. Ralph A. Ross (a.p. CM) to Associate in Pediatrics, as of January 11, 1943, is also noted.

As stated in a recent issue, Dr. Cope, who holds the position of Assistant Professor of Surgery, had already been appointed to carry on Medical School interests here during Dr. Churchill's absence.

Dr. Thorn, who was a research fellow in medicine here during 1934-5 and has succeeded Dr. Soma Weiss as physician-in-chief at the Peter Bent Brigham Hospital and Hersey Professor of the Theory and Practice of Physic recently received a medal for "notable public service" from the University of Buffalo, where he formerly taught at the School of Medicine. He was cited as "an acknowledged leader in the young science of endocrinology."

On January 27, 1943, Dr. George S. C. Badger (WM 1898) became physician-in-chief *emeritus* of the New England Baptist Hospital.

During April Dr. Chester M. Jones is again to do some special teaching at the Vanderbilt University Medical School in Nashville, Tenn., where for the term of 1940-41 he took over the work of Dr. John Youmans. Also, on April 23 in Chicago, Dr. Jones will deliver the Frank Billings Lecture.

The following program is announced for the meeting of the Hospital Research Council for April 27:

A Possible Hormonal Effect of Total Gastrectomy in Rate: Dr. Donald C. Balfour, Jr.

Pyruvic and Lactic Acid Tolerance in Normal and Adrenolectomized Dogs: Dr. F. Lipmann, Dr. O. Cope

Renal Sulfonamide Changes in Dogs and Man: Dr. B. I. Maisel

Physiological Response to the Ingestion of Sea Water: Dr. Allan Butler, Dr. N. Talbot, E. MacLachlan, E. Bolton.

Our cross-reference department suggests that an anouncement from the Harvard University Gazette be reprinted here. Among the current exhibitions listed at the Fogg Museum (March 24 through April 24) appears: "North Africa interpreted by European artists, 1796-1941."

OFFICIAL NOTICE

March 18, 1943

Memorandum:

To: Surgeons and Anesthetists

At a meeting of the Surgical Executive Committee held on March 16th it was VOTED:

1. That the time of operation shall be the time that anesthesia is started.

2. It shall be the responsibility of the surgeon to notify the Anesthesia Department if he is unable to maintain this schedule.

3. The anesthesia shall not be started unless it is known that the surgeon is in the building.

N. W. Faxon, M.D., Director

* * *

The Hospital will observe Patriots' Day, April 19, as a legal holiday.

* * *

Dr. Charles Shorey Butler died on February 23, 1943, at his home 257 Newbury Street, Boston, after an illness of several months. He was graduated from Harvard University in 1893, from the Harvard Medical School in 1898, *cum laude,* served his internship at the Massachusetts General Hospital and entered his signature as '99 in the old senior Surgical House Pupils' desk now in the Archives Room. He was on the East Surgical service. His name appears, also, in the Annual Report staff list for 1905 as an Assistant to the Surgeons. For ten years he taught anatomy at Harvard.

Dr. Butler was interested in military medicine, and for seven years served with the Massachusetts Volunteer Militia, becoming a captain and assistant surgeon in the 8th Infantry Regiment. Early in World War I he went to France and worked with the Red Cross and as a surgeon with the French Army. For this service the French Government decorated him as a chevalier of the *Légion d'Honneur.* In August 1916 he was commissioned a 1st Lieutenant, Medical Reserve Corps, USA, received promotions in rank to Major, and was discharged in April 1919. He later became a Lieutenant Colonel, MRC. For several years he again practised medicine in Boston, and after his retirement continued his interest in military medical work and in indicating preparedness among physicians in civil life. His long and able service as treasurer of the Massachusetts Medical Society received tribute in the New England Journal of Medicine for March 4.

Colonel Edward D. Churchill, MC, AUS, has arrived safely at his destination abroad. Further details as to his assignment have not yet been received at the Hospital.

The notice below is copied from the February issue of HOSPITALS:

Movement is well under way to establish a Pharmacy Corps in the United States Army. There are sound reasons for taking this action. The pharmacist in the Army is responsible for the performance of important duties: He must be well qualified, well trained, and well educated; he is, in fact, responsible for the procurement, storage, and distribution of medical supplies, although the officer directly in charge of this function is generally a commissioned officer in the Medical Corps of the Army. The establishment of a Pharmacy Corps would release a number of medical officers for other professional services with the Armed Forces.

In a civilian hospital, the pharmacist is one of the most important members of the organization; he is no less important in the military establishment, and should be given recognition and rank in keeping with his responsibilities, his training, and other qualifications.

A report on one of the activities of the Ladies' Visiting Committee has been received from Mrs. Arnold:

The M.G.H. War Service continues to grow. Besides the usual ward errands covered by the ladies with the red baskets, we have now established an "on call" errand service. In January, when this was started, we received from the different wards an average of 20 calls a day with every ward, including some in Baker, using this service. As many as 75 calls are now received in one day, and our workers cannot always give as prompt service as we should like. A few examples of these odd errands are: Taking patients to Physiotherapy, X-ray, Occupational Therapy, or to the Out-Patient Department, and later calling for the patients to return them to their wards. We are also asked to get from the coatroom the clothes of patients about to be discharged.

It is a pleasure to add to our list of workers some of the episcopal sisters from St. Anne's Convent on Temple Street. They are a real addition to our service.

The hours given by the War Service group have increased from 246 in February 1942 to 1619 in February 1943—with 23 different workers last February as compared with 75 this February. We are very proud to announce that 16 of this group have served regularly for one year or over.

In connection with the Red Cross subscription the Archives Room has on exhibition two letters from Clara Barton, written in 1881 and 1887 on Red Cross letterheads. To represent other women famous for their humanitarian interests, there are displayed a manuscript letter from Dorothea Dix, in recognition of her work with the insane, a book written by Florence Nightingale, and an engraving of Elizabeth Parsons, a Civil War nurse who first served at the Massachusetts General Hospital and was later to be instrumental in starting the Cambridge Hospital.

Major T. V. Urmy, MC, AUS, (*a.p.*) on service at the Station Hospital at Camp Chaffee, Ark., writes that he was "recently elevated to Chief of Medical Service."

Dr. Walter E. Vest, Jr., a recent graduate assistant, is now a 1st Lieutenant, MC, AUS, at the Station Hospital, Camp Chaffee, Ark.

Capt. A. C. van Ravenswaay, MC, AUS, (*P 1934*) writes from the Station Hospital at Jefferson Barracks, Mo., where he is Chief of the Medical Clinic.

Capt. George B. Beaman, MC, AAF, (*a. Psychi.*) has recently been appointed chief of the neuropsychiatric section of Station Hospital at Jefferson Barracks.

Major William A. Perkins, MC, AUS, (*ES* 1917) has been on duty at Fort Douglas, Utah, and is now at the Station Hospital, Camp White, Ore.

Lt. Col. Donald McNeil, MC (*Or.* 1930) sends word of his service and assignment: "The 51st Evacuation Hospital, a Sacramento, Calif. hospital unit, was activated Oct. 15, 1942 at Fort Lewis, Wash. We are still here but hope to be moving on soon."

Capt. Edwin R. Durno, MC, AUS, (*ES 1929*) received his commission and went into active service on October 30, 1942. He had been with the Barnes General Hospital in Vancouver, Washington (the Medical Reserve Pool); the Fitzsimmons General Hospital at Denver; and was recently assigned to the 1st Auxiliary Surgical Group at Fort Sam Houston.

Capt. T. Wiley Hodges, MC, AUS, (*Or. 1941*) sends an account of his military activities:

> I entered the Service in July 1941, and was sent to Station Hospital, Ft. Bliss, Texas, for two months and then transferred to Station Hospital, Camp Bowie. After a year there I was transferred to Station Hospital, Camp Hood, Texas. All my work has been in orthopaedic surgery, so I have felt quite fortunate. Camp Hood is a [deleted] center with very active training, so the orthopaedic service has been most active.

Commander Joseph S. Barr, MC, USNR, (*Or.* 1929) whose promotion was mentioned last month, writes: "After a brief stay at the Naval Hospital, St. Albans, L. I., I've been transferred to the Bureau of Medicine and Surgery in Washington."

Lt. Thornton Scott, MC, USNR (*res. WM* 1939) is assigned to the USN Preflight School at Chapel Hill, N. C. He reports to the War Records: "I am at present "Chief of Medicine" and sole member of that department at the Naval Hospital recently commissioned here, and have just completed a series of lectures in neurology at the University of N. C. Medical School."

Lt. R. Starr Lampson, MC, USNR, (ES 1936) sends his address as Maine Maritime Academy, at Castine.

Lt. Marcus E. Farrell, MC, USNR, (WM 1934) is on duty at the Main Dispensary, US Naval Air Station, Jacksonville, Fla.

The Hospital mail bag brings another friendly letter from a recent graduate, Capt. William E. Flood (res. D 1942).

> I have been receiving "The News" and have enjoyed every issue. It is a wonderful feeling to read about what is happening at the M.G.H. and the friends who are in the service. When I first arrived in Boston I thought Texas was the only place on earth, but since I am back here I have reversed my thoughts. I thoroughly enjoyed every minute I spent at the M.G.H.
>
> I am rather amused at what goes on with the M.G.H. unit, because the Baylor unit is in about the same situation and the remarks of the units are about the same. Both "gripe" about fighting the war at their respective stations.
>
> Since coming with the service I spent three delightful months at Johns Hopkins, and then was sent here to Fort Sam Houston as Post Venereal Disease Control Officer. I have had a very nice syphilis clinic which I established, and through some miracle, not my own, the V.D. rate has dropped. I received my captaincy in December 1942, but at the present time have been relieved of all duty and am now impatiently awaiting orders.
>
> I should like to send my regards to Buchanan, Dick Carter, and Charles Derrick.

Capt. Charles E. MacMahon, MC, AUS, (*ES 1938*) is at the 111th Station Hospital, Camp Wheeler, Macon, Ga., and has been joined there by Mrs. MacMahon (formerly Elizabeth Galey, secretary in the Surgical Department). He writes of his earlier service: "While at Lawson General, many pleasant visits with Tom Ballantine and on one occasion Ed Cantlon up from Blanding."

After a nine weeks' Service of Supply Course at Fort Leavenworth, Kansas, Major C. F. Goeringer, MC, AUS, (*Or. 1940*) returned to Camp Edwards on February 1, and is once again chief of the orthopaedic service there. Major and Mrs. Goeringer (Mary Poules, MGH 1938, and later a staff nurse on the Emergency Ward) are living in Pocasset.

After service with the 114th Medical Battalion at Camp Edwards and at Fort Dupont, Del., Major Otto C. Yens, MC, AUS, (*CM 1930*) is now with the Medical Detachment of the 181st Infantry at Camp Framingham, Mass.

Major Reno R. Porter, MC, AUS, a research fellow in medicine here during 1939-41 and now a member of the 7th General Hospital, received this promotion in September 1942. He is still at the Lovell General Hospital at Camp Devens.

Lt. Comdr. Roy E. Mabrey, MC, USNR, (*a. in* S) after being transferred from the US Naval Hospital in Chelsea to the Naval Operating Base at Norfolk, Va., is now at a Naval Air Base in Maryland.

Lt. Joseph A. Holmes, MC, USNR, (*P 1936 & ES 1938*) was promoted to senior grade on October 1, 1942. He was assigned to the Marine Barracks in Boston early last year, and is now with US Marine Corps Unit No. 640.

Lt. Robert H. Barker, MC, USNR, (*WS 1937*) is now assigned to the Office of Naval Officer Procurement at Nashville, Tenn. He was previously at the US Naval Hospital at Norfolk, Va.

Lt. Comdr. George E. May, MC, USNR, (*a. obst.*) is at the Receiving Station, South Boston.

Capt. Henry L. George, MC, AUS, (*CM 1929*) is stationed at the Halloran General Hospital, Staten Island.

Capt. David R. Weir, MC, AUS, (*res. P, 1938*) is with the 4th General Hospital, the unit of the Lakeside Hospital (Cleveland), and is now on service overseas.

Major Howard W. Berg, MC, AUS, (*res. D 1936*) is on service overseas with the 91st Evacuation Hospital.

Lt. Comdr. Robert L. Thomas, MC, USNR, (*NS* 1933, *ES* 1936) wrote recently that he was medical officer of the USS "President Hayes" and that on February 25 he ended a year of active service:

> The frequency with which I have come across doctors from the M.G.H. has fascinated me, and I have no doubt it might truly be said that the sun never sets on men from there. Among those I have seen are Lt. Comdr. D. L. Farnsworth, USS "Solace," Lt. Joseph C. Placak, USN Mobile Hospital Unit #5, and Lt. A. W. Kitts, 1st Marine Regt. Only yesterday I was sitting on a door stoop waiting to see the Force Surgeon when another doctor sat down beside me. One word led to another, and he turned out to be Commander Tenney, USS "Argonne."

Major Ernest J. Radcliffe, MC, AUS, (*Or* 1925) who was first assigned to service at the Station Hospital at Bradley Field, Conn., has sent the following news of himself, from A.P.O. 865, c/o Postmaster, New York, dated late in December: "At present I am in charge of a new and very nice Station Hospital (150 beds) at an air base. My only complaint is that we don't have enough to do to keep us busy." Later news from Major Radcliffe would probably contradict this view.

Lt. Richard R. Carter, MC, AUS (*res. N* 1942) sends a line for himself and Lt. Leon F. Ray (*res. D.* 1939) to the War Records from the 46th General Hospital at Fort Riley, Kansas: "We have been here longer than the 6th G.H. was at their first station, and put on several retreat parades before they did."

Feb. 15, 1943

Dear Dr. Faxon:

My attention has been called to a recent news item in the Massachusetts General "News" in which this hospital was referred to as the second Harvard Unit. To be sure, this organization was activated after the 5th General, but we wish to correct any impression that this unit is second to any.

This organization has been operating its permanent (if anything is in these days) installation for more than seven months and has been treating the sick and wounded. Even more noteworthy is the fact that it has provided two portable hospitals which have seen action and rendered a most distinguished service. George Marks and Neil Swinton have had command of two of the best three medical units. So creditably have they performed their duties that they have been mentioned by the Surgeon.

So many of your former staff members are with this organization that you will be interested to know we are plenty busy doing the task we originally set out to do. We are actually bulging, and have patients under canvas.

One of the editorials in The Boston Herald of March 11 was called "Portrait of a Bishop." It is here quoted entire, and provides disinterested comment on Bishop Sherrill's little book about Bishop Lawrence. A brief notice of the publication of the book was made in our issue of last month. This editorial confirms our natural suspicion that merit would be found in this biography, and also suggests much pleasure in it for all readers:

> Perhaps "The days of our youth are the days of our glory" and we can't retrieve the joys of early manhood, but the late Bishop Lawrence would probably not have assented to the dictum of the poet. He had a youth of vigor and large accomplishment—but, as Bishop Sherrill says in the new little book of the Harvard University Press, the sturdy old Bishop "did more than endure old age: he made it a career of strong living and happy service to others." The readers of this good biographical monograph, "William Lawrence: Later Years of a Happy Life", will be many. It is a sort of supplement to Bishop Lawrence's autobiographical "Memories of a Happy Life". Some who peruse it may question, however, whether the nestorian Bishop was not as happy as the youthful one. The book indicates that he, too, exemplified the remark which Justice Holmes made on that memorable 90th birthday: "To live is to function, that is all there is to living!"
>
> The autobiography covered the Bishop's life from birth to 1926, but in the remaining fifteen years, crises arose which tested a man's soul and intellect more severely than the problems of the earlier period. Civilization and American democracy came under attack. Many of the old concepts seemed, to the younger generation especially, no longer valid. The aged Bishop responded as if he were in his very prime. He analyzed things with keenness and expressed his convictions boldly. He appeared to be a prophet whose vision became clearer with age.
>
> The heart and soul of the Bishop are more clearly revealed in this compact book, many will find, than in the more pretentious autobiography. A reader may conclude that Bishop Sherrill knew the old Bishop better than Bishop Lawrence knew himself.

This book has just been published by the Harvard University Press.

Previous to his appointment as Chief of the Dental Service, noted above, we could not claim for this list "Traumatic Surgery of the Jaws," by Dr. Kurt H. Thoma. It was published last August by the C. V. Mosby Company, St. Louis.

Another book by an MGH graduate should be mentioned, and later reviewed we hope. "A Surgeon's Fight to Rebuild Men," by Dr. Fred H. Albee (SS 1904) has just been published by E. P. Dutton & Co., New York.

The New England Journal of Medicine for Feb. 25 contains a letter to the Editor on the "Need for Medical Officers." Its signature discloses a promotion in rank for Comdr. Robert S. Palmer, MC-V(S) (*WM* 1927) and give his present duty as Senior Medical Officer at the Office of Naval Officer Procurement, 1st Naval District, Boston.

Civilian Health in Wartime. By Francis R. Dieuaide, M.D., Associate Professor of Medicine, Harvard Medical School; Physician, Massachusetts General Hospital. Harvard University Press, 1942.

In a book recently published, "Civilian Health in Wartime," Dr. Dieuaide has presented to the public, lay and professional, matter for very serious consideration. This excellent book could well be called prophetic in that it was published some time before actual rationing went into effect or the problems of food shortages and absenteeism became a matter of public concern. Dr. Dieuaide has documented himself carefully, and has very wisely drawn on British and German sources of information in order to record some very intelligent judgments on the problems associated with total war.

The volume, which is well arranged and easily read, specifically concerns itself with national health in relation to nutritional needs, safety from infectious diseases, proper shelter and clothing, the peculiar problems of motherhood and the position of women in the present crisis, the problems of the aged, and the problems of mass industry under pressure. Finally, Dr. Dieuaide presents a very adequate picture of medical practice and medical obligations as they exist at the present time. Inasmuch as the book is written for laymen as well as for physicians, much of the material is given in simple, uncomplicated form. There is, however, a good deal that is of statistical value in the various tables provided, and the book could very easily form the basis of a proper and scientific consideration of many of the major medical problems attendant on war and postwar periods. Furthermore, references to the literature are frequent and very pertinent.

Dr. Dieuaide has recognized the faults of our own system, as well as those existing in England and on the continent, but has wisely referred to the experiences of both England and Germany in their attempts to produce better community health or better military and industrial health, as the case may be. Certainly, in the present conflict anything that can be learned from either friend or enemy should be utilized, and Dr. Dieuaide has done so very satisfactorily. Although not strictly a sociologic or economic treatise, his book provides an excellent background against which the present-day problems stand out in clear relief for careful consideration, including the whole subject of morale, propaganda and postwar aims.

The chapters on nutrition are essentially sound and are detailed enough to demonstrate the dietary inadequacies due to fads and the necessity of considering nutrition from the point of view of the maintenance of robust good health rather than from that of just avoiding deficiency disease. He points out very correctly that a varied diet may be quite unsatisfactory and is often merely unnecessarily expensive. The fallacies of commercial advertising as regards specific food problems and vitamins are fully and properly delineated, although he admits that "there is a long way to go before Americans as a whole approach their optimal nutritional state." The need for a greater community awareness of prophylaxis against infectious and contagious disease is strongly emphasized, with a good deal of detailed information that the general public should have if it were a thinking unit. Very logically he points out the rather obvious fact that intelligent reductions in diet and heating may produce better health, rather than otherwise, and that food and fuel rationing are not the calamities they superficially appear to be.

Birth control, problems of infant feeding, and care of the mother receive adequate attention. In a short review it is impossible to deal with the many subjects covered, except to note that they are discussed. The entire volume is well prepared in a very orderly fashion and represents a real contribution for thoughtful readers.

CHESTER M. JONES.

It is reported in a recent Journal of the A.M.A. that the names of Lt. Perry J. Culver (*EM* 1942) and Lt. John Homans, Jr. (*WM* 1942) were included among the ten highest in the class of student officers who graduated on January 9 at the OTC for Army Air Force Medical Department Officers at Miami Beach, Fla. The class numbered more than 600 officers and comprised about one third medical department officers.

Last month Lt. Comdr. Theodore C. Pratt's (*ES* 1929) service "at the front" was mentioned, but an equally brief entry in the recent Harvard Medical Alumni Bulletin says more: "With Marines in Solomons."

Lt. Comdr. James C. White, still active here in addition to his military service at the Chelsea Naval Hospital, shares two letters from former members of his staff. Lt. Comdr. John T. B. Carmody (*NS* 1934) writes as a member of USN Mobile Hospital No. 6:

> Censorship regulation now allows us to say that we are stationed somewhere in New Zealand, more than that must rest on speculation. We have been very busy, and I have had much to do neurosurgically; in fact up to date it has been an active service with many gunshot cranial cases, the type one would never see in civilian practice.

Lt. Hannibal Hamlin, MC, USNR (*res. NS* 1942) sends technical and other comments on his service both ashore and aboard a hospital ship.

> I have been converted to intraspinal lipiodal for diagnostic use. Had great success with it at Pearl Harbor and particularly on a very important officer at a critical time who had a mid-line 4th disc; returned to his ship on the 16th day. Fortunately we had an excellent x-ray man from U. of Calif.
>
> Despite many gripes I have been better off than most neurosurgeons out here. Some good experience at Pearl Harbor, with too many sterile gaps, and now some months of excellent experience on the "Solace," handling war wounds of all kinds. Little neurological work but invaluable nonetheless. Now I am being transferred to an advance base section, which should be a real opportunity to get at the material early. With air transport there is great need for the availability of neurosurgery in amphibious warfare, quite different from the usual naval action requirements. Censorship will not allow me to cite cases and observations. I can say that Jack Carmody has been getting some good material. Anyway it's an amazing war.

Major Thomas S. Claiborne, MC, AUS, (*WM 1934*) has been serving with the 43rd General Hospital. This unit was organized more than eighteen months ago as the Emory University Hospital Unit, and was activated on September 1, 1942, at Camp Livingston, La. A similar unit, Base Hospital No. 43, served at Blois during the First World War.

Dr. Louis Nathan (*Or. 1930*) has been with the Veteran's Administration since June 1, 1942. After a six weeks' training period at the Veterans' Hospital in Minneapolis, he was transferred to Pittsburgh, where he has been doing the orthopaedic examinations and surgery at the Veterans' Hospital there. He writes that most of the patients are veterans of World War I.

In medical annals the term "aviation medicine," or one to correspond with it, will date from this war. Its problems must remain military secrets for the present, but THE NEWS has been glad to receive a general description of one phase of the work from Dr. LeMoyne White (EM 1942). He wrote from Hangar No. 2, Washington National Airport, Transcontinental & Western Air, Inc., Intercontinental Division, to tell what he may of the work in which he and Dr. R. Bretney Miller (a. in M) are there engaged:

> It is fairly difficult to give you a complete picture, as our work is strictly military in nature. All told there are three of us in the Medical Department, with some 1600 personnel under our care. Of these 600 are on active flight service, and some 300 additional ground personnel are in the foreign field.
>
> Our work covers personnel here in Washington as well as those stationed outside the country. We have many of the problems of aviation medicine, but do not concern ourselves with the special needs of flight personnel involved in active combat duty. Ours is entirely transport work operating under the Air Transport Command. We have plenty of medical practice to keep us busy, with the added interest that problems in aviation medicine and tropical medicine present.
>
> Although none of us have as yet been actually stationed in the foreign field, trips outside the country for the survey and care of personnel are necessary.

Following this Dr. O. H. Pearson (WM 1941) sent to the War Records a brief report of another branch of the air service and the men attached to it. Dr. Pearson writes as a Medical Director, Pan American Airways, Africa-Orient Division, under contract with the U.S. Army Air Transport Command:

> In Africa from February to December 1942. The "first M.G.H. unit in Africa" consisted of Drs. Gordon E. Jones (ES 1939), Leonard P. Eliel (EM 1942), Robert P. Tucker (WS 1940) and myself. We had an interesting experience in tropical medicine, the highlights of which are to be reported shortly in "War Medicine." The Army took over in December 1942 and Jones was transferred to the Alaska Division, Eliel and Tucker to the Atlantic Division, and myself to the new Africa-Orient Division of Pan American Airways.

Dr. Eliel recently sent to the War Records a few facts about himself. After eight months as a medical officer at a main base hospital on the Gold Coast in Africa, he returned to the United States in December. His present assignment, still with Pan American Airways, is at La Guardia Field, N. Y.

Another phase of aviation medicine is mentioned by Capt. W. J. Tobin, MC, AUS, (Or 1939) in sending an account of his service.

> This is my second tour of duty at Fort Benning, Georgia, having been here after I left Boston and before I returned to civilian practice in Washington. I was recalled to active duty last April, going first to Walter Reed General Hospital and then being reassigned here. I am still interested in the "parachute injuries" and am gratified to report that the incidence among the jumpers is remaining incredibly low.

Major Albert G. Engelbach, MC, AUS, a former assistant director here and since 1937 director of Cambridge Hospital, is now with the 87th General Hospital at Fort Devens, "working as operations and training officer of the unit."

* * *

Lt. Col. Thomas H. Lanman (ES 1918) is now with the 10th Station Hospital, USA, and has been made Commanding Officer of that hospital. His address is APO 813, c/o Postmaster, N. Y.

Lt. Col. Ralph F. MacDonald, MC, AUS, (*ES* 1922) was inducted into the service on March 5, 1941. He is with the 210th F. A. Battalion and writes from Fort Lewis, Wash.: "Have no particular news but am delighted to hear from the M.G.H. Kindest regards."

Major Edgar S. Gordon, MC, AUS, (*P* 1935) is with the 44th General Hospital. He received his commission in June 1942, and was first assigned to Fort Knox. He is now at Fort Sill.

Capt. I. H. Jaffee, MC, AUS, a former graduate assistant in the Allergy Clinic, has been transferred from Fort Devens to the McCaw General Hospital at Walla Walla.

Lt. Benjamin L. Huntington, MC, AUS, (*WM* 1940), recently at the LeGard General Hospital at New Orleans, is now at the Nichols General Hospital at Louisville.

Major Walter M. Bartlett, MC, AUS, (*CM* 1927) who received his first commission as a Lieutenant, was given this second promotion in July 1942. His first assignment was at the Lawson General Hospital at Atlanta. He is now with the 16th General Hospital at Camp Bowie, Texas.

Capt. Ephraim P. Engleman, MC, AAF, who was a research fellow in medicine here during 1941-2, received this promotion in rank on January 22, 1943. He is still at Hammer Field, Fresno, Calif.

Lt. Col. Francis D. Pierce, MC, AUS, (*r.p.* WM 1931) was advanced in rank from Major on January 14, 1943. He is still Commanding Officer of the 59th Station Hospital, which is now at Camp Young, Indio, Calif., and of a sizable young camp Station Hospital recently added to it.

The War Records reports that Dr. Donald Murnaghan, a research fellow and graduate assistant in Medicine, 1940-2, received his commission as Flight Lieutenant, RCAF, and that this rank is equivalent to Captain. He is at No. 2 Initial Training School, Regina, Saskatchewan.

Major Louis A. Goldstein, MC, AUS, (*res. O 1937*) is attached to the 19th General Hospital. This unit was made up almost entirely of staff members of the Rochester (N. Y.) General Hospital, and has been on duty at Camp Livingston, La. Major Goldstein sends word that he is to be at the Mayo Foundation at Rochester, Minn., until April. He was formerly Assistant Professor of Orthopaedic Surgery at the University of Rochester.

Major Morton M. Pinckney, MC, (*WM 1932*) gives news of himself in late January and reports that Dr. W. Taliaferro Thompson (*r.p. 1941*) is also in service:

> I was commissioned Sept. 13, 1940, and our unit was activated May 15, 1942, at Camp Lee, where we have been sitting ever since. Our unit is composed principally of staff members of the Medical College of Virginia many of whom received their post-graduate training in Boston, among them William Taliaferro Thompson, who was at the M.G.H. in 1940-1. Others have trained at the Brigham or City.
>
> There is little news to report, and that's no military secret. Our unit excels at volley ball and Russian bank, with a modicum of medicine on alternate Tuesdays. We have enjoyed "The News" greatly, and hope to read more of our friends' activities.

Dr. Thompson holds the rank of Lieutenant, MC, AUS, and sends news of himself in response to our inquiry:

> "The News" did much to recall my very pleasant and profitable year at M.G.H. I appreciate your interest and have enjoyed the several issues.
>
> About myself—I have been expecting foreign service momentarily for over a year. I was a medical resident at the Medical College of Virginia when called to active service as a 1st Lieutenant on October 13, 1941, and held a reserve commission in the Medical Corps. Although I worked in the Station Hospital at Camp Lee, I requested assignment to the then inactive 45th General Hospital. This was granted, so when the 45th G.H. was activated on May 15, 1942, I was transferred.

Present members of the staff of the Ashford General Hospital at White Sulphur Springs, W. Va., include Capt. Frank L. Bauer (*P* 1941) and Capt. Samuel B. Kirkwood, (*WS* 1934). Captain Bauer has seen previous service in Station Hospitals at Camp Robinson, Ark., and Camp Maxey, Texas; Captain Kirkwood had been assigned to service with the Marines.

Lt. Henry C. Thacher, MC, AUS, (*CM* 1942), after his first assignment at Fort Devens, has been with the 50th Station Hospital at Fort Custer, Mich., and recently at Camp Lee, Va.

Major Wyland F. Leadbetter, MC, AUS (*a.u.*) writes to the War Records from the 33rd General Hospital, Fort Jackson, S. C.: "We're waiting patiently (?) for foreign service. In the meantime this is our place of business."

In completing his War Records blank, Lt. Col. Gilbert T. Hyatt (*WS* 1931 & *Or.* 1934) gives Mar. 5 as the date of this latest promotion, his third since entering the service. His present assignment is Chief of the Surgical Service at the Station Hospital, Camp Devens.

Capt. William P. Huber, MC, AUS, (*res. D 1937*) went into service in the spring of 1941 as a 1st Lieutenant. Until recently he was Battalion Surgeon, with the 305th Engineer Battalion, 80th Infantry Division, at Camp Forrest, Tenn. He is now with the 106th Infantry Division at Fort Jackson, S. C.

Capt. Luke Gillespie, MC, AUS, (*a. obst.*) of the 98th Evacuation Hospital (motorized) is on detached service with the 30th Evacuation Hospital (mtz.) He is at present chief of the surgical service, and the 30th E.H. is on manoeuvres in Louisiana.

Major T. V. Urmy, MC, AUS, (*a.p.*) on service at the Station Hospital at Camp Chaffee, Ark., writes that he was "recently elevated to Chief of Medical Service."

Dr. Walter E. Vest, Jr., a recent graduate assistant, is now a 1st Lieutenant, MC, AUS, at the Station Hospital, Camp Chaffee, Ark.

Capt. A. C. van Ravenswaay, MC, AUS, (*P 1934*) writes from the Station Hospital at Jefferson Barracks, Mo., where he is Chief of the Medical Clinic.

Capt. George B. Beaman, MC, AAF, (*a. Psychi.*) has recently been appointed chief of the neuropsychiatric section of Station Hospital at Jefferson Barracks.

Major William A. Perkins, MC, AUS, (*ES* 1917) has been on duty at Fort Douglas, Utah, and is now at the Station Hospital, Camp White, Ore.

Lt. Col. Donald McNeil, MC (*Or.* 1930) sends word of his service and assignment: "The 51st Evacuation Hospital, a Sacramento, Calif. hospital unit, was activated Oct. 15, 1942 at Fort Lewis, Wash. We are still here but hope to be moving on soon."

Capt. Edwin R. Durno, MC, AUS, (*ES 1929*) received his commission and went into active service on October 30, 1942. He had been with the Barnes General Hospital in Vancouver, Washington (the Medical Reserve Pool); the Fitzsimmons General Hospital at Denver; and was recently assigned to the 1st Auxiliary Surgical Group at Fort Sam Houston.

Capt. T. Wiley Hodges, MC, AUS, (*Or. 1941*) sends an account of his military activities:

> I entered the Service in July 1941, and was sent to Station Hospital, Ft. Bliss, Texas, for two months and then transferred to Station Hospital, Camp Bowie. After a year there I was transferred to Station Hospital, Camp Hood, Texas. All my work has been in orthopaedic surgery, so I have felt quite fortunate. Camp Hood is a [deleted] center with very active training, so the orthopaedic service has been most active.

Commander Joseph S. Barr, MC, USNR, (*Or.* 1929) whose promotion was mentioned last month, writes: "After a brief stay at the Naval Hospital, St. Albans, L. I., I've been transferred to the Bureau of Medicine and Surgery in Washington."

Lt. Thornton Scott, MC, USNR (*res. WM* 1939) is assigned to the USN Preflight School at Chapel Hill, N. C. He reports to the War Records: "I am at present "Chief of Medicine" and sole member of that department at the Naval Hospital recently commissioned here, and have just completed a series of lectures in neurology at the University of N. C. Medical School."

Lt. R. Starr Lampson, MC, USNR, (ES 1936) sends his address as Maine Maritime Academy, at Castine.

Lt. Marcus E. Farrell, MC, USNR, (WM 1934) is on duty at the Main Dispensary, US Naval Air Station, Jacksonville, Fla.

The Hospital mail bag brings another friendly letter from a recent graduate, Capt. William E. Flood (res. D 1942).

> I have been receiving "The News" and have enjoyed every issue. It is a wonderful feeling to read about what is happening at the M.G.H. and the friends who are in the service. When I first arrived in Boston I thought Texas was the only place on earth, but since I am back here I have reversed my thoughts. I thoroughly enjoyed every minute I spent at the M.G.H.
>
> I am rather amused at what goes on with the M.G.H. unit, because the Baylor unit is in about the same situation and the remarks of the units are about the same. Both "gripe" about fighting the war at their respective stations.
>
> Since coming with the service I spent three delightful months at Johns Hopkins, and then was sent here to Fort Sam Houston as Post Venereal Disease Control Officer. I have had a very nice syphilis clinic which I established, and through some miracle, not my own, the V.D. rate has dropped. I received my captaincy in December 1942, but at the present time have been relieved of all duty and am now impatiently awaiting orders.
>
> I should like to send my regards to Buchanan, Dick Carter, and Charles Derrick.

Capt. Charles E. MacMahon, MC, AUS, (*ES 1938*) is at the 111th Station Hospital, Camp Wheeler, Macon, Ga., and has been joined there by Mrs. MacMahon (formerly Elizabeth Galey, secretary in the Surgical Department). He writes of his earlier service: "While at Lawson General, many pleasant visits with Tom Ballantine and on one occasion Ed Cantlon up from Blanding."

After a nine weeks' Service of Supply Course at Fort Leavenworth, Kansas, Major C. F. Goeringer, MC, AUS, (*Or. 1940*) returned to Camp Edwards on February 1, and is once again chief of the orthopaedic service there. Major and Mrs. Goeringer (Mary Poules, MGH 1938, and later a staff nurse on the Emergency Ward) are living in Pocasset.

After service with the 114th Medical Battalion at Camp Edwards and at Fort Dupont, Del., Major Otto C. Yens, MC, AUS, (*CM 1930*) is now with the Medical Detachment of the 181st Infantry at Camp Framingham, Mass.

Major Reno R. Porter, MC, AUS, a research fellow in medicine here during 1939-41 and now a member of the 7th General Hospital, received this promotion in September 1942. He is still at the Lovell General Hospital at Camp Devens.

Lt. Comdr. Roy E. Mabrey, MC, USNR, (*a. in S*) after being transferred from the US Naval Hospital in Chelsea to the Naval Operating Base at Norfolk, Va., is now at a Naval Air Base in Maryland.

Lt. Joseph A. Holmes, MC, USNR, (*P 1936 & ES 1938*) was promoted to senior grade on October 1, 1942. He was assigned to the Marine Barracks in Boston early last year, and is now with US Marine Corps Unit No. 640.

Lt. Robert H. Barker, MC, USNR, (*WS 1937*) is now assigned to the Office of Naval Officer Procurement at Nashville, Tenn. He was previously at the US Naval Hospital at Norfolk, Va.

Lt. Comdr. George E. May, MC, USNR, (*a. obst.*) is at the Receiving Station, South Boston.

Capt. Henry L. George, MC, AUS, (*CM 1929*) is stationed at the Halloran General Hospital, Staten Island.

Capt. David R. Weir, MC, AUS, (*res. P, 1938*) is with the 4th General Hospital, the unit of the Lakeside Hospital (Cleveland), and is now on service overseas.

Major Howard W. Berg, MC, AUS, (*res. D 1936*) is on service overseas with the 91st Evacuation Hospital.

Lt. Comdr. Robert L. Thomas, MC, USNR, (*NS* 1933, *ES* 1936) wrote recently that he was medical officer of the USS "President Hayes" and that on February 25 he ended a year of active service:

> The frequency with which I have come across doctors from the M.G.H. has fascinated me, and I have no doubt it might truly be said that the sun never sets on men from there. Among those I have seen are Lt. Comdr. D. L. Farnsworth, USS "Solace," Lt. Joseph C. Placak, USN Mobile Hospital Unit #5, and Lt. A. W. Kitts, 1st Marine Regt. Only yesterday I was sitting on a door stoop waiting to see the Force Surgeon when another doctor sat down beside me. One word led to another, and he turned out to be Commander Tenney, USS "Argonne."

Major Ernest J. Radcliffe, MC, AUS, (*Or* 1925) who was first assigned to service at the Station Hospital at Bradley Field, Conn., has sent the following news of himself, from A.P.O. 865, c/o Postmaster, New York, dated late in December: "At present I am in charge of a new and very nice Station Hospital (150 beds) at an air base. My only complaint is that we don't have enough to do to keep us busy." Later news from Major Radcliffe would probably contradict this view.

Lt. Richard R. Carter, MC, AUS (*res. N* 1942) sends a line for himself and Lt. Leon F. Ray (*res. D.* 1939) to the War Records from the 46th General Hospital at Fort Riley, Kansas: "We have been here longer than the 6th G.H. was at their first station, and put on several retreat parades before they did."

Feb. 15, 1943

Dear Dr. Faxon:

My attention has been called to a recent news item in the Massachusetts General "News" in which this hospital was referred to as the second Harvard Unit. To be sure, this organization was activated after the 5th General, but we wish to correct any impression that this unit is second to any.

This organization has been operating its permanent (if anything is in these days) installation for more than seven months and has been treating the sick and wounded. Even more noteworthy is the fact that it has provided two portable hospitals which have seen action and rendered a most distinguished service. George Marks and Neil Swinton have had command of two of the best three medical units. So creditably have they performed their duties that they have been mentioned by the Surgeon.

So many of your former staff members are with this organization that you will be interested to know we are plenty busy doing the task we originally set out to do. We are actually bulging, and have patients under canvas.

Everybody is well and the weather is warm and for the most part clear.

This organization has a splendid commanding officer in Colonel Raymond O. Dart, who has built an administrative staff that functions smoothly and accomplished much. As well you might imagine, the problems have been many and difficult. The sick and wounded here get the best.

We suspect the 6th General is off by now and wish them the best of luck.

With kindest regards to you and all our friends at the hospital.

Sincerely,

Gus Thorndike.

A. Thorndike, Lt. Col., MC, AUS
105th General Hospital, A.P.O. 923
San Francisco, Calif.

To this should be added the more recent information that Colonel Thorndike, with this promotion, is now Commanding Officer of the unit, and that the writer of the following letter to The News, Lt. Col. Edwin F. Cave, has become chief of its surgical service, also with promotion in rank:

14 March 1943

To the Editors;—

I have been asked by Lieutenant Colonel Thorndike, Commanding Officer of the 105th General Hospital, APO 923, to send you a brief report of our organization, so that the Massachusetts General Hospital may know something of our unit and its work. We have been in this Theater of Operations for several months (Censorship forbids giving the number), and after spending one month in staging areas, we began active hospital work and care of patients. Since that time, our Hospital has grown steadily both in construction in buildings and in the number of patients admitted. Naturally the census of the hospital varies from time to time, depending upon the amount of activity at the Front. At one time, however, the number of patients was several times the usual census of the Massachusetts General Hospital.

We realize that we have been fortunate in getting to work so early in the war, and all in all, we have been having a very interesting time. The types of cases treated have varied from the usual routine of those seen in civilian practice to the most extensive battle casualties. We are particularly proud of the extraordinary good work our two Portable Units have done near the Front Lines.

This Unit is sponsored by the Harvard Medical School, and the Officers of the professional staff, representing the Massachusetts General Hosptal, are:

Thorndike
Cave
Greene
Marks
Baker
Sheldon
Newell
Clifford
Ham
Coons
Crosby
Kaufmann
Kneisel
Rowe
Thompson
Albright
Dahl
Pier
Lambert
Snow
Yee

Our geographical location has been very satisfactory, and since we are not in a large city, it is occasionally possible for us to see some of the countryside. The weather for the most part has been delightful. Our hottest time of the Summer, which is now drawing to a close, was Christmas Day, when the thermometer registered 95 degrees.

We think the "Massachusetts General Hospital News" is a great publication, and we look forward with keen interest to receiving it. We know that the Massachusetts General Hospital can function perfectly without us, but nevertheless we shall be glad to be back there at work again when the war is won.

Our kindest regards to our friends at the Hospital.

Lieutenant Colonel Cave had earlier sent informal word of the service of the 105th to Dr. F. A. Washburn and to Dr. Faxon:

We are proud of the work our portable units have done in the jungle near the front lines. They accomplished a hard job very effectively under most trying climatic conditions. The recent smashing victory over the Jap convoy approaching New Guinea has given us a great boost, and we look forward to more such triumphs.

We think of our many friends in No. 6 and wish them well and hope they are hard at work now. We shall look forward to seeing all of them when this scrap is over, unless we should be fortunate enough to meet them before that time. Walter Garrey paid us a visit not long ago and we have heard from Charles Johnson.

Please remember me to the staff members—we hope to see you before many months roll by—but we are here to finish our job.

...—V...—

Colonel Goethals' welcome report to Dr. Faxon of the transfer of our unit to North Africa was dated February 25 and written from Headquarters 6th General Hospital, A.P.O. 668, c/o Postmaster, New York:

One month to the day elapsed between our departure from our quondam station and our arrival in the Theater of Operations. The history of this unit will reveal dates, routes and incidents in due course, but for the moment censorship forbids all but a few details.

Our trip to the Port was uneventful and was conducted by Captains Heyl and Sullivan with all the "aplomb" of veteran transportation officers. Debarkation was effected in a convoy, the conduct of which spoke highly for the efficiency of the Army Transport Service. For myself I can only say that, as a veteran of two wars, I had no more qualms at crossing the sub-infested sea at my present ripe age than I had on R.M.S. "Saxonia" in 1917 when I was a callow and enthusiastic youth in my twenties. The nurses had a rush of officers at their beck and call and were organizing their "dates" at so much time per day per escort before the journey ended. There was a gentle sea, and an infinitesimal incidence of *mal de mer*.

Four officers,—Captains Ingalls, Holland, Sturgis and Ludwig,—and twenty-four nurses are temporarily on detached service, but we hope to get them back before long. Colonel Talbott was detached from us for duty with the Office of The Quartermaster General the day before we sailed: this, despite a long distance telephone call to The Surgeon General requesting that the order detaching Talbott be rescinded!

It will intrigue you and Colonel Washburn both to know that we are being set up in a college and an associated school. Shades of the *Lycée de Talence* of 1917! Much work has been done to convert the buildings for their projected use, and we are gratified by the progress made before our arrival. We are well quartered, amply fed on field ration "B", and in a climate reminiscent of Boston in late May. Our setup in many respects is reminiscent of the White Building, believe it or not. The Surgeon has done us proud, and we are ready to go into action after our equipment is sorted and set up and a little more construction has been accomplished.

Best regards from us all to all at the Massachusetts General Hospital.

From Lt. Col. James R. Lingley, through the X-ray Department, comes a delightfully informal supplement to Colonel Goethal's letter:

Well, aren't we in luck? It's worth all the time at Blanding to have fallen into a situation like this. To begin where I left off on the ship's log, the remainder of the voyage was quite uneventful. Our landing was held up . . . during which we remained on the boat looking longingly at dry land and studying as much as we could see of the city through field glasses. We disembarked after dark and were taken in ambulances through a complete black-out, still without the faintest idea of where we were going but expecting to be parked in tents or even shelter-halves somewhere outside the city limits. What was our surprise to have the convoy turn in at the most beautiful park-like grounds and deposit us in front of a magnificent cement and marble palace!

The *Collège des Jeunes Filles* is now the 6th General Hospital and if the school is any indication, the young ladies must have been multi-millionaires. By additions here and there and by much remodeling, we are making it over into a hospital. . . . The classrooms are becoming wards, an operating suite has been added and we are taking over a large garage for wards. The officers of field grade are at present billeted on the girls' dormitory floor which is constructed entirely of marble. Each of us has a booth in which there is a bed with straw mattress, a small bureau, mirror, sink with running water.

We expect to be here only about ten days, as this floor will be used for officer patients and we shall be billeted in hotels or private homes. Every department is getting a place to work in that exceeds its wildest expectations—except the X-ray Department. We are getting the only wooden building in the place and it is a very old French antique which cannot be torn down because of historical reasons. However, we arrived just in time to cancel the contemplated remodelling plans and I have submitted my own plans of just how I want it laid out. Gee, it's wonderful to have a real job of work to do and to be so busy that there's no time for anything else. Our first patients are arriving so we must do everything at double time to get ready for them.

I'm sorry I can't tell you the name of the city. It is a vacation resort with a climate about like that of Southern California. About half its population is Berber, and half French. French is the predominant language and practically all the stores are French. The houses are all made of cement and stucco and some of the buildings are very beautiful. There are department stores that look very much like Fifth Avenue. Every store, however, looks like the day after a bargain sale, the stock being depleted to a few articles no one would think of buying. I have seen no slums yet—the entire city being composed of stores and very large modern-looking apartment houses. On every corner there is a café with tables out on the sidewalk, and these places are very well patronized, the French people apparently parking there most of the day while they drink wine and watch the passers-by. The passing throng is really something to watch, too. I doubt if you find so many different costumes anywhere else in the world. The Arab males wear white robes or burnooses, and are the most evil looking cut-throats you ever saw. The females wear white robes and are veiled so that only their eyes are visible.

The French are very easy to get along with. They are very polite. The women are the last word in beauty culture. There are innumerable varieties of native military uniforms most of them remarkable for their bright colors. Then there are the French soldiers and sailors, English, Canadian and Australian soldiers, and plenty of American soldiers and gobs. It is better than any circus just to stand on a street corner and look.

THE NEWS

No. 8 Boston, Mass. May 1943

The Massachusetts General Hospital is proud to learn that Lt. Comdr. Theodore C. Pratt, M.C., U.S.N.R., (*ES* 1929) has been decorated with the Navy Cross, for "extraordinary heroism and distinguished service in the line of his profession as chief surgeon of a division field hospital on Guadalcanal during the period August 7 to September 24, 1942."

This, the first reported award of a military decoration to a member of the Hospital staff, was announced recently by the Fifth Naval District. The citation accompanying the medal states the uncommon quality of service implied by this distinguished award.

"While enemy planes repeatedly bombed the area and surface craft shelled the hospital, Lieutenant - Commander Pratt coolly and courageously attended the daily casualties which came under his care, operating and supervising the treatment of the wounded, at all times maintaining a high standard of efficiency. His fine professional skill and outstanding devotion to duty were in keeping with the highest traditions of the United States Naval Service."

Lieutenant Commander Pratt, commissioned in July 1941, went on active service in September, first at the Chelsea Naval Hospital and then with the 1st Marine Division at New River, N. C. Last December he was for a time a patient of his colleague, Lt. Comdr. Howard B. Sprague, at USN Mobile Hospital No. 6.

One vessel of the convoy carrying General Hospital No. 6 to North Africa was so badly damaged by accident, not by act of the enemy, that it could not proceed. Four of our officers and twenty-four of our nurses were compelled to turn back. We are happy to say they have rejoined their companions and are busy with them at the hospital that is being rapidly developed somewhere in North Africa.

Lt. Col. Horatio Rogers (*ES* 1925) sends an appreciation from General Hospital No. 6 via the War Records return:

> We are profiting to the full from our auxiliary supply of MGH instruments and equipment. They don't grow on trees in N. Africa, nor, for that matter, in Medical Supply Depots. We appreciate the work you and others put into that project more and more as we get busier.

May 12 is Hospital Day. This day will be observed nationally, and special emphasis will be placed on the need for candidates for the schools of nursing. At the present time other fields of work seem to offer more immediate advantages and returns. Do your part in calling to the attention of any well-qualified girl this opportunity for "War Work With a Future."

"War Work With a Future" is the slogan adopted for the nursing program sponsored by the General Federation of Women's Clubs, the American Red Cross, and the National Council for War Service. "The best thought and effort of all of us are needed to win the war on the health front and to apply the skills of medicine and nursing to the healing of the war-torn world."

The Hospital will observe Monday, May 31, as a holiday in celebration of Memorial Day on Sunday, May 30.

In his address at the 75th Anniversary celebration of the Harvard University Dental School, President Conant announced further changes in the dental education program at Harvard. The degree of D.M.D. is to be awarded only on completion of the course, which is to be reduced from five to four years (or three years under the accelerated wartime schedule). Students may register subsequently in the Medical School to qualify for the M.D. degree, to be conferred on the completion of one and a half additional academic years (or one calendar year) of study.

During the dinner meeting a portrait of Dr. LeRoy M. S. Miner, dean of the dental school, was unveiled and presented to him by the alumni, of whom more than four hundred were present. The portrait is the work of Bernard M. Keyes, A.N.A.

Another tribute to Dr. Kazanjian, is received from Major M. S. Strock (*dn. s.*), a member of General Hospital No. 5:

> In studying British methods of treatment of facio-maxillary wounds it is interesting to see how well the lessons of World War I have been remembered. The advances of this war have been in the crystalization of ideas and in the standardization of methods of treatment. There are differences in the American and British methods, but they are not fundamental ones. The influence of Kazanjian's pioneering is constantly felt, and the esteem in which he is held is ample evidence of the soundness of his teaching in the last war and in the interval since then.

With the departure of workers to higher-paid and defense jobs, the Hospital faces a constant problem in maintaining even a skeleton staff for routine care of the wards and upkeep of the buildings. To meet this shortage the War Hospital Service Corps has been organized to offer opportunity for service to the many women who are anxious to share in the wartime effort but hesitate to offer their help because their time and experience seem to them too limited. The following letter, planned by Mrs. Lois D. McCoy, Director of Personnel, has been sent to 285 women's clubs and church organizations. You can help by calling the plan to the attention of anyone who has a little time and a real wish to share in this emergency.

> We are making an appeal to the women of Greater Boston to give four hours of service once a week to hospital work. We hope response will be made in the same spirit that actuates women who go overseas to work under pressure in base hospitals. Civilian hospitals have been listed as essential activities. They safeguard the civilian population that stands behind the armed services. They protect you and yours.
>
> The Massachusetts General Hospital is under severe pressure because of lack of help. Our number of maids, ward helpers, and orderlies is 33% below normal. This means less help for our nurses; more detail for them to carry. And we have 39% fewer graduate nurses than normal for bedside care in our 968-bed hospital.
>
> We have formed a new group, the War Hospital Service Corps, for women coming in to help because of the need due to war conditions. College students and teachers are signing up for solid blocks of full-time work during the summer. They will be paid the regular rate for the job they do. Housewives and other women in the community are coming in for one or more mornings a week, with pay of 45¢ an hour.
>
> The War Hospital Service Corps can safeguard the security and continuity of the hospital service. Its members are needed to sweep floors, dust, wash down beds, wash dishes, take trays to patients. Those who have nursing aptitudes will learn to make a bed with a patient in it, and to perform similar bedside duties. Others will fill emergency vacancies until regular full-time workers can be secured.
>
> We expect to find 200 women to help the Massachusetts General Hospital by working four hours, preferably in the morning, once a week. The War Hospital Service Corps has begun its service. The pioneers are Radcliffe girls and a group of club women from Lexington. They say it is a job worth doing. Will you help?

On April 19 the Lexington group came in as usual, although they were scheduled to (and did) march, later in the day, in the Patriots' Day parade in old Lexington.

New appointments made by the Board of Trustees on March 19 and April 2 are:

Dr. Oscar F. Cox, Assistant Urologist
Dr. Robinson L. Bidwell, 2nd, Research Fellow in Surgery from March 17 to July 1, 1943, when he becomes a Surgical Intern
Dr. John R. Paul, Jr., Resident Physician on the Children's Medical Service beginning Aug. 1, 1943
Dr. James Solomon, Resident on the Neurology Service for one year, beginning Sept. 1, 1943
Dr. Emery O. Lewis, Assistant Resident Radiologist, beginning July 1, 1943
Hunter H. Comly, Intern on the Children's Medical Service, beginning Feb. 1, 1944.

Dr. Cox is a former member of the Hospital Staff. He was an Assistant in the Urology Department, 1925-7, and Assistant ~~Urologist from~~ 1927 ~~until~~ 1936.

The Inter-Staff teams for the Surgical Department, April 1 - June 30, are given below. As mentioned in the February issue, the Surgical Department has arranged these schedules to meet the exigencies of the wartime one-year internship, and to give the house officers in series a three-months service in the private wards under a tutorial system. The assignments for team, intern, and staff are:

No. 1 Robertson, C.; Drs. A. W. Allen, R. H. Wallace, G. W. Donaldson, Phillips House Courtesy Staff
No. 2 Richards, D.; Drs. J. V. Meigs, G. P. Hayden, F. A. Simmons, F. M. Ingersoll
No. 3 Fawcett, D.; Drs. L. S. McKittrick, V. H. Kazanjian, H. K. Sowles, O. Cope, J. W. Spellman, G. S. Speare, Blood Bank
No. 4 Mixter G.; Drs. C. C. Simmons, R. H. Sweet, H. C. Marble, C. C. Miller, R. K. Brown
No. 5 Rosenman, L.; Drs. R. H. Smithwick, C. G. Mixter, S. G. Jones, I. T. Nathanson, E. B. Benedict, Obstetrics
No. 6 Robie, T.; Drs. R. H. Miller, E. L. Young, E. M. Daland, E. Hamlin, Jr.
(Patients of Dr. C. Lyons to be covered by House Officers assigned to White 12.)

The next Medical Staff Meeting will be held on May 17. Dr. Alan R. Moritz, of the Department of Legal Medicine at the Harvard Medical School, is to be the speaker. He will discuss medico-legal problems.

Copies of the Staff Bibliography for 1941-2 have been mailed to Hospital members. Titles to the number of 264 are included.

The seventh Harvey Society Lecture, to be given on April 15 at the New York Academy of Medicine, was announced as "Sterilization of Air with Glycol Vapors," by Dr. Oswald H. Robertson (*WM* 1914), professor of medicine at the University of Chicago School of Medicine.

Dr. Harold W. Stevens (*CM* 1914, *EM* 1916) was recently elected president of the Massachusetts Public Health Association.

The annual session of the House of Delegates of the American Medical Association will be held in Chicago, beginning Monday, June 7, 1943. Among the six delegates from Massachusetts are Dr. Walter G. Phippen (*SS* 1906) and Dr. Richard H. Miller (*ES* 1911). Delegates from the Sections and Government Services are Dr. Henry R. Viets (*n.*) who will represent Nervous and Mental Diseases, Rear Admiral Harold W. Smith, M.C., U.S.N., (*SS* 1903) representing the United States Navy, and Brigadier General Larry B. McAfee, the United States Army. General McAfee will be remembered by members of Base Hospital No. 6 in World War I as Captain McAfee and Adjutant to the unit.

Major John C. Snyder (*WM* 1939) has gone overseas as a member of the USA Typhus Commission to coördinate military, government, and civilian efforts against typhus.

Dr. William H. Sweet (*NS* 1939), now at Queen Elizabeth Hospital in Birmingham, England, is Consultant in Neurosurgery to the Midlands Region.

Lt. Col. John H. Talbott (*a.p.*) gives his present assignment:

> Relieved from duty with the 6th General Hospital at the Port of Embarkation and assigned as Commanding Officer of the Climatic Research Laboratory at Lawrence, Mass. This laboratory was established by the Army Ground Forces for the study of food and clothing for the soldier. It comprises a cold chamber, jungle chamber, a physiology laboratory, chemical laboratory and a department for the study of subsistence.

◆

On March 30, 1943, Dr. W. Holbrook Lowell died at his home in Winchester. He was sixty-seven years old. Dr. Lowell was born in Halifax, N. S., and as a boy of twelve came to Newton with his family. He was graduated from Harvard in 1898, and from the Medical School in 1902. After internship at the Boston City Hospital and the Massachusetts Eye & Ear Infirmary, he entered the practice of ophthalmology and served continuously on the staff of the Infirmary. On his retirement in 1935 he was appointed consulting ophthalmic surgeon, and continued his interest in teaching surgery to the House Staff. His service on the staff of the Massachusetts General Hospital was that of consulting ophthalmic surgeon, 1924-1935. Dr. Lowell was widely recognized for his surgical methods, especially in operations for squint, and for his contribution to the literature of his specialty. From 1924 to 1935 he was Secretary of the Board of Surgeons in Ophthalmology.

His son, Capt. W. H. Lowell, Jr., MC, AUS, whose service is noted in another section, was an assistant medical resident in 1939-40.

The Harvard University Press includes in a recent announcement the following notices and descriptions. The "Handbook" by Dr. George C. Shattuck (*EM* 1906) and Dr. Charles G. Mixter (*WS* 1907), has been exhausted in its first printing. A second edition, which will include much revised material, is now in process:

Handbook of Health for Overseas Service. By G. C. Shattuck and C. G. Mixter. 1943. (210 pp. $1.25)

> A compact pocket guide to medical treatment explaining in non-technical language how the laymen, out of contact with medical help, may best cope with disease or injuries. Water-resistant materials are used in this book, which is prepared chiefly for aircraft pilots. Not for public sale. It is offered only to physicians and, in wholesale lots, to agencies engaged in overseas activities.

To this the New England Journal of Medicine for February 18 adds further details:

> This volume was prepared for the Co-ordinator of Information, Washington, D. C., now known as the Office of Strategic Services. Its purpose is to act as a guide for non-medical men who travel where medical services are not available. It covers such subjects as food, drinking water, camp hygiene, clothing and first aid, with a brief discussion of many diseased conditions that may be encountered. It is reasonably comprehensive, covering ailments of the tropical and arctic regions. A list of the drugs and surgical equipment that should be available is included.

Selection of Officer Candidates. By W. L. Woods, L. Brouha, and S. S. Selzer in collaboration with C. W. Heath, A. V. Bock, J. M. Flumerfelt, and F. L. Wells. 1943. (51 pp. $.75)

> Describes the rationale, results, and tests used in selecting young men most apt to succeed as officers in our armed forces.

Of these authors four have Hospital affiliations: Dr. William L. Woods (*a. Psychi.*), Dr. Clark W. Heath (*WM* 1928), Dr. Arlie V. Bock (*WM* 1917), and Dr. Frederic L. Wells (*Psychol.*).

Still attached to Hdq. Sqn. VII, AFCC, APO 639, NY, but now with the status of an officer, Sgt. John T. Keating, a long-term employee of the Store, sent a card while on leave in London: "I have always wanted to see London and here it is, still very much alive and unbeatable." Sergeant Keating's interest in London is only for the duration, according to a later letter from Northern Ireland:

> One of the biggest thrills overseas, outside of visiting the City of London, was when I received the January and February issues of the Hospital NEWS. It was like a letter from home, which in reality it is, for it brought with it so many cherished memories of years at the Hospital and of Boston. I am looking forward with pleasure to receiving future copies. Many thanks.

THE NEWS will be glad to have information about employees who have gone into service.

Lt. Henry C. Thacher (*CM* 1942) sent the following account of his service to Dr. Allan M. Butler, his former chief:

Feb. 24, 1943

The Army has treated me pretty well to date. At Lovell General for a month on a gastro-intestinal ward, and thence to Fort Custer to join my present unit. We trained in Michigan in the field and lecture room, and in September were sent here. The Camp Lee Station Hospital (2000 beds) took over our professional group, and we have been busy on their wards ever since. I have had a mild respiratory ward (includes anything from meningitis to snuffles with a fever), and have sorted over quite a bunch now, sending the sick ones elsewhere and attempting to get the mild cases out in a hurry because of the constant pressure for beds.

Our therapy isn't very academic, I'm afraid. I've used chemotherapy in perhaps 20% of the severe pharyngitis, tonsilitis, and bronchitis cases. On the so-called atypical pneumonia's, those with chest findings by X-ray, it has no effect as has been pointed out. It does seem to shorten the course of some of the others, purely a clinical impression.

Recently I have acquired a severe respiratory ward as well, and we see some lobar pneumonia, some undulant "virus" pneumonia, much chronic bronchitis and the suspects (very little open tbc, of course). On the whole I have been lucky to have been so close to clinical work. I have seen two pediatric cases only; little did I realize how fortunate I was at MGH. I certainly do miss it.

My best to you and friends there.

Sincerely,
HENRY THACHER

50th Station Hospital
Camp Lee, Va.

Scissor-work on the part of the censor cut down the information about the 160th Station Hospital sent by Capt. J. Wallace Zeller (*WM* 1935) himself a remnant of that unit:

The hospital is located on the grounds of an estate. There was a good deal of mud and coal smoke when we first arrived. The former difficulty is now completely overcome, and with the advent of warm weather the latter should be less troublesome. The hospital is well built. The wards, of large Nissen hut construction, are attractive and well lighted. There is sufficient space between the buildings to make a bicycle almost a necessity.

Of the medical officers who were sent from the original MGH unit there are now —— remaining. Needless to say, we have been very sorry to see each man go. In the past few days we have learned that Capt. Garrett Sullivan is to be assigned to another hospital unit [10th Station Hospital under Colonel Lanman] in need of a good ophthalmologist.

Our present location allows us to get off to London from time to time for short leaves. Judging from my experience there about six weeks ago, there is no dearth of MGH alumni in the city. I ran into Captains Tom Worth, Phinizy Calhoun, Gordon Saunders and Cavanaugh.

We have heard of the recent [transfer of G.H. No. 6] and are looking forward to future issues of THE NEWS for information concerning that organization.

Capt. Howard Ulfelder (*ES* 1939), of the same unit, added these comments to his War Records form:

We have moved to a new hospital site on the grounds of a pleasant Tudor estate in England. Spring is tip-toeing around and gives promise of a delightful season ahead. We are moderately busy.

In Boston there was no sign of spring until last week, but literature on farm gardening is available in the Personnel Office.

From Commander H. B. Sprague we again have interesting news from our naval unit in the Pacific:

Dear NEWS: 14 Mar. 1943

I have been waiting to report to you about our group until we were released from certain censorship regulations. Since last August, when we arrived, we have been part of the staff of USN Mobile Hospital #6, which landed here just in time to care for the casualties from the early part of the island campaign. The necessity for continued work in this area has resulted in our becoming USN Base Hospital #4, and now it can be told that our address is Wellington, New Zealand, c/o Fleet Post Office, San Francisco.

Except for Frank Hunter, who is detached, all our M.G.H. men have been transferred to this new activity in their same capacities. Since January 8, when our regular Navy Executive was detached, I have been acting executive officer and have the same job in Base #4. Charlie Johnson was promoted to Commander last month to rank from last July, and we made him chief of medicine, which he accepted with good grace and the necessary ability. Kennard ranks just under the chief of surgery, McGinn runs the major work of the medical wards, Carmody has neurosurgery.

We can report no casualties in our group, no citations, and no decorations. At the moment I see no likelihood of any of these. We haven't much glamour but have a lot of interesting work. Our best to all of you.

To this should be added comments made by Commander Johnson and quoted from his return War Records blank. He claims his title is "due purely to seniority," and that "the Executive Officer deserves more credit than anyone else for its proper functioning. One feels great pride in this hospital."

Lt. Robert S. Hormell, MC, AUS (*Or.* 1942), with the 27th Station Hospital writes that he is "a neighbor of Lieutenant Placak's, and living at present in a palm grove on a sandy beach. Lt. Charles Mixter is based near here." Word has come that Lt. Charles G. Mixter, Jr. (*WS* 1942), a flight surgeon with the Air Evacuation Transport, has received his promotion to Captain.

Major Frank B. Cutts (*WM* 1934) is with the 48th Evacuation Hospital:

We have recently arrived in India, where they have bigger rains, elephants, snakes, worms, leeches, centipedes, scorpions, cockroaches, etc. etc. than any place I know of. Our habits will soon be exemplary, as liquor and tobacco are practically collectors' items. Our medical work hasn't started yet but promises to be fascinating when we get under way.

And with this letter of March 19 from Captain Victor G. Balboni, MC, AUS (*WM* 1942) report is now made to the MGH from the four points of the compass:

Several days ago the mail came in, the first we have received since before Christmas. I was delighted to receive the M.G.H. NEWS, and to hear of the exciting and interesting new assignment of General Hospital No. 6. It is fascinating to see where we are scattered to.

For the past ten months I have been overseas at a base north of the Arctic Circle where I am chief of the medical service and medical supply officer of the 190th Station Hospital. On January 5, was promoted to Captain, MC, AUS. Up here where the temperatures range to 67 below zero we feel very sorry for those in the tropics.

The following, from Major Frederic W. Ilfeld (*Or.* 1937) gives news of him and of Capt. Carl E. Horn (*Or.* 1940):

I am assigned to the 78th General Hospital as chief of the orthopaedic section. Our unit is in training, and my present job is Plans and Training Officer. Before coming to the 78th, I was at the Station Hospital, Camp Callan, Cal., as chief of the orthopaedic section. While there we had an active service of about 160 beds. For a few months our unit was stationed at Camp White, Ore., where I saw Captain Carl Horn, who is chief of the orthopaedic section of that section hospital and incidentally doing a marvelous job.

Major Henry F. Howe (*r.s.* 1934) received this promotion on April 10 at the Station Hospital, Camp Kilmer, N. J., where he "spent some delightful evenings with members of the 6th General, several of whom were kind enough to present papers before our staff. They were in high spirits and raring to go."

An interesting account of General Hospital No. 6 on the high seas, and the safe crossing of the major part of the unit, can be presented through permission to publish these paragraphs of an informal letter from Captain Hamilton.

Aboard U.S.A.T. 10 Feb. 1943

We pulled out very quietly in the wee small hours the other morning and are at present riding the high seas in fine shape. We are, so far at least, in convoy. It certainly is reassuring to see the ring of escorting vessels on the horizon. Our ship is a good-sized one, but very well populated. Cols. and Lt. Cols., are treated to the luxury of a small double room with beds and a bath. Majors are in bunks, three deep, six to such a room. Our rooms are a little larger, with bath, and nine (count 'em) of us. I am in the uppermost by the port.

The men are packed in pretty tight, as you might well imagine, but it isn't as bad as I had feared. There are two or three officers up there with them at all times, and they sing a lot. They have free access to most decks, so they go out when they want to. That helps a lot. There is no smoking on deck after dark; decks are cleared at 9 P.M., and rules about throwing trash overboard are very strict. This last, of course, is so we won't leave a long long trail winding behind us.

It has been rolling a bit, especially when we cut across the waves, and a few of the boys are a bit woozy, but nothing serious. Our gravest inconvenience is that we must use cold salt water to keep clean. That isn't too bad. I use an ounce or so from my canteen to wet my shaving brush, and get along well.

Later

I have forsaken Col. King's palatial room this morning and am seated atop my bunk, feet hanging over and typewriter on knees. The sea is flattening out but there is still some roll. Almost everyone has his sea legs by now. Since the weather will be very old stuff by the time this letter reaches you, it won't do any harm to talk a little about it. It has been a lot like early June on Cape Cod except that there has been no fog. Occasionally we get a light rain, but for the most part it has been partly cloudy; occasionally warm enough to go on deck without a field jacket, but usually it is a welcome addition. Overall we wear a life jacket of kapok, which as you know, is quite warm. These are known as Mae Wests because most of the padding is where hers is.

Each day we have at least one "abandon ship" drill; it is surprising how quickly they get everyone out on deck. Whenever we go up for our turn around we wear our belt with canteen so that if they have a drill we won't have to buck the line to go back for ours.

One or two mornings we have been treated to gun drill. The first morning it came as a

From Dr. Allen information has been received about the following. Major Richard Chute, MC, AUS, (*ES* 1929) writes to him from Carlisle Barracks, Pa.:

Days are busy, with breakfast at seven, drill, an average of seven lectures, and about two hours of study per night. However, I like it, and this, the medical "West Point" of the Army, is a great place to be. We are getting a lot of medico-military "dope."

Capt. George F. Emerson, MC, AAF, (*ES* 1940) describes active service at San Antonio Aviation Cadet Center. He wrote on March 22, while "finishing up a 5-day quarantine for German measles I managed to catch during an O.D. tour."

I want to thank you and Colonel Churchill for remembering me at Christmas. The card with notes from both was a grand idea. Hearing from people at home brings a warm comfortable feeling which nothing else can duplicate. The M.G.H. NEWS each month helps to let us know what is happening, but I frequently wonder how the East Service is getting along—who is Resident, Asst. Resident and all. It would certainly seem good to make rounds again.

So far the Army has treated me very well, however. I have been stationed in San Antonio ever since I entered on active duty and have been at this hospital all but the first month. Along with many others I spent the first month in Officer Training School. That was almost completely a non-medical month during which we had courses in military law, courtesy, correspondence, intelligence, chemical warfare, plane identification and so forth. In addition half of each day was spent in drill and physical training. This school has now closed and all officers receive such training elsewhere. It was a good introduction to the Army for those of us who knew so little about it.

Following that I was assigned to the station hospital and have remained on the surgical service ever since. The hospital is not yet a year old but already has 1000 beds. I spent about two months at first as assistant ward officer learning about routine, records, etc. Then when the hospital expanded I was assigned to a ward of thirty patients for which I am now responsible.

During the first period another fellow and I had charge of all infections and pilonidal cysts. At present, I have clean surgical cases—hernias, appendectomies, veins, traumatic lacerations, etc. While we do not have as big a variety of cases as a general or civilian hospital, we have an unusual opportunity to see many acute abdomens. In the age group of the cadets, appendicitis is the most common surgical condition, but we see many cases of enteritis, ureteral calculus and traumatic strain as well as other differentials which include shingles, abdominal tuberculosis, German measles, rheumatic fever, and amoebiasis. So far we have not had a perforated ulcer. This is not a large list, but it provides many cases to think about and we all have cases to operate—an average of five or six a week. We feel most fortunate in being on active surgical service. The Air Force is a fine branch of the Service to be with, and I am more than glad I joined it.

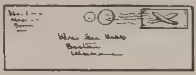
Lt. John McL. Morris, MC, USNR, (*ES* 1942) sends a good account to Dr. Allen, despite the usual restrictions: "They don't like you to write where you are, what you're doing, what anyone else is doing, or what the weather is like."

It certainly was nice to receive your Christmas card. I feel very far removed from the old hospital and it's most comforting to find that you are not completely forgotten. I guess I am rather far removed at that—in fact I am a good deal nearer Tokio than the U.S. just now. After a short stay at Quonset Naval Air Station, I was sent to Norfolk, and from there to the Pacific. I am at a so-called secret advance base at the moment.

I haven't had a chance to do much surgery, but I went through a fine course at Norfolk which included rifle, pistol, and machine-gun firing, hand grenade throwing, bayonet practice, and other allied arts. How much use this will be to me in post-war civilian life, I do not know. I have a jeep and a Colt .45, which consoles me somewhat, and I've had a chance to observe Japanese marksmanship (good, but not good enough, obviously).

I hope to come back to the MGH for more training when this is all over, but perhaps that is looking too far ahead. I think it will be some time yet. We have the Japs on the run in some of these outlying sectors, but we have a long way to go.

Thank you again for your Christmas card, and please give my best wishes to my friends back on the services.



A member of the Hospital staff has received from Lt. Louis K. Dahl, MC, AUS, (*r.p. WM* 1942) an account of his special assignment "down under." Lieutenant Dahl is with the 105th General Hospital.

About mid-December I returned from a stretch of two and a half months in the Australian "bush." Members of the unit have been detached for six to eight weeks' service with various Australian hospital units, and, since they had enjoyed their stays uniformly, it was with pleasure that in September I heard I was going. Another member of our group went with me.

After a long slow ride in a very poor train which stopped at every crossing and hitching post, we arrived at our destination, a little old Australian camp hospital, the only unit for a training area. In addition to ourselves, there was an Australian major, who had retired from practice in 1937 and offered himself and services in 1939 for whatever purpose they could be used.

The hospital was a station home (we would call it a ranch house, but on the super-deluxe side) on one of the largest properties in that part of the sheep country—some 80,000 acres. Its hospital facilities consisted mostly of bed space, plus a little equipment, and I do mean little. But with it, we managed to take care of the men surprisingly well. We had six sisters (nurses to you and me; the term has no religious connotation) plus five or six VAD's (Volunteer Aid Detachment) all of whom were pleasant. The sisters were very well trained; down here the routine course is four years, and most of them take post-graduate training in such things as obstetrics (midwifery down here), pediatrics, etc. They were independent, willing to take and carry out responsible jobs. For instance, these girls often made decisions at night as to whether we should be called for admissions; they often treated the burns after we had looked at them; I think in the entire stay out there, I did not do more than half a dozen dressings, yet we always had from six to fifteen on the wards. All in all, it made an ideal set-up for us.

Our lab. facilities were meager as you might suspect: a 'scope (obtained only after the Americans started going there) plus a lamp, hemacytometer, Wright's stain, methylene blue, and that's about all. Small as this was, it gave us a sense of security, far outweighing its actual value. Reared as we were in the age of dependence on lab. work, it somehow added confidence to our decisions. Perhaps for the first time in my medical career, I used my clinical judgment to its fullest, without benefit of high-powered aid, both laboratory and consultant.

But it was not the medicine that meant most to me. It was the people I came to know and respect. Foremost was the major in charge of the hospital. He didn't do much on the medical side; after he found we did the work satisfactorily, he left it pretty much up to us and just tended to administrative details. But he and I struck up a friendship somehow, and I came to enjoy him more than has been my pleasure with most people. He was a little, gray-haired man, kind and friendly, with a mind as sharp as a new blade, well read, a student of English literature, a mild Greek scholar, a raconteur who could relate his past experiences with refreshing and delightful manner.

Through him I came to appreciate their custom of tea-time. With three regular meals a day, then morning tea at ten-thirty, afternoon tea at three-thirty, and supper at nine (dinner is called just tea), it seemed at first a great waste of time, as perhaps it is in war-time. But, I found that it was not the complete loss I had envisaged. In the first place, it is a nice break in the day, just from the physical standpoint. In the second place, it has a sedative effect on a mind (and probably coronaries) running at too high a speed, letting little things upset one—the typical American manner, so to speak. Thirdly, it provides a pleasant interlude for discussion, intellectual or otherwise. With the typical American conception of sitting down to food, I thought at first the only reason for tea time was to eat. As I watched the Australians, I found most of them ate very little, that the time was spent in talking or listening. (Don't think I am suddenly looking down my nose at Americans, I still think the country and the people are the best anywhere.)

Through this same major we were invited out to the surrounding "stations"—ranches you and I would call them. Here we were treated like veritable kings and eminent visitors from afar. For most of the people out there, we were the first Americans they had ever seen, and their kindness and generosity knew no limits. With gas rationing in effect, and far more stringent than at home, it was no small sacrifice for us to be taken sometimes as far as sixty-five miles away. And had gas rationing not been in effect, we would have gone even further; we had numerous week-end invitations, none of which we could accept.

The station homes were fairly large, always one-storied affairs, with big porches. They usually have a tennis court, always have horses, at least one or two of which are race horses. In peacetime, station life must be luxury indeed. At present they have considerable trouble in getting enough help, transportation is no small problem, and some supplies are difficult to obtain.

The land itself was not pleasant. It was dusty, dry, hot, with a few clumps of grass in the paddocks (fields to us) here and there the gums (eucalyptus trees) rising up, half of them naked and dead: flat as far as the eye could see. The flies were thicker than hell—we wore nets during the day when outside. But withal, when my time to leave came, I found that I had grown to like it; I found that I had become a member of the little family there at the hospital; I had been accepted as one of the community in that region; I had grown to like the Australian soldier, and I think he had liked me. For the first time since I left my folks in Seattle, I was just a bit homesick the day I pulled out.

When I arrived back here on December 11th, I found our hospital had at last come into its own. All the new buildings were in use; the grounds were blooming; the place was full of patients who had been at the front. We were in fact, as well as name, a hospital for the American war casualties.

Capt. Gustav G. Kaufman (*r.p.* 1941) another member of General Hospital No. 105, sends enthusiastic word of it:

The hospital has gained a great reputation for itself and, as you may know, is now under the command of Col. Augustus Thorndike, a great honor for a reserve officer. This is my greatest experience. Greetings to all.

Word about Major Charles P. Sheldon (*ES* 1931) gives him this promotion in rank as of November 20, 1942, and states that he is executive officer of the 105th General Hospital.

* * *

Returns from the second questionnaire sent out by the War Records have brought much interesting information about Hospital members in service:

The assignment of Capt. Henry M. Hills, MC, AUS (*Or.* 1942) is with an evacuation hospital. After a short course of lectures in London, and with this promotion in rank on April 1, he has returned to active duty with the hospital.

Capt. Louis G. Johnson, MC, RCA (*P.* 1940, *EM* 1941) has been for some time with the 17th Canadian General Hospital.

Lt. Ralph W. Hunter, MC, USNR (*r.p. N.* 1939) is on service at a North Ireland Naval Base Hospital.

Major Robert L. Patterson (*Or.* 1935) received this promotion on December 20, 1942. He is with the 2d General Hospital, a unit of the Presbyterian (NY) Hospital now serving overseas.

Major Rafe N. Hatt (*Or.* 1919) is with the 3d Surgical Auxiliary Group, acting as orthopaedic consultant to a general hospital in North Africa.

Capt. Arthur M. Bassett, MC, AAF, a research fellow in Medicine here in 1941, received this promotion in January and is now with a service squadron overseas.

Lt. Comdr. H. Irving (*WS* 1924) was called into active service on January 1, 1943, at the Chelsea Naval Hospital. He was then transferred to a naval base in California, and is now with a construction battalion in the Pacific.

On active service since February 1942, and with advancement in rank as of June 15, Lt. Comdr. Robert L. Thomas (*NS* 1933, *ES* 1936) has been for some time senior medical officer aboard USS "President Hayes."

Lt. Richard D. Nies, MC, USNR (*An.* 1941), promoted on August 4, 1942, is serving in the Pacific with a division of aviation.

Lt. Col. Russel H. Patterson (*ES* 1919) is assigned to the Letterman General Hospital, San Francisco.

Major Richard P. Stetson (*WM* 1928), detached from General Hospital No. 7, has been with the Station Hospital at Camp Bowie, Texas, since March 15.

Capt. George F. Sutherland, MC, AUS, (*a. Psychi.*) is ward officer at Darnall General Hospital, Herrington Lake, Ky.

Capt. Carl B. Beeman, MC, AUS (*P* 1934) went into service as a member of the 36th General Hospital (Wayne University Unit, at Omaha. Since last August he has been on detached duty at the Station Hospital Annex, Fort Warren, Wyo.

Lt. Comdr. Robert F. Legge (*Or.* 1935) is now with Advance Base Hospital No. 3.

Capt. Luther M. Strayer, MC, AUS (*Or.* 1939) writes from his assignment overseas with General Hospital No. 39, a Yale University unit.

> Russ Fuldner (*Or.* 1940) and I are on the job out here together. THE NEWS is a great morale builder. We enjoy every issue immensely, and whoever had the idea of sending it to all of us out here should be thanked tremendously. It does help a lot. Our work is just beginning to shape up, and the machinery is working very smoothly, for which we are glad.

Lt. Hugh Montgomery (*EM* 1932) reports "plenty of work to do, under excellent auspices":

> Medical Specialists Unit No. 31, from the Hospital of the University of Pennsylvania, comprises the greater part of the medical staff of the Hospital Ship "Solace" but there are three M.G.H. representatives: Jesse T. Nicholson [*r.s. Or.* 1933] in charge of orthopedics, Dana L. Farnsworth [*WM* 1935] neurology and psychiatry, and I (medicine).

Lt. Hannibal Hamlin (*r.s. N* 1942) also saw several months' service aboard the "Solace."

In connection with the service of these men the War Records calls attention to an account in the *Army and Navy Journal* for April 3:

> Details of the medical care of more than 4000 land, sea and air casualties in the South and Southwest Pacific have been announced by the Bureau of Medicine and Surgery, disclosing encouraging results. The story is told in two reports. One is by a group of medical officers aboard a hospital ship operating in the Pacific at the time. . . .
>
> During an extended period beginning with the Solomon Islands offensive in August 1942, the hospital ship cared for 4039 patients. They represented almost every type of wound—rifle and machine gun bullets, shell fragments, severe burns, skull fractures, penetration of chest and abdomen, infections and many more. Many fell on Guadalcanal, others in sea engagements and in aerial combat. In some instances patients were aboard the hospital ship a few hours after being wounded. About two thirds, however, had received initial treatment at base and field hospitals ashore before being placed aboard the ship for evacuation to the mobile hospital at Auckland. Among all the 4039 cases, only seven deaths occurred. . . . Most of the patients were in "excellent condition" when taken aboard, especially those who had received prior treatment at field and base hospitals. Predominating among Marine casualties were shell and grenade fragment wounds, bullet and bayonet wounds and compound fractures. . . .

Among the authors of this report, Lt. Comr. J. T. Nicholson is named. The *Journal* continues with a quoted portion of it.

> "Bullets often caused no more trauma (injury) than might be expected if an icepick were suddenly thrust through a part and pulled out. Into these simple wounds sulfathiozole was sprayed and a pressure bandage of elastic webbing was applied. A patient with a through and through wound of the leg or thigh was usually able to be up and walking four or five days from the time of injury, and the wounds were healed in a week to ten days. We have not seen a single case of infection develop in a patient treated in this manner."

...—V...—

News of the following commissions and assignments has been received recently by the War Records and THE NEWS:

Lt. Donald V. Baker, MC, AAF, (*ES* 1943); Camp Carlisle, Pa.
Lt. Lemuel Bowden, MC, AUS, (*ES* 1942); 2d Medical Training Battalion, MRTC, Camp Pickett, Va.
Lt. Bradford Cannon, MC, AUS, (*a.Surg.*); Valley Forge General Hospital, Phoenixville, Pa.
Lt. Henry S. Fuller, MC, AUS, (*WM* 1943); Carlisle Barracks, Pa.
Lt. Comdr. Saul Hertz, MC, USNR, (*a.in M*); Naval Air Station Hospital, Pensacola, Fla.
Lt. Edward C. Lambert, MC, AUS, (*EM* 1943); Carlisle Barracks, Pa.
Lt. Oglesby Paul, MC, USNR, (*WM* 1943); South Boston Receiving Station
Major George C. Prather, MC, AUS, (*ES* 1925); Ashford General Hospital, White Sulphur Springs, W. Va.
Capt. William H. Snyder, MC, AUS, (*WS* 1933); 73rd Evacuation Hospital
Lt. John B. Stanbury, MC, USNR, (*WM* 1941); Naval Medical School, Bethesda, Md.
Lt. Lewis A. Vance, MC, USNR, (*P.* 1937, *r.p.* R 1939), Office of Naval Officer Procurement, Boston
Lt. Benjamin V. White, MC, USNR, (*res. fel. Psychi.*), Garrett Park, Md.

The present address for Capt. Alfred Yankauer (*CM* 1941), who has been with the 38th Evacuation Hospital, is 51st Medical Battalion, APO 302, c/o Postmaster, NY.

Capt. Henry B. Garrigues, MC, AUS (*WS* 1939), first assigned to the Field Service School at Carlisle, Pa., has received this promotion in rank and is attached to Company A, 82nd Armored Medical Battalion, 12th Armored Division at Camp Campbell, Ky. He is in charge of a "very mobile" small hospital designed to keep up with the division in action and care for casualties. As part of his training for such work Captain Garrigues was ordered to return to the M.G.H. as a member of the March 29 section of the series of courses for army medical officers being given here at the request of the Surgeon General's Office.

In February, when Capt. W. H. Lowell, Jr., MC, AUS, (*a.r.p.* 1940) sent these interesting details about his work with the 52nd Service Group Hq. & Hq. Squ., he was at a bombing and gunnery range in the Carolinas. His present address is A.P.O. 402, c/o Postmaster, Nashville, Tenn.

> At present I am commanding officer of the medical troops attached to the Group. It is a job of organization, planning, training in all military matters, and learning how to abide by Army regulations. Still we try to do good medicine, and I think we are doing it from all reports.
>
> Our main mission in the field, in addition to caring for our group personnel, will be to keep them flying, establishing a small mobile hospital, procuring, storing, and distributing medical supplies to combat plane groups. The flexibility of the set-up is amazing. We shall see, when actually tried.

SIXTH
GENERAL HOSPITAL
HEADQUARTERS

GENERAL HOSPITAL NO. 6 IN NORTH AFRICA
(*Showing Lt. D. S. Ellis, Lt. E. L. Cantlon, Capt. T. H. Ingalls*)
This picture was received through the kindness of Major Herbert P. MacNeal, M.C., transport surgeon aboard the vessel that carried the delayed officers and nurses of the 6th General to rejoin the unit in North Africa. Other pictures, taken aboard ship and at destination, are on display in the Brick Corridor and the Archives Room.

complete surprise. All of a sudden it sounded like all hell had broken loose. It appears that the ship which is to practice runs up a red flag, and shortly thereafter away they go. The tracers are what make it interesting, for without them there would be very little except noise. They leave the muzzle as a white flash which very soon changes to a red ball. It resembles, more than anything else, a rocket, but it has a much flatter trajectory, goes much faster, lasts lots longer, and doesn't explode (No stars!). To us who have done shooting it is fascinating, for you follow the course of your bullet.

I know Ann will be delighted to hear that we had some of her beloved blimps over and round us on the first day out. It wasn't so very rough, but there was a good wind blowing and let me tell you they can have their job. Those things rolled and pitched like bucking broncos. We are now escorted by seaplanes put off from escorting vessels.

We eat two meals a day in three shifts. I eat at 7:30 and 4:30. A bit of a gap in between, but we manage on chocolate bars. The food is plentiful and delicious. To our surprise we eat at tables, with table cloths, abundant silverware (no licking your fork so it will be clean for the pie) and good table service. I am getting used to eating two meals a day, and ride along beautifully on "Eskimo pie" which is dispensed at noon each day. But don't think for a minute that I don't pack the food away when the occasion arises.

We get a great kick out of the pleasure our nurses and civilians are getting from walking around trailed by innumerable second lieutenants. They are of course greatly outnumbered by the men, and are in their glory.

Later

Yesterday was warm and cloudless, with an almost flat sea; just a gentle roll to the ship. Today scattered clouds again, but still very warm and pleasant. Yesterday they distributed booklets on North Africa, so we may assume that is our destination, or we are being fooled.

It is surprising how well the men have acclimated themselves to their crowded living quarters. The first thing they wanted to know was whether the Colonel had to wash and shave in salt water; when they found he did, then they were happy.

It was about 8:00 A.M. a week ago that we cleared ——, so it is safe to assume we are now over half way across. The old ocean is really flat, and has been for some days. One interesting thing happened the other night, though we knew nothing about it until the next day. Seems that shortly after midnight one of the destroyers in the outer screen of the convoy spotted a lighted boat. He approached her, found her to be a Portuguese merchantman. She was boarded, searched, and allowed to proceed, though I suspect it will be unhealthy for her to use her radio for a few days. Seaplanes from escorting vessels cavort around and about most all day. The vessels in the convoy are continuously changing their relative positions, and the group changes its position so often you have no idea except by the weather where we are or where we are going. To stand on deck you'd swear we've been going north-east ever since we left the U.S.

Meals continue to be excellent, and I have been getting to bed very early for several reasons: I am tired; there is nothing else to do; these two-foot-wide bucket-shaped so-called beds require 10 hours for 6 hours' sleep—and if I stay up I'll get hungry again.

This admirably comprehensive letter gives a later picture of the unit as established and in operation:

HEADQUARTERS 6TH GENERAL
HOSPITAL
A. P. O. #668
New York, New York
March 16, 1943

Dear Dr. Faxon:

Administrator ad Administratorissimum, te saluto! The foregoing effusion is due to the fact that for the past three weeks and more I have been a consulting mason, carpenter, electrician and,—say it softly,—plumber! As always, in wartime, the pendulum swings from morbid inaction to hectic action, and we are now in the climactic stage of the latter.

When I last wrote you, we had just arrived. Our first patient was an evacuee from the combat zone via airplane on February 27. He had been in an automobile smashup, had suffered fracture of two dorsal vertebrae, and had been plaster-jacketed in another hospital. He was ambulatory, however, and was evacuated to the States four days later.

During the week of March 1 to 8 we began to admit officer patients. On March 8 we started to draw patients wholesale from a neighboring hospital which was in process of being closed. We set up beds as rapidly as they could be unpacked, drew the necessary supplies for furnishing the wards, made space therefor by shifting equipment, and managed to keep just about one jump ahead of the sheriff. At midnight on the 7th we had 66 patients in 78 beds; 226 patients in 304 beds on the 8th; 340 patients in 394 beds on the 10th, and 499 patients in 571 beds on the 15th.

We have been, and still are, handicapped by incompleteness of supply. The X-Ray department is functioning adequately if in (temporarily) cramped quarters, pending completion of construction of the X-ray building. We have two de-luxe hospital sterilizers, in both of which essential parts were damaged in transit and are now under repair. In the meantime surgery proceeds on a small scale, aided by a borrowed field sterilizer.

All the time construction goes on. The plumbing is French,—need I say more?—but is being modernized as rapidly as facilities available will allow. Electricity from the town current is not reliable, but we have four 30-Kilowatt Diesel-driven generators which are being installed, which will eventually tide us over in emergencies. The marriage of American electric plugs with French sockets can never be consummated, so much plastic reconstruction on the male mate is always necessary.

Everyone is working hard. Our doctors are learning that no one escapes paper work, but they are accepting this hard fate philosophically. The nurses are doing what all nurses have done since Florence Nightingale,—performing adequately and efficiently with limited and often improvised supplies. The men are doing a yeoman job in all branches and departments.

This is but a skimming of our problems, but no one knows their background better than you do. If I were to quote chapter and verse I should talk for three (3) hours without drawing breath. Hence, while I can but hit the high spots, I am in strong hopes that this and subsequent letters will give you at home some shadowy form of our substance.

Sincerely yours,
T. R. GOETHALS,
Colonel, Medical Corps,
Commanding.

THE NEWS

No. 9 | Boston, Mass. | June 1943

Sewell H. Fessenden, President of the Corporation, died at his home in Brookline on Tuesday, April 27, 1943. Elected in 1919, he served as Trustee of the Massachusetts General Hospital for twenty-four years and, in addition, held the office of Vice President from 1940 to 1942 and that of President from February 1942 until his death. He was also Chairman of the General Hospital, Baker Memorial, and Finance Committees, and had served on the building committees for the Baker Memorial, White Building, and the Chapel. He was particularly helpful in guiding and protecting the finances of the Hospital and in directing the investment of the funds. No detail was too small nor any task too great to enlist his time and energy. His wise counsel was appreciated by all who had the privilege of working with him.

In the Trustees' Minutes for April 30, 1943, Bishop Sherrill, Chairman of the Board, has recorded this long and distinguished service. He states in part:

> For many years Mr. Fessenden gave untiringly of himself to the service of the Hospital. . . . It is not too much to say that next to his devotion to his family came his love for the Hospital.
>
> His associates express their gratitude for all he accomplished. They will miss him as Trustee and as Friend. They extend their deep sympathy to Mrs. Fessenden, his children, and grandchildren, and enter in their permanent records this testimony to a great Trustee.

Brief record is here made of the first known casualty among Massachusetts General Hospital graduates and staff in World War II.

On September 9, 1942, Captain Frederick James Cunningham Smith (*NS* 1932 & *ES* 1935) was killed while serving in New Guinea. Captain Smith entered military service in February 1941, at Ardmore, Okla., and was commissioned Lieutenant, MC, AUS. He was stationed at William Beaumont General Hospital, El Paso, Texas, until assigned to foreign service. After receiving promotion to Captain in February 1942, he sailed during May 1942 and reached Australia in June. His last letter was sent from New Guinea.

"GREAT MEN have a way of enjoying deflected and auxiliary immortality. Their work and character, of course, are the primary lasting influence. Statues and shrines, portraits and biographies are the enduring objective memorials. But beyond all that is the diffuse and often curious absorption of the great man's name. He becomes a mountain, a river, a lake, a city, a building, a school, a college, an inn, a product, a machine, a highway, a street, a ship, a beacon, an airfield, a tunnel, a bridge, a park, a Pullman car, a penny, a postage stamp, or any of a hundred other useful and competent, appropriate and inappropriate, things. Like Burns he may humbly turn into a cigar, like Elgin become a watch, or like Frontenac dissolve into an excellent ale. But of all things and objects to which his name may suddenly and posthumously be allied, surely a ship remains one of the happiest and most romantic. . . .

William James, Calship No. 161.
Keel laid: March 4, 1943
Launched: March 31, 1943
California Shipbuilding Corp."

And when men become famous, even famous institutions may stretch a point to claim them. This is the case between William James (1842-1910) Philosopher, Psychologist (and potentially *M* 1868), and the Massachusetts General Hospital.

It is not commonly known that William James had an unfulfilled association with the M.G.H. So, a letter among the administrative papers of the Hospital for the year 1867 gave the Archivist the same start of pleased surprise as did the comment quoted above from a *Harvard Alumni Bulletin.* This is the letter:

> Gentlemen;
>
> I much regret that certain circumstances over which I have no control, and which I could not foresee at the time I sent you my application for the Office of House Pupil, will render it impossible for me to perform its duties during the coming year. I consequently find myself obliged to beg you to accept my resignation.
>
> I am, gentlemen
> Yours respectfully,
> *Wm. James*
>
> To the Trustees
> of the Mass. Gen. Hospital.

So William James was never launched from the Massachusetts General Hospital, but he became a philosopher of such renown that some of you may be interested to see his letter in the Archives Room. It is written on note paper engraved with the monogram "H.P.Q." It may be supposed that this was supplied by Henry Parker Quincy, a Surgical House Pupil of 1866 and Artist of the Hospital from 1871 to 1898. The Archivist still hopes to find an example of Dr. Quincy's work.

Every other Tuesday at 8 A.M. a dental conference will be held in the lower amphitheater of the Out-Patient Department. The first conference took place on May 18, and with suitable ceremony the new surgery department of the Dental Clinic was then officially opened. Dr. C. Sidney Burwell and Dr. A. LeRoy Johnson of the Administrative Committee of the Harvard School of Dental Medicine, of which Dr. Thoma is also a member, attended; Dr. Faxon and Dr. Vernon W. Ryder, a member of the Visiting Committee of the School, also honored the meeting with their presence. Practically the entire dental staff of thirty men was accounted for, as well as the army contingent taking the maxillo-facial course.

The following cases were presented and discussed:

Carcinoma, floor of mouth.
Fracture of mandible—skeletal fixation.
Fracture of ramus—internal wire fixation.
Pseudoarthrosis following fracture of condyle—osteoarthrotomy of T. M. joint.
Osteomyelitis of mandible.
Osteomyelitis of mandible with pathologic fracture.
Ideopathic thromocytopenic purpura.
Swelling of right mandible—question of diagnosis, and discussion.
Adenocarcinoma of maxilla.
T. B. glands in neck, and cyst of mandible.

The discussion of each case was accompanied by a sequence of colored photographs and slides of X-rays showing the progress of treatment; the patient himself was then presented as the end result. The illustrations, which are of exceptional interest, may be seen in the Dental Clinic.

Dr. Tracy B. Mallory, Chief of the Department of Pathology and Bacteriology, and commissioned on April 15 as a Major in the Army Medical Corps, has left the Hospital to take up active military duty. He expects to receive a month's training at Carlisle Barracks, Pa., and to spend two months at the Army Medical Museum in Washington. He will then go to the 15th General Medical Laboratory at Fort Sam Houston, Texas.

At meetings of the Trustees during April the following votes were recorded:

To appoint Dr. Allan M. Butler as a member of the Social Service Advisory Committee.

That leave of absence be granted to Dr. Bradford Cannon and Dr. Saul Hertz with the understanding that they may resume their present positions on the Staff upon completion of their service with the armed forces.

To appoint Fred G. Johnson as a Dental Extern.

The following interns were appointed:

Drs. Russell A. Morissette and Lytt Irvine Gardner; Children's Medical Service, beginning February 1, 1944.

Drs. Catherine Risk and Edwin S. Alston; Pathology, beginning July 1, 1943 and January 1, 1944, respectively.

Future Medical interns were also appointed:

April 1, 1944

Robert L. Berg
Robert A. Broome, Jr.
Harvey S. Collins
G. Watson James, III
Alexander Leaf
Lloyd Mills, Jr.
Edwin W. Peterson
James W. Watson

October 1, 1944

Celia White
Ralph H. Luikart, Jr.
Gardner Middlebrook

Surgical interns are:

January 1, 1944

Cecil F. Baxter
Robert H. Brown
James D. Clement, Jr.
John J. Milford, Jr.
John R. Moreton
William R. Waddell
Chiu-an Wang
Jack A. Cannon
James M. Judd
Robert H. Vaughan
John B. Lloyd
Alfred T. Joseph
Paul B. Metcalf, Jr.
John W. Smillie

April 1, 1944

Sam Y. Garrett
George C. Gibson
John W. Finley
Leon C. Agee
George M. Walker
Walter H. Harper
Boris P. Bushueff

* * *

Dr. Eliot Horton Luther, assistant superintendent of Westfield State Sanatorium died at the Sanatorium on May 2, 1943, aged 47 years. For many years Dr. Luther had suffered from a tuberculous infection that finally caused his death. He fought this affliction with great courage, and mastered it sufficiently to enable him to give years of service in the care of tuberculous patients at the Sanatorium, where he began as Assistant Physician in 1932, and was promoted to Assistant Superintendent in 1936.

A graduate of Brown University, he received his degree from the Harvard Medical School in 1921, and became a resident physician on the Children's Medical Service at this hospital in 1925. In 1927 he was made an Assistant in the department, and later in that year was appointed an Assistant in Medicine. He also served for several years on the Harvard Infantile Paralysis Commission, as diagnostician and field epidemiologist, and was the author of a number of valuable papers which gained for him wide recognition in that field. Those who worked with him will also remember his lovable personal qualities and his capacity for hard work.

OFFICIAL NOTICE

Notice Concerning Routine Electrocardiograms

Because of the shortage of material, time, and workers, it is necessary to reduce the number of records of precordial electrocardiographic leads. Such leads are, as a matter of fact, rarely needed for diagnosis. It is possible in almost all cases to diagnose and identify the position of nyocardial infarction by the routine limb leads (1, 2, and 3). Therefore in the future only Leads 1, 2, and 3 will be taken on all cases, coronary and otherwise, unless inadequate evidence is obtained from them. In such cases of doubtful or incomplete diagnosis, three precordial leads will henceforth be taken, C_2, C_4, and C_5, closely following the newly published report of the Precordial Lead Committee of the American Heart Association.

N. W. Faxon, M.D., Director

At a meeting of the General Executive Committee held on April 28, 1943, it was

VOTED: That the visiting physician or surgeon should be asked to consider the necessity or advisability for daily recordings of T.P.R., and to have these continued when in his judgment medical information would result. That in those cases where he felt such recordings were unnecessary he should be empowered to omit them; that if he felt a single daily recording would be sufficient he should specify the hour at which this should be taken, selecting one of the usual hours for the taking of this data.

For example, it was suggested that in many psychiatric cases, in many Ward 4 cases, and arthritic cases, such recordings could be entirely omitted.

VOTED: To require the reviewing and rewriting of medication orders weekly; that is, no medication should be continued beyond one week's time without the re-writing of the order.

N. W. Faxon, M.D., Director

The Hospital will observe Thursday, June 17, as a legal holiday commemorating the Battle of Bunker Hill.

At a meeting of the President and Fellows of Harvard College on April 5, thirty-one awards were made to officers of instruction or administration in the University in accordance with the provisions of the William F. Milton Fund and the Joseph H. Clark Bequest. Of these awards five have been made to Massachusetts General Hospital members, as follows:

George Hawkins Acheson [*WM* 1939], Associate in Pharmacology; for a neurophysiologic analysis of the central action of benzedrine.

Earl MacArthur Chapman [*a.p.*], Instructor in Medicine; for a study attempting an approach to a rational therapy of persons with a disordered fat metabolism.

Joe Vincent Meigs [*c.Gyn*], Clinical Professor of Gynaecology, and *Maurice Fremont-Smith* [*assoc. p.*], Instructor in Medicine; for a study of vaginal smears as a method of determining early cancer and ovulation.

Robert Hardin Williams [*Res. Fel. M.* 1940], Instructor in Medicine; for a study of the etiology of thyrotoxicosis with special reference to the alterations in the biological oxidations in this disease.

On April 12, 1943, the appointment of Dr. Harry C. Solomon as Professor of Psychiatry was confirmed by the Board of Overseers of Harvard University, without limit of time. Dr. Solomon's first appointment to the Medical School was in 1914 as Assistant in Neuropathology, and he has since held successive appointments, except during 1918 and 1919 when he was in service overseas with the armed forces of World War I. He is a Consulting Psychiatrist at the McLean Hospital as well as an Associate Neurologist at the General Hospital.

The Chamber of Commerce of the U.S. has formed a National Health Advisory Council "to project and carry out a broad program looking to health conservation as one of the most important factors in winning the war." Dr. Paul D. White has been appointed to the present membership of thirty leading medical and health authorities.

The MGH shared in the nation-wide observance of Hospital Day on May 12. Visitors were shown through the Hospital, among them two groups of high school students interested in nursing as a profession. Meanwhile, Miss Sleeper, Assistant Superintendent of Nurses, interviewed a second-year student over station WEEI. The Boston Globe gave front page notice, a picture, and a column to an account of student training as told by an enthusiastic MGH'er who had just finished her eight week's duty in the operating room.

Also, the Hospital was represented among 260 student nurses who, in uniforms and capes red, blue, brown, and grey, marched from the State House to the Parkman Bandstand on Boston Common. In a public ceremony there 52 students from 26 local hospitals were capped by Miss Margaret A. Dieter (*MGH* 1916), chairman of the State Board of Registration in Nursing, and Miss Marjorie B. Davis, chairman of the Massachusetts Nursing Council for War Service. All this was very appropriate to the birthday of Florence Nightingale. But, so far as the weather was concerned, it was just one more rainy day, and at intervals a little extra moist at that—just the usual "unusual" spring(?) weather we've been having!

The School of Nursing hopes to admit a July class of 60 students in addition to the regular September class.

Apologies are due to Lt. Commander Bixby for the omission of his last name from the statement of his service printed last month: Lt. Comdr. H. Irving Bixby (*WS* 1924) was called into active service on January 1, 1943, at the Chelsea Naval Hospital. He was then transferred to a naval base in California, and is now with a construction battalion in the Pacific.

The other interesting job was my assignment to take care of the luggage and baggage of those of our unit assigned to my ship—twenty-four nurses and four officers. Several days before we sailed I left the staging area by motor convoy for the port of embarkation and had the second most interesting day of my Army experience; I saw the ship on which we were to set sail and checked in the officers' and nurses' luggage and then went aboard and inspected the ship. It was a large, clean ship which had made many crossings and our quarters were comfortable. My guide was most amusing because almost at every turn he would pat the ship and tell me how fond he was of her, having been on her four years. . . .

The next interesting and important aspect of the trip is the convoy itself—miles of transports flanked by cargo and tanker ships with protection of all kinds—cruisers, destroyers, planes, blimps, aircraft carriers, etc. Now I understand how the U.S.A. has maintained its record of no loss of life on an American convoy. It's getting rough and difficult for me to write legibly. I wish I could put across to you the thrill of standing on deck and watching this extraordinary mission roll along—beautiful sky, fascinating ocean filled with war boats and so protected that I feel safer than I would crossing the street.

We embarked on Sunday morning before noon—having left the staging area or camp in the wee hours that same day. I never shall forget the task of carrying our own plus as much of the nurses' luggage as possible from train to ferry, and from the ferry up the gangplank to the staterooms. None of us expected to carry our own luggage so it was loaded to capacity! We were dressed in full field uniforms, girdled with gas masks, web belt, canteen, and musette bag which was a load in itself. I remember tugging, puffing, resting a spell, and then going on a few more steps and eventually accomplished the arduous job. We then succeeded in getting a detail of men to help carry aboard the luggage of all the nurses. That done, we unpacked, picked our bunks, changed clothes and made the acquaintances of room mates—nine in our stateroom, Sturgis, Ludwig, Ingalls, myself and three young medical lieutenants recently out of their internships, very pleasant, enthusiastic, refreshing gents. The other two are quiet and shy. That's the roster for Room 40.

Tuesday we were busy running the ship's hospital. I made rounds twice a day and spent much time in the dispensary and hospital quarters. With thousands of men aboard, the sick call was large and interesting. After two days out our hospital admissions began to increase: admitting diagnosis of measles, mumps, upper respiratory infections, boils etc.

On Wednesday Sturgis performed the first operation—incision and drainage of web space infection of the hand of a colored boy. I was dental OD and very busy—saw a raft of patients and it certainly was fun extracting teeth with the minimum anesthesia, not to mention the rock and roll of the ship, for that was the first day the seas were rough and the complexions began to fade. Both Dutch Ludwig and I were slightly green around the gills and, although not sick, felt rather uncomfortable and were glad to get horizontal on the bunk from four to six P.M. After evening chow we made night rounds. The nights were very beautiful, clear bright moon, phosphorescent water and the figures of the other ships in the convoy stealing along silently and mysteriously—all blacked out except for the stars and moon overhead.

Thursday was a warm, sunny day and as we were in the gulf stream the decks were thronged with troops. Everywhere on deck were poker games, chess, bridge, cribbage, and the morale was high and thoughts of danger minimum. This was the afternoon of Lincoln's Birthday—forevermore to be remember by me as the anniversary of probably my most dangerous and exciting experience. I cannot tell you about it now but will carry on from here when I know what we are allowed to write.

...—V...—

Extracts from letters written by Lt. Wooster P. Giddings, MC, AUS (*WS* 1939) bring news of his own unit, the 2d Surgical Group, which went overseas after previous assignment at the Lawson General Hospital, Atlanta, Ga., and of the 6th G.H., in March.

It is a bit difficult to estimate the character of this part of the world under present circumstances; there are so many Americans about that in a way the native scene seem a bit like a stage set. The natives and the French seem to be accustomed to having us about, and I have a feeling that that has changed the aspect of the country. That impression is not lessened by the fact of American military control.

If the weather continues as it has been for the past three days, there will be no one in my acquaintance who will not hear from me! This is the third straight day of heavy rain, and, although we are able to keep reasonably comfortable, the problem of occupying oneself in a tent all day with flaps closed and candles for light is a big one. So writing letters is the order of the time. I suppose we resort to that as a sort of inversion, psychologically, in that writing letters is the nearest thing to receiving them.

We have spent the time since arriving in getting further equipped, and in getting to a campsite where the problem of late has been to get settled. That is fairly well done now. All things considered it is remarkable how completely provision has been made to care for us. Not only are practically all the necessities here, but a fair number of the comforts as well. Comforts not in the sense we know them at home, perhaps, but definitely comforts for the way we are living.

Our chief worry at the moment is keeping the boys happy, and trying to keep them reasonably dry. They are in pup tents, and although they have wooden floors, they are fairly well soaked at the end of three days of constant rain. Fortunately, the evenings have been fair and the boys have been able to get into the back lot and play a bit of baseball. We were furnished five large chests of recreational equipment by the Red Cross, containing a large amount of hard and soft ball material, as well as indoor games, and a radio and victrola. With the latter they furnished a number of transcriptions of old radio programs. Having these things for the enlisted men is a godsend, and will be even more so when we are able to get our large recreation tent erected.

The other day I had the exciting experience of seeing the MGH crowd. They are not in the same place I am, but are not so terribly far away. It did me a lot of good to walk in and see those people; it was almost like getting home. We had a good session, for I had been in the hospital long since they had, and was able to give them a lot of news. In addition to the pleasure of having them here, it is comforting to know that the professional ability of the old Massachusetts is in the same part of the world.

The magnetic qualities of the Massachusetts General Hospital seem still to operate overseas, and word has evidently got about in North Africa that the 6th General Hospital is open for visitors as well as patients. Lt. Col. William A. Reilly (*CM* 1928), chief of the medical service of the 59th Evacuation Hospital, which has been on duty in that area since December 1942, was an April caller:

Receive and read THE NEWS here in No. Africa with a great deal of enjoyment, as it serves not only to keep us in touch with the institution wherein I spent a year comparable to none in my medical training but allows me to read about former associates, many of whom are good friends. It revives old associations and memories highly prized for, as stated, I feel my training at M.G.H. was the most valuable of all my medical training.

The 6th Gen'l is in the same area, so I have had many opportunities to renew old acquaintances. The 6th is busy as can be; the influx and egress of their patients is so rapid and great that they can hardly keep up with the work. Nevertheless, there is plenty of evidence that the staff is getting into the regular M.G.H. stride and, when organized properly, will be carrying on much in the usual M.G.H. tradition. So far Don King and Horatio Rogers are not able to hold formal ward rounds, as the work of disposing of patients has flooded them.

My medical service in the 59th E. H. is a busy one for we have 175-225 sick patients for only five officers. The types of disease run nearly the whole list of official diagnoses."

A letter of the same date to Dr. Allan M. Butler (*c.CM*) gives an account of the work of Colonel Reilly's unit:

Here in N. Africa for four months I have been running a medical service under station hospital operation though the unit is an evacuation hospital. My census nears 200 cases. They cover all varieties of diseases. Many of malaria, meningococcus infection, real dysentery, pneumonias typical and "atypical," gastric ulcers, vascular diseases (a few), measles, mumps, chicken pox; 2 small pox, 1 typhoid, 4 of meningococcemia, 3 meningitis, 2 of BENDS, a good many rheumatic fevers, carditis etc. With only five officers the med. serv. is quite busy. We do a fairly decent type of work-up and can carry out good therapy—only two deaths.

The only endocrine problems have been several goiters, progressive exophthalmos and 2 "gynecomastias". Among the natives I see much typhus, plague, smallpox, some typhoid and rabies.

First-hand news about the 6th General Hospital comes from Major Edward F. Bland (*EM* 1929), who is assistant chief of its medical service. Portions of a letter to Dr. Paul D. White give these details:

About our station—medically speaking it is a key post; the final decision on this side as to the disposition of cases is largely in our hands. We are very busy and have had to provide emergency space for large contingents. Our theoretical capacity has been touched already in spite of the fact that Arab workmen are still hammering away on all sides night and day. Extensive new construction is being pushed to such an extent that it is sometimes hard to find the patients among the timbers, crates, and Arabs. Arab plumbers completed today the tank connections for the electrocardiographic laboratory.

So far the surgeons have had a rather lean time of it professionally. Naturally, most of the emergencies have been treated before the patients get to us, and those who require more definitive and time consuming procedures are sent home. On the medical side we are having a more varied and active experience than even at home—especially with meningitis and pulmonary infection, and some malaria. I have been amazed at the rheumatic fever and valvular disease. We are seeing so much that Marlowe and I are making a special study of certain features of it, and have assembled data on quite a series already. In addition we have had several cases of coronary thrombosis, relatively little serious hypertension, and so far not

A Surgeon's Fight to Rebuild Men: An Autobiography. By Fred H. Albee, M.D., F.A.C.S., F.I.C.S. E. P. Dutton & Co., Inc., 1943, New York.

No one can read this book of nearly 350 pages without being impressed by the pluck, resourcefulness, and sheer force of the man who wrote it.

He was born on April 13, 1876, in the township of Alna, Maine, on a farm of "some hundred acres of stony soil, from which his father wrenched a scanty living for a family of nine." The stock from which he sprang must have been a fine one, for from the age of sixteen Dr. Albee may be said to have been a self-made man working his way successfully through Lincoln Academy, Bowdoin College, and the Harvard Medical School. He was Prosector for Professor Maurice Richardson, and won an internship at the Massachusetts General Hospital. After completing this internship in 1904, he practiced for a few years in Waterbury, Conn., and then settled permanently in New York City. In 1906 he was most happily married to Louella M. Berry.

Two paragraphs in the introductory chapter suggest the ideals and purposes that have controlled Dr. Albee's extremely active and fruitful life: "The doctor is an intellectual gypsy, whether to learn or to teach, he is a born wanderer. . . . His dream is to travel, study, and return to retrieve his errors and be more useful to his fellow men. Intellectual intercourse and spiritual encouragement are as necessary to him as his food." And, "The sick and the crippled are an economic waste. . . . Society itself is sick when large numbers of its people are physically inefficient. The doctor can no longer stop when he has bound up a wound. He cannot stop until he has prepared his patient to take up again a useful place in society."

Dr. Albee has been as devoted to the "strenuous life" as was Theodore Roosevelt. The extent of his travels in Europe and in North and South America, by boat and automobile and in the air, are amazing. He likes to get things done, and is a hard hitter. Prize fights have always been one of his great enthusiasms. He is an organizer of great ability, and has initiated or helped in the formation of several international medical associations, notably the International Society of Orthopaedic Surgery and the Pan-American International College of Surgery. He was responsible for the organization of U. S. General Hospital No. 3 at Colonia, N. J., which earned so creditable a record for the mental and physical rehabilitation of wounded soldiers of World War I. He has been chairman of the New Jersey Rehabilitation Commission for many years.

As an orthopaedic surgeon, Dr. Albee has attained a wide reputation at home and abroad. He speaks of a drawer "crammed with decorations from, it seemed, almost every country under the sun." He is not only a skilful operator, who has added much to the technique of bone grafting, but an inventor of machines and methods applicable to the surgery of the bones and joints.

In this autobiography the capital "I" appears rather frequently, but the reader need not cavil since the story of his life and work makes it quite clear that Dr. Albee possesses another eye, far-seeing, penetrating and kindly, which does him great credit.

The book is well written, interesting and informing. It is already in its second printing.

Dr. Wayland A. Morrison (*WS* 1916) is now acting as Chief Surgeon of the Santa Fé Railroad (lines west of Albuquerque, N. M.), with headquarters in Los Angeles. After organizing Specialists Unit No. 86 for the U.S. Navy, he was assigned to the Railroad Medical Department as an essential service, and could not accept active duty. He holds the rank of Commander, MC, USNR (Ret). During World War I he served with Base Hospital No. 55, and was discharged in 1919 with the rank of Major.

Dr. Gordon S. Myers (*r.p.* 1943) is on service as Medical Officer with the Western Division of Pan American Airways at Brownsville, Texas.

Capt. John C. Angley, MC, AUS, (*a. in M*) is now on foreign duty as head of a Malaria Survey and Control Unit. He was previously stationed at Morrison Field, West Palm Beach, Fla.

Major T. Wiley Hodges, MC, AUS, (*Or.* 1941) is in charge of the orthopaedic service (350 beds and over 100 fractures monthly) at Camp Hood, Texas, a tank training centre. Many casualties result from the strenuous drill required there—and many lives at the front are saved by it. Major Hodges entered the service in July 1941, with the rank of Captain.

Major William F. Hoyt (*WS* 1932) was commissioned on March 27, 1943, and went into active service on April 13 at Wm. Beaumont General Hospital, El Paso, Texas. After a month's training there, he was assigned to Hammond General Hospital, Modesto, Calif.

Capt. Carl E. Horn, MC, AUS, (*Or.* 1940) sent to the War Records an account of his service from the Station Hospital at Camp White, Ore. He was commissioned on August 24, 1942, and went into active service on September 8.

> I was stationed here after a week's stay at Fort Douglas, Utah. In October 1942, I became chief of the orthopedic service, succeeding Major Edward Parnall, also a product of the MGH orthopedic service [1932], who was sent to Managua, Nicaragua, in charge of medical care for workers on a large section of the Pan American Road. The work here reminds me in many ways of the MGH, for I am kept extremely busy.

Capt. John R. McDaniel (*ES* 1940) received this promotion in March 1943. He is with the 3rd Battalion, 36th Engineers Regiment overseas.

After entering the service in October 1941, as Ensign, Lt. Peter T. Brooks, MC-V (G), USNR (*ES* 1943) received this rank on Feb. 28, 1942, and went into active service on April 15, 1943, at the USN Hospital, Newport, R. I.

In March this promotion was received by Comdr. Virgil G. Casten (*N* 1929). He is still at the Chelsea Naval Hospital as an ophthalmologist.

Lt. John B. Millet (*WS* 1943) was commissioned in March 1942, made 1st Lieutenant in June, and called to active service on April 24, 1943. He has reported to Carlisle Barracks, Pa.

Camp Kilmer, N. J.
May 5, 1943

Dear Dr. Faxon:

I have received from Cohasset today echoes of a curious rumor that seems to have emanated from the august portals of the MGH, that I had gone overseas with the 6th General Hospital, and had been invalided home to Walter Reed in Washington. Inasmuch as I have scarcely left the hospitable surroundings of New Jersey in three or four months, aside from occasional expeditions into the jungles of New York City, I thought it advisable to nail the rumor before my death is prematurely announced.

For I am still fighting the battle at Camp Kilmer, safely ensconced in the surgical staff of the Station Hospital. I think it is not a breach of Army regulations now to admit that I spent a very pleasant old home week three months or so ago in the company of Grantley Taylor, Claude Welch, Jim Halstead, Don King, and all the rest of the gang while they were in New Jersey. Claude and Don King were both kind enough to give papers before our staff, and these were much appreciated.

The whole group were lean, brown and obviously very fit. As you know they were positively delighted to be on the move. It was with the greatest difficulty that I refrained at that time from sending to Boston a report of the whole incident, but we are under very strict censorship in such an area as this, and cannot relax vigilance without endangering friends during a crossing. Our work here is intensive, as you may imagine, and brings in a surprising amount of active surgery, so that we have not suffered from the inactivity and boredom that have plagued some of the hospital units.

I will welcome any quiet denials that you may be able to make in case of above-mentioned rumor. There are two true rumors current about me, one that a book of mine called "Prologue to New England" is in the bookstalls, and another that my Majority came through in the same week that the book was published. These are sufficient for one mortal.

Yours sincerely,
Henry F. Howe.

Lt. Col. Thomas B. Jones, MC, AUS, (*3d S* 1924) was commissioned as Major upon his enlistment, and went on active duty May 28, 1942. He is now Chief of the Surgical Service at the Lovell General Hospital, Camp Devens, Mass.

Major Howard G. Weiler, MC, AAF, (*Or.* 1932) is on service at Chanute Field, Ill., Station Hospital, Orthopaedic Service. On July 22, 1942, he was ordered to active duty from the MORC, with Captain's rank dating from September 5, 1938, and was promoted to Major on April 15, 1943.

Major Leslie C. Dodson (*r.p.* 1932), who was recently in charge of the orthopaedic department of the Station Hospital at Shenango Replacement Depot, Pa., is now with the 1st Auxiliary Surgical Group at Fort Sam Houston, Texas.

Capt. Alfred Hurwitz, MC, AUS, a member of the 3d Auxiliary Surgical Group returns his blank to the War Records from England: "I have been on detached service with Mr. Tudor Edwards and Mr. Ronald Belsey, thoracic surgeons, and have had an interesting experience." Captain Hurwitz was formerly a Graduate Assistant, and Dr. Belsey was a Research Fellow in Surgery during 1938.

Upon his return to the fold (comparatively speaking) of the 105th General Hospital, Major George A. Marks (*ES* 1931) sent this admirable account of service in the field—the Buna jungle:

Thank you for the "NEWS" and its reports of the men in the service. It stimulates me to do a little reporting of my own.

A mixed team, evenly divided between the M.G.H. and P.B.B.H. has recently returned from New Guinea, where they constituted a portable hospital during the action in the Buna sector. John Lambert and I tried to represent the M.G.H. while Pete Campbell and Fred Ross contributed constant references to what they called "The Brig." We were supported by a detachment of enlisted men, half of them technicians, surgical, etc. We had our own mess, tentage, and professional equipment, over which we labored and hovered for some time before setting out.

Transport from the advance base to the combat area was by air, and if it hadn't been that our minds were largely filled with possible future contingencies, we could have enjoyed viewing the great green masses of the Owen Stanley range and, incidentally, getting over them so comfortably. Enthusiasm for this was less inhibited on the way back. On landing we trudged forward through fragrant mud and soft golden kunai grass to a point about thirty minutes' litter-carry from the scene of activity. Due to lack of consideration on the part of the Nips, who had taken all the high ground, our White Building arose on soggy ground like that of its original. In fact, a nearby stream had flooded the area a few days previously. The jungle overhead was more appreciated than that underfoot.

We relieved a similar organization so there was no delay in starting work, using some of their installations until ours could be brought up two days later. At that time Campbell, supply officer when not doing neurosurgery, hove into view, barking loudly at some 300 wild-haired and cackling natives carrying the hospital in sacks. His poise was perfect; the best traditions of a combined round were preserved.

There was little of tile or stainless steel in the installations, but we found the airborn roots of the sago palm a satisfactory substitute. Used either whole or split, concave or convex, they turned into table, bench, litter stand or latrine seat before you could say "Pass the C rations." Our instruments were not makeshift, however, and we had a small field autoclave, which was most efficient used over a gasoline heating unit. Medical supplies never failed us completely, since beyond what we carried ourselves, the natives brought in expended items daily. They were very dependable, mixing in a mortar shell or box of grenades only occasionally. On their return trips they evacuated patients, four carrying and four in reserve, in case one or more disappeared into the mud. They insisted on using litters made by themselves, saplings bound together by vines.

The operating during the day was done under tent flies, at night in the standard pyramidal tent, since the latter could be blacked out. We worked in two teams, all parts completely interchangeable. The West Medical service should be notified that John Lambert rapidly metamorphosed into a surgeon, specializing in foreign bodies on which he pounced with all the avidity of a Forty-Niner on a nugget. He soon became incensed because we older men wouldn't turn over the laparotomies to him. Pete Campbell emulated Cushing in a number of instances and even descended into the realm of general surgery frequently, complaining only of the man-sized sponges required in this field. He was very proud of a "portable" suction apparatus which he devised from a double-tipped mortician's syringe before we started. Fred Ross, doubling as enlisted detachment commander and surgeon, proved versatile in all departments, for which both the Children's Hospital and Brigham may take proper credit.

The triad of plasma, sulfanilamide, and pentathol sodium was hard-worked. Many of the more seriously wounded received at least one unit of plasma in the battalion aid station before getting to us. We used it constantly and in large amounts. All wounds received sulfanilamide at the aid station and we re-applied it after debridement, as well as starting the administration by mouth. Pentathol proved to be the answer to any jungle surgeon's prayer, and was used exclusively except in the laparotomies, where spinal was given. The former saved much time and supervision in the induction and recovery periods. Don't tell the Anaesthesia Department, but we taught two of our enlisted men to administer it.

To our surprise and relief, plaster-of-paris hardened without too much difficulty in spite of the intense humidity. It was applied only in the form of a posterior slab or shell. The vagaries of supervision along the complicated chain of evacuation contra-indicated circular casts. Fractures of the femur were held in fixed skin traction in the half-ring army splint with foot piece, the whole apparatus being lashed to the litter. Wounds were not closed or packed. We have had the opportunity of seeing many of our cases back here at the hospital, and the low incidence of massive sepsis is gratifying.

All in all, it was an experience. Shorts and shoes made a comfortable operating ensemble—and there was less to launder after climbing sheepishly out of a fox-hole.

The hospital here has been busy, and the M.G.H. members in it are well occupied. Myles Baker is engrossed in an exhaustive study of one of the more prevalent medical problems and attacking it with his usual vigor and expertness. Jack Newell is not languishing for want of his specialty. Besides running the anesthesia department, he has charge of the administration of the operating rooms. Every one is as happy as can be expected in the service.

With best regards to all those there, and our appreciation of the "NEWS."

Major John L. Newell (*ES* 1932), with the 105th General Hospital, received this promotion on December 24, 1942.

Hospital members continue to report from all quarters of the globe. Lt. John McL. Morris (*ES* 1941) sends news to the War Records from "an Aleutian outpost, where we have had a few brushes with the Japs." He adds: "Facilities are not those of the M.G.H.!"

U. S. Naval Station
Tutuila, American Samoa
April 2, 1943

Dear Dr. Faxon:

Censorship prevents the recounting of my travels, but I am stationed here in Samoa assisting in the care of naval personnel of the station and of visiting ships. News of my promotion on October 1, 1942, to Lieutenant is correct.

It will sound strange to you if I say we have been envious of you this past winter, but, at the time of the severe cold in New England, we were having a tropical summer and the rainy season. Winter will soon be here, but there is little change in temperature here close to the equator. We hope for less rain.

Good luck to all.

Sincerely,
Joseph A. Holmes, Lieut., MC, USNR

Col. Thomas H. Lanman (*ES* 1918) was recently promoted to this rank.

This letter from Major Norman E. Freeman (*r.s.* 1935) to Dr. Faxon brings the known total of MGH members in India up to four. Major Frank B. Cutts (*WM* 1934), with the 48th Evacuation Hospital, was the first to report from there. Major Freeman wrote on April 12:

I am at present with the 20th General Hospital Unit (U. of P.). We were called out at the same time as the MGH unit, and spent seven months down at Camp Claiborne, La. After a journey of about two months we finally landed in India and have reached our permanent destination. We are now functioning as a general hospital in a hospital composed of bamboo bashas without running hot water, and electricity available only in operating theatre and laboratory. Our equipment is gradually coming in, and we hope to be set up more comfortably soon. . . . Two other alumni are in this group, Major Arthur M. Walker (*EM* 1925) and Major Kenneth D. Elsom, who spent only a short time at the M.G.H. as a research fellow with Dr. Means.

In connection with Major Freeman's service in the present war, we mention that in 1934, while a resident surgeon at this hospital, he was awarded the Warren Prize for his paper on the "Physiology of Gangrene."

A first-hand report of the work of the hospital ship, USS "Solace," is quoted here from the statement sent back to the War Records by Lt. Comdr. Dana L. Farnsworth (*WM* 1935):

Since last August we have been quite busy with as varied a practice as one could wish. We frequently see MGH men, and we're very pleased with the part they are playing in this section of the world. I've seen twelve of them in the last three months.

Our ship is equipped to take care of a large number of patients, and has just about every diagnostic and therapeutic device we can think of. In fact, its equipment will match or surpass that of most land hospitals with which I am familiar. Furthermore, a patient who comes on board has a 98.8% chance of leaving the ship alive, and usually much improved.

The censor has permitted Capt. Daniel J. Holland (*a. dn. s.*) to relate only the prelude to the adventure that befell one section of the 6th General Hospital while en route to foreign service:

February 8, 1943

As you know, we left Blanding for a staging area. A staging camp, or area, is one near a port of embarkation where troops are made ready for foreign service. All manner of physical examinations — check-ups, inoculations, vaccinations etc.—clothing and all equipment is checked, rechecked, issued, and the troops put in excellent condition physically and materially. The American soldier is unquestionably the best trained and best fed, paid and equipped soldier in the world—he is given not only sufficient but the *very very* best with which to work. This staging area was not at all attractive, rather bleak and muddy, but we as a unit were on a high priority for foreign service so were processed right through without delay. Everything operates on a seven-day week, twenty-four hours a day. It was here that I was first exposed to Army efficiency and smooth-running machinery. Thousands and thousands of troops were received, and sent out with amazing efficiency, care and speed.

I worked for three days a week in the hospital and in the sixteen days we were there treated seven or eight fractures and once again dipped my hands into the professional bucket which I had for some months given up as lost.

STAFF GROUP OF THE 6TH GENERAL HOSPITAL ON THE STEPS OF THE HEADQUARTERS BUILDING

(Left to right) *Lts. D. A. Ellis, K. B. Lawrence, S. M. Wyman* (rear), *Capts. S. H. Sturgis, S. P. Sarris, T. H. Ingalls, Lt. E. L. Cantlon, Capt. J. R. Frazee, Major H. H. Faxon, Lt. C. E. McGahey, Major L. Parsons, Capt. T. S. Hamilton, Lts. R. M. Bailey, W. E. Arnold, Col. T. R. Goethals, Capt. D. J. Holland* (rear), *Majors J. A. Halstead, W. C. Knott* (exec. officer), *Capt. H. B. F. Seyfarth.*

(Taken in March by Major Herbert P. MacNeal, M.C.)

very much N.C.A. of high degree. On the other hand with the rising tempo in Tunisia, we may see our share of it yet. Up to now, of the disabling medical conditions we have seen peptic ulcer leads the field, asthma probably next, and perhaps rheumatic fever third—omitting of course neuro-psychiatric disturbances which lead by a wide margin.

About the cardiac laboratory—that is my assignment "in addition to my regular duties" and they have given us a very satisfactory room (not in the basement) and have built into it a small darkroom. George [Shallcross] has taken over in good style and was promoted three days ago to corporal. Last week he took 30 electrocardiograms—about one-third of which were patients referred from units in this vicinity.

Almost everyone passes this way at sometime or other. In fact, it is almost like the M.G.H. in that respect. Hardly a day but someone turns up—for example, two from Richmond yesterday. Now and then I have lunch with Staige Blackford (*EM* 1927)—Dr. Perrin Long has been by, Bishop Spellman, and a few of the commanding generals in person for an inspection. Last week I had (via Blackford) an interesting consultation with the physician to the Pasha. Another interesting medical contact here I made through Reilly—namely, to the local pest house. Most interesting was the typhus and smallpox, neither of which I had ever seen before. They occasionally have cases of plague, but we missed that by one day. But enough of the medical side.

Marlowe and I often reminisce and wonder how and what goes on in the Laboratory. Please give my best to all. Dr. Means might be interested to know that his recent letter to Col. Goethals was displayed on the bulletin board, and brought a lump into our throats.

Miss Campbell shares with The News a letter giving welcome details about 6th General Hospital personnel. It comes from "Bill'," former plaster man in the OPD Orthopaedic Clinic, who now writes as Pvt. William J. Murphy, 56th Evacuation Hospital, APO 3784, c/o Postmaster, N. Y.

This is just a note to let you know where I am. I'm somewhere in No. Africa. It isn't permissible to tell just where. It's quite a place, much nicer than we expected. Of course, it's nothing like the U. S. and we do have to rough it a little.

Here is the pay-off. Yesterday I had a little time to myself so I went to visit the M.G.H. unit. Of course I made the surprise dramatic entrance. Drs. Aufranc, Faxon and Miss Wilson were putting on a cast and when they looked up, there I was. Were they ever surprised to see me! Honest it was grand just talking to some one from home. Then I saw Dr. Hamilton. He is a little thinner but looks good. Next I saw Miss Barbour. She looks very well. Then I went to visit the registrar Major Thorndike. Really and truly he looks wonderful. He is a lot thinner, almost streamlined. Others I saw are Miss Boyle, Dr. Short, Dr. Linton, and quite a few more whose names I don't know. They really have a beautiful set-up and are working very hard. Most of them have lost weight.

This will have to do for now. I just couldn't resist letting you have this news. Please say hello to everyone for me and give them my best regards. I miss you all and often think of you.

As ever
"Bill"

Col. Edward D. Churchill (*c. WS*) is in North Africa, and according to the following account, quoted from letters dated March 8 through April 22 to his family, his duties have covered much territory.

We seem to have arrived at the end of the line. The trip was slower than expected, because of several hold-overs due to pressure of traffic, but it all went very smoothly. We passed over a great deal of very interesting country. Tell Freddy I whittled a splinter off the equator for him.

I am now trying to pick up the threads of a very complex and interlocking organization. When one deals with alphabetical language it is almost like a foreign tongue. The British alphabet is also just different enough from ours to add further confusion. Am planning a trip next week with the British Consultant to visit hospitals. . . .

My last tour was to the front, where I actually saw some shooting. I reached the goal I had set on the map while still in Washington.

It is lonesome at the front. Very little to see except an occasional fast-moving vehicle—oftentimes a jeep—scurrying along leaving a cloud of dust behind. Implements are widely dispersed, not lined up in tidy little rows, as more than two things together is sure to draw the attention of some roving Messerschmitt. Foxholes are conveniently situated, and anything that sticks above the desert floor is camouflaged. The soldiers are in lonely groups of two's, or three's, near their bit of machinery whatever it may be. All are busy watching the air and ready to duck.

The medical personnel at the front is doing a swell job in this lonely and barren environment. They are getting back the wounded in excellent time and in good condition. In the numbers I have seen in many hospitals, only one complained of discomfort. It is really remarkable compared with a civilian hospital. Of course, many are comforted by the fact that they have done their job and now it is over with for them, at least temporarily.

There are many interesting and some amusing experiences in the life of a traveling man. Accommodations vary from comfortable beds to cots in cold tents. Usually enough hot water to shave with; and a roadside lunch out of ration cans is not infrequent. The country is beautiful whether in green fertile valleys, barren mountains, or picturesque desert. Usually cold at night in the highlands—even a skim of ice. In the valleys, warm spring with orange blossoms; by the sea, warm in the morning but chilly and dampish in the afternoon. Fortunately the rains seem to have abated. Roman ruins are not infrequent in certain regions. In one city two large and deep Roman baths, fed by warm springs, were full of soldiers. Arabs are everywhere. They seem to be having a good time, busy about the same things that have occupied them for centuries, tending sheep, riding donkeys, watching their camels and going places—where, they themselves only know. . . .

At present I am on tour within the luxuries of civilization, such as they are. Have been visiting my Alma Mater during the past two days. They have a nice set-up on the sea, which assumed its traditional blue again during my stay.

I am finding a great deal to be done, and am seeking methods for accomplishing the things I should like to do. Time, however, is a limiting factor, as events move by so rapidly.

Promotion in rank as of March 12, 1943, should be noted for Colonel Walter Bauer (*r.p. WM* 1927). He continues to supervise the medical service of hospitals in the extensive area (including four states) assigned to the 8th Service Command with headquarters in Dallas, Texas.

THE NEWS

No. 10 Boston, Mass. July 1943

Honorary Fellowships in the Royal College of Surgeons (F.R.C.S.) have been conferred on Dr. Robert B. Osgood (*WS* 1900) and Col. Elliott C. Cutler (*r.s.* 1916).

Another honor for Dr. Osgood was announced on the cover of the May number of the *Archives of Surgery*: It is labelled "Osgood Number," and the title page states that it is dedicated to him "by his former associates on the occasion of his seventieth birthday." We cannot reproduce its fine photograph of Dr. Osgood, or reprint the two pages of excellent biography into which Dr. John G. Kuhns (*Or.* 1926) has compressed an account of Dr. Osgood's training, his constant achievement, his service to surgery, both in Boston hospitals and abroad during World War I, and his honors. Brief quotations must record both the claim and the pride long felt by this hospital in Dr. Osgood:

> He was elected chief of the orthopedic service at the Massachusetts General Hospital in 1919. Here his unusual ability as organizer and head of a clinic was shown. The orthopedic service of the Massachusetts General Hospital under his leadership became an important center for both undergraduate and postgraduate teaching in orthopedic surgery. In 1922 he became professor of orthopedic surgery in the Harvard Medical School and chief of the orthopedic service of the Children's Hospital in Boston. In 1924 he was made John B. and Buckminster Brown professor of orthopedic surgery. It was in the period between 1922 and 1930 that he, with Dr. Nathaniel Allison [*c.Or.* 1923-29] organized a postgraduate teaching service for orthopedic surgery in Boston that became internationally famous and attracted students from all parts of North America. . . .
>
> We who have been his pupils and associates remember him best as a great teacher. He is known in medical councils as an able executive and a wise counselor. In medical research his part has been chiefly that of giving helpful advice and encouragement, seeking no credit for himself. A man of sound scholarship, facile in voice and pen, of the highest ideals both for his personal life and his profession, generous to a fault, speaking evil of no man, he has wielded and continues to wield a great influence for good on the practice of orthopedic surgery in America.

On a later page, Dr. Rodney F. Atsatt (*Or.* 1926) expressed the affectionate respect Dr. Osgood as an individual has inspired in his students and colleagues. A third tribute appears in an article by Dr. George H. Jackson, Jr. (*Or.* 1919):

> A Boston physician once wrote that no one who had spent a year at the Massachusetts General Hospital under Dr. Bigelow "could fail to recognize the effect on his own subsequent career of the time thus spent. The subtle influence over his students was felt the more for being insensibly exerted." All who have been privileged to serve under Dr. Osgood know how truly this expression of regard applies to their own former chief, whose kind sympathy and ready understanding will never be forgotten.

Dr. Jackson concludes his article with a pleasant anecdote telling how Lt. Col. Robert B. Osgood, and Colonels Elliott A. Brackett and Frederic A. Washburn received Sir Anthony Bowlby and Sir Robert Jones on a well-remembered morning at the Massachusetts General Hospital, and all the orthopedic service made the rounds with their distinguished visitors.

* * *

A monograph, "Management of the Cocoanut Grove Burns at the Massachusetts General Hospital," was published as the entire June issue of the *Annals of Surgery*. It will also be brought out separately in a cloth-bound volume by the J. B. Lippincott Company of Philadelphia. The Table of Contents reads as follows:

Foreword—O. Cope
1. The Problems of the Hospital Administration—N. W. Faxon
2. Social Service Activities—Ida M. Cannon
3. Neuropsychiatric Observations—S. Cobb and E. Lindemann
4. Resuscitation and Sedation of Patients with Burns which include the Airway: Some Problems of Immediate Therapy—H. K. Beecher
5. The Pulmonary Complications: A Clinical Description—J. C. Aub, H. Pittman, and A. M. Brues
6. Roentgenologic Report of the Pulmonary Lesions—R. Schatzki
7. Pathology with Special Reference to the Pulmonary Lesions—T. B. Mallory, and W. J. Brickley
8. Treatment of the Surface Burns—O. Cope
9. Problems of Infection and Chemotherapy C. Lyons
10. Procedures in Rehabilitation of the Severely Burned—B. Cannon;
 with A Note on Physical Therapy—A. L. Watkins
11. The Problem of Burn Shock Complicated by Pulmonary Damage—O. Cope and F. W. Rhinelander;
 with A Note on the Blood Bank—L. Soutter;
 and A Note on the Thrombophlebitis Encountered—F. D. Moore
12. Metabolic Observations—O. Cope, I. T. Nathanson, G. M. Rourke and H. Wilson
Protocols
Colored photographs

Dr. Hugo Behm of Santiago, Chile, was a recent visitor in the Department of Surgery. Dr. Gustavo Bernes of Havana, Cuba, and Dr. Carlos Noble and Dr. Carlos Zamarripa, of Mexico City, will spend several months as visitors in the Department. Their special interest is in thoracic surgery.

A course for the clinical training of theological students and ministers, under the direction of Rev. Rollin J. Fairbanks, is being given this summer, for the tenth consecutive year. Mr. Fairbanks was formerly rector of St. James's (Episcopal) Church, Grosse Ile, Mich. On January 1, 1942, he was appointed by the Massachusetts Council of Churches as Protestant chaplain for this hospital, and their director of clinical training for ministers. The course includes orderly service, observation of operations and post mortems, visiting of patients, notewriting, clinical seminars, and lectures by members of the Hospital staff. The training program began on May 24, and will be in two sessions of six weeks each. The course is conducted under the auspices of the Ella Lyman Cabot Trust.

This special training at the Massachusetts General Hospital was first introduced by Dr. Richard C. Cabot (*EM* 1894) and Rev. Russell L. Dicks, who later collaborated on a textbook entitled "The Art of Ministering to the Sick." Mr. Fairbanks did special clinical work here under their direction. In 1936 he took the course, and has had similar training at the Worcester State Hospital. He also served on the special labor mediation commissions appointed by the Governor of Michigan to consider labor disputes at two Detroit hospitals.

The Trustees have granted leaves of absence to Drs. Tracy B. Mallory and Richard Schatzki, "because of military service, with the understanding that they may resume their present positions on the Staff upon completion of this service." They have voted the following promotion and appointments:

Dr. Clayton H. Hale, from Resident Radiologist to Radiologist, beginning June 1, 1943
Dr. Fathollah Keshuar Mostofi, as Second Assistant Pathologist
Dr. Frederic B. Mayo, as temporary Resident on the Neurology Service during July and August, and as Assistant Resident on the Medical Service beginning October 1, 1943
Dr. Edward W. Shannon, as Assistant Resident in Neurosurgery beginning August 1, 1943
Dr. James d'Aumont Roth, as Intern in Medicine beginning October 1, 1944

The General Executive Committee has appointed the following Graduate Assistants:

Dr. Edward W. Miskall, in Medicine with Dr. Paul D. White
Dr. Carl S. Sawyer, in Dermatology beginning July 1, 1943
Dr. John F. Tannheimer, in Medicine until October 1, 1943, when he comes on service as Intern in Medicine
Dr. André A. Weil, in Neurology.

PUBLICATION OF MANUSCRIPTS

Members of the Staff are reminded that all manuscripts should be reviewed by the heads of their departments before being submitted for publication. When pathologic or x-ray reports are included in articles, it is suggested that since these reports, although factual, are not always in a form suitable for publication, the author consult with the Pathology or X-ray Departments before using them.

N. W. Faxon, M.D., Director

By vote of the General Executive Committee on June 2, 1943, the following rules were approved:

RULES GOVERNING ORDERS FOR PATIENTS

Treatment orders shall be written and signed only by doctors, subject to certain exceptions hereinafter noted. All orders for medication must specify method of administration and dosage, preferably by weight. Abbreviations should be avoided. Trade names shall not be used but official abbreviations of chemical names may be used. Orders must be legibly written in ink.

Procedure for Visiting Staff

Orders for routine care, including diets, bed orders, ordinary cathartics, standard intravenous glucose and saline infusion and simple harmless medications may be accepted verbally by a nurse who shall write the orders, the doctor's name and add her own initials. All other orders including other medications and requests for consultation, x-ray, and physical therapy, must be signed by a doctor.

Exceptions to the above may be permitted only when the doctor cannot be present. Under such conditions verbal orders for a *single medication* may be accepted by a nurse who shall write the order, repeat it over the telephone for confirmation, write the doctor's name and add her own initials. The doctor shall be responsible for verifying such orders at his next visit, by initialing them.

Requests for consultation should specify what questions are to be answered.

Requests for x-rays should specify areas to be examined and problem to be considered and, if possible, probable diagnosis.

Requests for physical therapy should specify reason for physical therapy and length of treatment before patient returns for review.

Patients in the Phillips House and Baker Memorial may be discharged on verbal orders, but discharge stamp must be completed in the record and signed by a doctor.

Procedure for Residents and Interns

Members of the House Staff shall write and sign all their own orders. Exceptions to this shall be only for justifiable cause, such as operating, and after 11 P.M. Under such conditions verbal orders may be given for a *single medication*, written by a nurse, who shall repeat it over the telephone for confirmation, write the doctor's name and add her initials. Such orders must be countersigned personally by the doctor when next on the ward.

N. W. Faxon, M.D., Director

DISPENSING OF DRUGS

By vote of the General Executive Committee on June 9, no drugs shall be dispensed by the Pharmacy unless listed in

1. U. S. Pharmacopoeia
2. National Formulary
3. American Medical Association — New and Non-Official Remedies
4. Hospital Formulary

Members of the Visiting or Resident Staff may recommend new drugs to the Pharmacy Committee for addition to the Formulary.

N. W. Faxon, M.D., Director

OFFICIAL NOTICES

LIST OF DRUGS APPROVED FOR ADDITION TO HOSPITAL FORMULARY

Preparation and Dosage Form

- Acetyl-Beta-Methylcholine Chloride (Mecholyl)
  - .025 Gm. ampule
- Adrenal Cortical Extract
  - 10 cc. bottle 50 units per cc.
- Amino Acids—Parenteral solution (Casein Enzym.-Hydrolysate, Mead Johnson)
  - 500 cc. 10%=50 Gm.; 1000 cc. 5% in 5%; dextrose=50 Gm.
- Amino Acids—Parenteral solution (Casein Acid-Hydrolysate, Stearns)
  - 100 cc 15%=15 Gm.
- Amino Acids-Powder, Food Supplement (Arlington)
  - Bulk
- Amino Acids-Powder, Food Supplement (Mead Johnson)
  - Bulk
- Amino Acid Infant Formula (Mead Johnson Nutramigen)
  - Bulk
- Anhydro-hydroxyprogesterone
  - 5 mg., 10 mg. tablet
- Ascorbic Acid (Vitamin C)
  - 0.1 Gm., 0.5 Gm., 1.0 Gm. ampules
- Calcium Caseinate
  - Powder
- Calcium Pantothenate (F. F. Factor)
  - 50 mg. ampule; 1 mg., 10 mg. tablet
- Chlorophyll
  - Ointment
- Choline Chloride
  - Experimental
- Chorionic Gonadotropin (Follutein, A.P.L.)
  - Ampules of 100 or 500 units
- Congo Red
  - 0.1 Gm. ampule
- Desoxycorticosterone Acetate (Doca)
  - 10 cc. ampule=50 mg. in oil
- Diethylstilbesterol (Stilbesterol)
  - 1 cc. ampule=5 mg.; Ampule 1.0 mg., 5.0 mg.; Tablets 1 mg., 0.5 mg.
- Dihydrotachysterol (A.T.10.)
  - Each cc.=1.25 mg.
- Diiodohydroxyquinoline
  - 1½ gr. Vag. tablet
- Diphenylhydantoinsodium (Dilantin sodium)
  - 0.1 Gm. or 1½ gr. capsule
- Enesol
  - 30 mg. ampule
- Ergonovine Maleate (Ergotrate)
  - Tablet 0.4 mg. or 1/150 gr. ampule
- Estradiol benzoate
  - 1 cc. ampule=1.66 mg. in oil; 1 cc. ampule=0.33 mg. in oil
- Estradiol diproprionate
  - 1 cc. ampule=5 mg. in oil; 1 cc. ampule=1 mg. in oil
- Fungus Extract
  - Oidiomycin 1-30; 1-1000 ampules
  - Trichophytin 1-30 ampule
- Glutamic Acid Hydrochloride (Glutan H-C-L)
  - 0.3 Gm. or 5 gr. capsule
- Histaminase
  - 10 U. tablet
- Indigo Carmine
  - 40 mg. tablet
- Lanatoside C. (Cedilanid)
  - Ampules, 2 & 4 cc. each containing 0.2 mg. or 0.8 cat unit
- Liver Extract & Iron
  - Capsule
- a-Lobeline Hydrochloride
  - 3 mg. or 1/20 gr. ampule
- Methyl Testosterone
  - 10 mg. tablet
- Milk Proteins
  - 5 & 25 cc. ampule
- Niacin (Nicotinic acid)
  - 50 mg. ampule
- Niacinamide (Nicotinamide)
  - 100 mg. ampule
- Oil Mellaleuca
  - Bulk
- Penicillin
  - As provided when available
- Progesterone
  - 1 cc. ampule=1 mg. in oil; 1 cc. ampule=5 mg. in oil
- Pyridoxine Hydrochloride (Vitamin B 6)
  - 50 mg. ampule
- Riboflavin
  - 10 cc. ampule-10 mg.
- Snake Venom Solution (Moccasin)
  - 1-3000 ampule
- Sodium Formaldehyde-sulphoxylate
  - 10 Gm. sealed tube
- Sorbitol
  - 25 Gm. ampule
- Succinyl Sulphathiazole (Sulfasuxidine)
  - 0.5 Gm. or 7.7 gr. tablet
- Sulpho-Napthol
  - Solution
- Sulphonated Oil (National Oil Products Co.)
  - Bulk
- Syrup Cocillana Compound
  - Bulk
- Syrup Senna Pods
  - Bulk
- Syrup Vitamin B Complex Conc. M.G.H. (Synthetic)
  - Bulk
- Syrup Vitamin B Complex (Natural-Fortified)
  - Bulk
- Testosterone Proprionate
  - 1 cc. ampule=10 mg.; 1 cc. ampule=25 mg.
- a-Tocopherol (Vitamin E)
  - 25 mg. tablet
- Vaccine Ducrey
  - Ampule
- Vitamin B crystalin complex
  - Ampule: 10 mg. thiamin; 5 mg. riboflavin; 5 mg. pyridoxine; 5 mg. Ca pantothenate; 50 mg. nicotinamide
- Vitamin D concentrate
  - Capsule—50,000 units each
- Vitamin D_3 and A in 95% ethyl alcohol (alba)
  - Each drop contains 50 units D_3 and 500 units A
- Vitamin K—Water Soluble
  - Ampule 5 mg.; Tablet 5 mg.

June 16, 1943

N. W. Faxon, M.D., Director

The following letter began with this statement: "THE NEWS has been an admirable gazette for the M.G.H. intelligence service, and we should like you to know how welcome it is each month." THE NEWS is grateful for this and many similar statements, but in its turn it wishes everyone to recognize that this satisfactory situation has resulted only through the continuous receipt of letters such as Captain Fuldner's and of information sent in by M.G.H. men everywhere. Send pictures, too, if you can.

Our organization is the 39th General Hospital (the whilom Yale Unit), which was activated at Camp Edwards last July and has since come to rest somewhere in the Pacific. I hope you appreciate that "rest" is purely a figure of speech; we do.

Five of us with the 39th General Hospital were once at the M.G.H. Major Edward Ottenheimer [*ES* 1924] is acting chief of the surgical service; Major Merrill Moore [*Gr. a. in N.* 1933] is in charge of the neuropsychiatric section; Captain Luther Strayer [*Or.* 1939] is on the orthopedic service; Miss Elizabeth Russell, who was in the Social Service Department from 1937 to '31, heads our Red Cross; and the undersigned [*Or.* 1939]. Apparently none of our nurses are of M.G.H. origin, but they do well in spite of such handicap. Paul Hansen [*EM* 1939] was briefly attached to our unit while we were at Edwards. Should his eye fall on this, I hope he will let us know of his whereabouts.

Our unit embarked toward the close of last year and was fortunate in an uneventful passage across a certain very large body of water. The transport was crowded but happy, the presence of our many nurses being responsible for both conditions. The junior officers slept sandwich style—one man on top, one on bottom and one between, with thin intervening layers of canvas. Our rations were based on sound dietetics, of which I understand a cardinal principle to be that one should quit the table feeling he might relish just a bit of something else. The ship was quite well stocked, at least at the beginning, and supplied us with part of the setting for the long hours of the blackout. The rest of the setting comprised such varied props as a random quartet, a blanket on deck, and the spangled skies.

Our hospital is in the suburbs of a good-sized city, and comprises a very fine layout in the usual Army style. We are fortunate in a beautiful location and in the kindly welcome extended to us and to all Americans by the people of this country. Our unit arrived while the hospital was building, so we all contributed to the design of buildings and equipment, and think an unusually well-planned installation has resulted. Those of us in orthopedics are especially proud of the operating room, the plaster room (very much like the one in the White Building), and the physical therapy department. One of our patients, who had been serving as a medical officer "up above," was mildly astonished when asked to cover his street shoes before entering our operating room; he said he must have reached civilization at last, as he had been operating in hip boots with mud to his knees.

As orthopedists we are finding our rôle less active than we might wish. Not that we haven't many details to keep us busy; but the patients have received primary definitive treatment by the time they arrive here, and they do not tarry long enough to enter upon the reconstructive phase of treatment. However, we manage to keep some plaster under our fingernails, and derive our satisfaction from the sincere appreciation most of the patients exhibit.

So far as life outside our work is concerned, the movies are a chief source of amusement; they are an efficient antidote to the lethargy that alternates with hard work in the military milieu. Then there are dances, excursions and parties; and people have been exceedingly generous about asking officers and enlisted men to their homes. The country has taken the American soldier to its bosom, in a manner of speaking, and many a soldier will leave fond remembrances behind him, some in rather tangible form. But while we feel exceptionally fortunate in having our post here, our hearts are still at home and we all look forward to the day when we shall recover them again. Meanwhile it's

"Effort and expectation and desire,
And something evermore about to be."

We're not quite sure just what the "something evermore" is that we're all working for, but I guess in simple language it's getting home to the folks with a well-done job behind us.

With greetings from the five of us to all our friends at home and abroad.

For the crowd,
RUSSELL V. FULDNER,

Word has since been received from Lieutenant Hansen that he is with the 15th Evacuation Hospital. His comment for THE NEWS is brief but significant: "The 15th Evacuation Hospital has been on the African front."

Lt. Edward L. Young III, MC, AUS (*WS* 1942) was commissioned on April 17, 1943, and went into active service on May 7. He reports to the War Records:

> Leave here on June 17 for Atlanta, where I join my unit, the 4th Auxiliary Surgical Group at the Lawson General Hospital. Carlisle Barracks has been well termed the West Point of Medicine. Doug Farmer was in this class; Ed Lambert, Brad Millet, Don Baker were ahead of us.

Dr. Vernon P. Thompson (*Or.* 1925), Assistant Clinical Professor of Surgery (Orthopaedic) at the University of Southern California Medical School, was called to active duty as a Major, MC, AUS, on February 19, 1943. He has been assigned to the Ashburn General Hospital at McKinney, Texas, in charge of the orthopaedic section.

A letter of May 15 to Comdr. James C. White gives word that Capt. W. Beecher Scoville, MC, AUS, (*r. NS* 1938) is in service and is stationed at McCaw General Hospital, Walla Walla, Wash. He writes: "I am happy here doing the Army neurosurgery for the Northwest and Alaska casualties. We have one half of the ward filled at all times with ruptured intervertebral discs."

Lt. Albert W. Kitts, MC, USNR, (*CM* 1941), still with the 1st Marine Division, writes to the War Records:

> After almost two years with the Fleet Marine Force—with the same outfit, in fact—I feel like a "gyrene." Have enjoyed the sometime companionship of Sprague, Hunter, Ted Pratt, Johnson, McGinn. We were about to have our group picture made at one time, but suddenly got very busy and missed the opportunity to compete with General Hospital No. 6.

...—V...—

As director of the American Red Cross-Harvard Field Hospital in England, Colonel John E. Gordon (*cons. prev. med.*) saw early service in making preliminary surveys and arrangements for that unit. The hospital, equipped and constructed in 1940-1, under the supervision of Dr. Gerald F. Houser (*asst. dir.*) has since been taken over by the U. S. Army as its central laboratory in Great Britain. Colonel Gordon reports on his present activities:

> Nothing particular has happened to me personally of late except a promotion in early April to the rank of full Colonel. I still have my same work as Chief of the Division of Preventive Medicine in the Office of the Chief Surgeon, ETO. The obligations of that Division continue to expand, the latest development being the addition of a section on Military Occupational Hygiene which deals with the personal comfort and health of the soldier. I see Elliot Cutler from time to time, and there are a goodly number of younger men from the Boston area in this theater of operations.

Capt. Daniel C. Dawes, MC, AUS, wrote during May to the War Records from the 10th Replacement Depot, APO 874, N. Y.: "Have been transferred several times, but hope I do not lose touch with the M.G.H." Captain Dawes, a senior physician at the McLean Hospital, was assigned to the 6th General Hospital upon its activation, as a ward officer in the neuropsychiatric section. Later he was detached for service with the 160th Station Hospital.

Lt. Col. Jack Spencer, MC, AUS (*a vis. R.* 1937-8) reports his promotion from Major, on May 18, 1943. He is with the 67th General Hospital overseas, and writes: "We have an excellent hospital—partly British and partly American equipment." In a letter to Dr. Holmes he gives more technical information and adds: "I had the chance to get to a monthly meeting of the British Institute of Radiology. The English have been extremely nice to us, kind enough to share their fishing in the —— River. Lots of trout. Two of us caught twelve the other afternoon."

During April promotion to Major was received by Capt. Leo B. Burgin (*CM* 1932), executive officer of the 1st Medical Battalion. He wrote, early in May: "Following a bombing episode while at Jafsa, I performed my first bit of pediatrics since leaving the Hospital: wrote a formula for an infant whose mother's milk gave out suddenly as a result of the bombing. Since then, back at my administrative duties. Regards to the Children's Medical Services."

A report in April from Capt. Charles D. Roberts, MC, AUS, (*r.p.* 1938) states: "Keeping busy and happy in North Africa. Thus far have seen no fellow alumni, but hope to."

Dr. Edward B. Benedict (*WS* 1926) is a civilian consultant in endoscopy at the Chelsea Naval Hospital. He makes the following brief comment on his work there: "For about two years I have been examining by gastroscopy some of the Navy personnel for seasickness and so-called 'destroyer stomach.' Results of these observations will later be published. Not long ago I was interested to hear a rumor that a gastroscope might be needed in North Africa to differentiate gastritis from malingering and to determine in this way which patients should be sent home and which returned to duty."

In response to our request for a supplementary report on the work of his department in the Hospital, he provides a short summary. "The Hospital staff now seems to be pretty well aware of the importance of the various endoscopic procedures, as evidenced by the following figures: In 1937, for example, I performed 115 bronchoscopies, 12 esophagoscopies, 94 gastroscopies, and 25 peritoneoscopies, or a total of 246 endoscopies. In 1940 the total figure more than doubled to 592, divided as follows: 244 bronchoscopies, 63 esophagoscopies, 210 gastroscopies, and 75 peritoneoscopies.

"'My day' runs somewhat as follows (taking today as an example): 9 o'clock—bronchoscopy lecture to Army officers taking course here in thoracic surgery; 11 o'clock—gastroscopy at Peter Bent Brigham Hospital for question of gastritis; 2 o'clock—six bronchoscopies, one for bronchial adenoma, one for bronchiectasis (with bronchogram), two for tracheobronchial tuberculosis, one for question of carcinoma, one for lung abscess.

"An interesting phase of the work in peritoneoscopy is observation and biopsy of the liver in the differential diagnosis of carcinoma and cirrhosis, and in the observation of cirrhotic livers before and after medical treatment. This work is being done largely in association with Dr. Chester M. Jones. The consulting work in outlying hospitals is increasing, but in general physicians need education as to the usefulness of the various endoscopic procedures and the ease with which they can be performed.

"I miss the assistance of Captain Lowrey Davenport (now with the M.G.H. Unit) and Dr. Ralph Adams (now at the Lahey Clinic) in bronchoscopy, and of Major Thomas Urmy (now at Camp Chaffee, Arkansas) in gastroscopy. We welcome the assistance of Dr. Robert Brown in bronchoscopy, and occasionally in esophagoscopy and peritoneoscopy."

Dr. A. W. Reggio (*WS* 1914) replied to inquiry about a recent promotion:

> Something new *has* been added! On April 21, 1943, I was sworn in as Senior Surgeon (R) U.S.P.H.S., and am the Regional Medical Officer for O.C.D. Region I, which comprises the six New England States. This means a boost to the equivalent Army rank of Lieutenant Colonel, sporting the silver leaf instead of the gold. . . . I am finding out how lovely the six N. E. states are—and how glad I am at not having to stay in Washington for more than two or three days at a time.

Prologue to New England. By Henry F. Howe [*r.s.* 1934]. Farrar and Rinehart, 1943, New York.

How few of us doctors have interests outside our own profession and how much we lose of life through that lack. If I were to give advice to a physician just starting in practise it would be to cultivate a hobby. It was through the cultivation of a hobby that Henry Howe came to write "Prologue to New England." With a little time on his hands he became interested in collecting Indian relics. As his collection grew his picture of the life of the stone age Indian became a little clearer. He began to read accounts of the earliest explorations of these coasts and was astonished at the number of recorded voyages made to New England in the fifteen and early sixteen hundreds. He began to talk with friends, and was surprised to find how few of them realized that New England had a long and eventful history antedating the fateful voyage of the Mayflower. I am afraid most of us would have stopped at this point. Not so, Henry Howe. He decided to "tell the world," and this book of more than 300 pages is the result. It is a workmanlike job, with reproductions of old maps and copious quotations from original sources. A full bibliography and an index add to its usefulness. It is well worth reading.

But let me give you a sample of the fare. My selection is from the report of a voyage made by an Englishman named Martin Pring in 1603, the year Queen Elizabeth died. As far as is known, Pring was the first to enter and describe Plymouth Harbor where seventeen years later the Pilgrims were to land:—

"'Departing hence we bare into that great Gulfe, which Captain Gosnold over-shot the year before, coasting and finding people on the north side thereof. Not yet satisfied in our expectation, we left them and sailed over and came to anchor on the South side in the latitude of 41 degrees and odde minutes.' The 'great Gulfe' was, of course, Massachusetts Bay and the above note is the first record in the annals of Cape Ann; Gosnold had passed it the year before during the night. . . . 'We went on land in a certain Bay which we called Whitson Bay. . . . this excellent Haven at the entrance whereof we found twentie fathomes water and rode at our ease in seven fathomes being Land-locked, the Haven winding in compasse like the Shell of a Snaile.'

"To anyone familiar with the Massachusetts coast this description leaves little doubt as to the identity of 'Whitson Bay.' The latitude is indeed about half a degree in error, but in most other details the account conforms perfectly with the Plymouth of the Pilgrim Fathers. So here were English vessels riding at ease in Plymouth Harbor—seventeen years before those wanderers set foot on Plymouth Rock! As we later observe, a French vessel of Samuel de Champlain, a ship from Dutch Manhattan, a pinnace of Captain John Smith, a ship of one Thomas Hunt, and the pinnace of Thomas Dermer were also to enter this port before the justly memorable year of 1620."

I could go on and on, but read it for yourself.

DONALD MACOMBER [*SS* 1911]

In THE NEWS for May 1943 a notice of the *Handbook of Health for Overseas Service,* duplicating an announcement issued by the Harvard University Press, stated that its authors are G. C. Shattuck and C. G. Mixter. The title page of the book, just published in its revised second edition, discloses its authors as Dr. George Cheever Shattuck and Dr. William Jason Mixter. THE NEWS wishes to offer apologies to both Drs. Mixter, and to add that the little book is both attractive and strikingly practical. A copy of it has been presented to the Treadwell Library.

During the absence of Major Tracy B. Mallory the Department of Pathology and Bacteriology will be administered by Dr. Benjamin Castleman (*P* 1932).

Major Richard Schatzki, MC, AUS, (r.). was called to active service on June 2. He is now at the Lovell General Hospital at Fort Devens, Mass. Dr. Laurence L. Robbins has been made Radiologist in Charge at the General Hospital, to replace Dr. Schatzki; Dr. William E. Davis, now Assistant at the Baker Memorial, is to be in charge there; Dr. Clayton H. Hale, senior resident in the Department, has been appointed Radiologist and will replace Dr. Davis.

Dr. Champ Lyons (*WS* 1933) left June 1, 1943 for Halloran General Hospital, Staten Island, N. Y., where he will do research work for the Government. Dr. Lyons, a member of the Hospital staff since 1937 and an Assistant Surgeon since 1940, was in charge of surgical bacteriology work for the Department. Dr. John D. Stewart (*ES* 1930), who resigned in 1941 as Assistant Surgeon to become Professor of Surgery at the University of Buffalo Medical School and Surgeon in Chief at the Edward J. Meyer Memorial Hospital, will be associated with Dr. Lyons. M.G.H. co-workers are Miss G. Margaret Rourke, for several years a chemist in the Surgical Research Laboratory, and Mrs. Jane Brooks, secretary to Dr. Lyons.

Major Clark Young, MC, AUS, (*ES* 1923) State Medical Officer for Utah, writes from the Selective Service headquarters in Salt Lake City:

> In my capacity as State Medical Officer—non-adventurous though highly interesting work—I am able to keep abreast of the growth of the Armed Forces and at least can read the Army Medical reports, though I am not exposed to any medical practice. I look with envy on the exploits of the 6th General Hospital in North Africa and the 105th, with my classmate Gus Thorndike commanding.
>
> The "News" is a breath of Charles River air on the alkaline shores of the Great Salt Lake. I am surprised at the number of men mentioned with whom I worked and played—back in 1921-23, when I was East Surgical Pupil. Pete Churchill, Leland S. McKittrick, Charlie Lund, Howard Sprague (in the South Pacific) Tracy Putnam, (than whom there never was a finer chap), Goethals, Resident in O.B. when I was a benightedly ignorant third year man down on "the district," Dr. Kazanjian who graduated in my class of '21 (and many congratulations to him for his fine work). Thanks for remembering those of us far from "The Hub," and best wishes to all.

Another assignment to aviation medicine is reported to the War Records by Dr. William Parson (*c.r.p.* 1942).

> After being rejected by the MGH unit and then by the Army Air Corps, I spent a year at Johns Hopkins and now have got as close to the Army as possible; am working [as medical officer] with the Pan American Airways, Africa-Orient Division (under Army Transport Command) with Olie Pearson.

Col. Elliott C. Cutler recently sent to Dr. Faxon an official communication. It is reprinted here:

Office of the Chief Surgeon
European Theater of Operations
APO 871

Subject: Notes made concerning the meeting held at the 5th General Hospital, U. S. Army, 1 May 1943.

This day was selected since it was a Saturday and almost coincided with the arrival of this unit, originally in Northern Ireland, a year previously. This unit was the first U. S. Army general hospital to reach a theater of operation. It was preceded by only one station hospital. The meeting consisted of the following program:

1030 *Post Inoculation Hepatitis.*
T. L. Badger, Lt. Col., M.C., AUS.
Discussion:
J. McMichael, F.R.C.P., F.R.S.
W. H. Bradley, D.M.
John E. Gordon, Col., M.C., AUS.
1230 Luncheon.
1330 Inspection of hospital and exhibits.
1430 *Traumatic Shock.*
J. McMichael, F.R.C.P., F.R.S.
Discussion:
J. E. Dunphy, Major, M.C., AUS.
R. V. Ebert, Capt., M.C., AUS.
A. N. Drury, M.C., M.R.S., M.A.
1530 *The Crush Syndrome.*
E. G. L. Bywaters, M.B., B.S., M.R.C.P.
Discussion:
A. N. Drury.
1630 Tea.

The Meeting was in every way a great success, and some 250 people attended. . . . At the end of the day promotions came through, and Colonel Keeler and Colonel Cutler pinned the new leaves on those promoted, as follows:

R. M. Zollinger: Major to Lt. Col.
Moses Strock: Major to Lt. Col.
Richard Warren: Capt. to Major.
Thomas Quigley: Capt. to Major.
Emerson: Capt. to Major.
Ebert: Capt. to Major.

* * *

Since leaving the Hospital last August, Col. Walter Bauer (*p. & r.p.* 1927) has returned to his laboratory colleagues here three bulletins describing his work as Medical Consultant and Coördinator of Medical Activities for the 8th Service Command. Because these bulletins, being infrequent, are formidably long and because they contain much specific information, they cannot be quoted here with justice to their content. They give a detailed picture of the provisions for hospitalization in this large command and comment on general problems of military medicine and the personnel necessary to provide such a service.

The first bulletin, received soon after Colonel Bauer's arrival at his headquarters (then in San Antonio, now in Dallas), gives an account of his assignment at the Walter Reed Hospital in Washington and brief visits to several of the large Army hospitals en route. The second bulletin arrived in November, with explanations:

> Time is scarce for a number of reasons: 1. Because we work seven days a week. 2. Because my immediate chief works seven days a week. . . . The job continues to be as interesting as ever, in fact, more so now that I begin to learn the ropes. A tour of duty may last anywhere from five days to three and one-half weeks. The distance covered may vary anywhere from a few hundred miles to two or three thousand miles. I hope the Air Force will deem it necessary for us to have airplanes whenever we need them. This section of the country does not have the railroad system we are accustomed to in the East, and we oftentimes find ourselves dumped out at some little railroad station anywhere between 3:00 and 5:00 a.m. and not infrequently we board the next train between those hours. Nevertheless, it is all good fun and a very rare experience.
>
> On my first trip out I visited the state of Louisiana. My second tour of duty took me to Dallas, Texas. This was most fortunate in that it gave me an opportunity to find a home for my family. My job in Dallas was to visit the recruiting and induction stations.

Colonel Bauer has given specific comments on the type of hospital and the medical service provided at each of the camps he has visited. They cannot be quoted in detail but these more general statements will be read with interest:

> This particular experience merely serves to re-emphasize the belief I have long held, that station hospitals should be sufficiently well organized to furnish educational programs comparable to those that exist in civil teaching hospitals. An abundance of clinical material is always at hand. If these most unusual clinical facilities were used in this manner, it would be possible to institute one of the largest experiments in post-graduate medical education ever undertaken, the direct result of which would be increasingly better professional care for our soldiers and an improved American medical profession. All that is needed to set such a program in motion is a group of experienced teachers of clinical medicine and surgery to act as chiefs of service. If such chiefs of service were protected from heavy administrative load, it would be relatively easy to institute a program. I have wondered if there are not a large number of men between forty-five and sixty years of age who would welcome the opportunity to participate in an army medical, educational and professional service program of this type.
>
> I might next bore you with the details of what I do when I visit each of these station hospitals. I first report to the Commanding Officer of the station hospital. He in turn sees to it that I meet the Commanding Officer of the camp. Once these formalities are over, I am ready to go to work. I next contact the chief of the medical service. In addition to making ward rounds each day, which may take anywhere from four to eight hours, I also make it a point to spend as much time as necessary in the laboratory, x-ray department and dietetic department. It is also my duty to see how they are treating their patients for gonorrhea. . . . On my last trip out, I visited nothing but induction stations. As things are now set up, we have one consultant for each of the three divisions: Internal Medicine, Neuropsychiatry and Surgery. We spend about eighty per cent or so of our time in the field, coming in every few weeks for conferences.

The third bulletin, received early in June, is indeed a document, as it includes Colonel Bauer's summary of his first six months' activities with the 8th Service Command. But it also gives news of Colonel Bauer himself:

> En route back to Dallas, I contracted atypical pneumonia. The disease was mild in nature and only moderately inconvenient. It did afford me an opportunity to spend a week at home. Once I had fully recovered I took to the road again. My first trip took me to the Rio Grande Valley country, which, by the way, is very nice. It is much like Florida in that it has a considerable citrus fruit industry. They also raise immense quantities of cranberries and vegetables, particularly spinach. I wouldn't have thought there were enough people in the world to consume this amount of spinach. On this trip, I did most of my traveling by army plane and visited a total of fourteen institutions. . . .
>
> Fort Sill, as you know, is one of the real homes of the American artillery. After watching them for one afternoon I can attest to the fact that they are damned good. I would much prefer to be attacked by dive bombers than by American artillery if it is always as accurate as it was the afternoon I watched them. . . .
>
> Harmon General Hospital is one of the newer general hospitals, having been activated only a few months ago. None other than Alex Marble is Chief of the Medical Service, and as you can well imagine, he is doing an excellent job. I would be willing to bet that if they furnish him with a sufficiently good medical personnel, he will run as good a general hospital medical service as we have in this Command. Having been on active duty so long, he is well versed in everything that pertains to the Army and to Army Medicine. He goes about his work in the same quiet, unassuming manner we all were accustomed to witness when he was at the General. He is extremely fair in his dealings with his fellow men and commands their respect to the utmost. Every man I talked with considered himself fortunate to be working under Alex Marble. He runs excellent grand rounds, weekly conferences, a good journal club and all the other good things any first-rate institution should have. Again, we can be proud that our M.G.H. alumni can turn out the type of work exhibited by Starr and Marble.

These are but excerpts from many pages of administrative and medical detail. In concluding his third bulletin Colonel Bauer wrote:

> While writing this report, I have been more conscious than ever before of the freedom of thought and action I have been allowed since assuming my duties as medical consultant to the Eighth Service Command. This encourages me to try to do an increasingly better job. The manner in which the consultant service in this Service Command operates is not unlike that found in medical schools. The Chief of the Medical Branch functions much as would the dean, and the consultants as do the heads of their respective departments. The discussions that take place at these miniature faculty meetings are frank, straightforward and always beneficial.

Word has come from Lt. Col. F. Dennette Adams, MC, AUS (*WM* 1918). He and Colonel Bauer hold similar positions in separate geographical commands:

> Since February 15, 1943, I have been assigned to the 5th Service Command as Medical Consultant. The duties consist of visiting the military hospitals in Ohio, West Virginia, Indiana and Kentucky, conducting visits on the medical wards, discussing medical problems with the officers, and attempting to correlate medical activities throughout the Command. It is an altogether interesting experience. I am fortunate in having as traveling companion our Surgical Consultant, Lt. Col. Claude S. Beck, of Cleveland, who is well known to members of the MGH staff.
>
> Since most of the medical installations in the 5th Service Command are officered by men who formerly practiced in this section of the country, I have not had the good fortune to meet many MGH graduates in the course of my travels. But I am constantly being subjected to lesser attacks of nostalgia as I encounter familiar handwriting and signatures on medical records of overseas men returned from the 6th General Hospital, 5th General Hospital, 105th General Hospital and the Naval Hospital in New Caledonia. Questioning of the patients always brings forth enthusiastic replies concerning the care they have received and the kindness of the officers. I have been greatly impressed by the completeness of the records and the thoroughness with which the patients have been studied and treated—under what must be very difficult conditions.

MAY 24, 1943

Monday, May 24, was Volunteer Day. This pleasant interlude was arranged by Mrs. David B. Arnold, chairman of the Ladies' Visiting Committee, and director of the MGH War Service, Miss Eleanor Greenwood, director of the Volunteer Service Bureau, and Miss Lucy G. Moore, Chief of Occupational Therapy, in recognition of the extensive help being given to 24 departments by the various corps of volunteers. To the 970 persons who have given service during the last year, announcements were sent inviting them to picnic in the yard and to witness a small pageant. Officers of the Hospital were their guests.

The day was perfect. Over five hundred people were present, and the yard was full of the pleasant noise and color of the occasion. Dr. Faxon welcomed the gathering, expressed the Hospital's gratitude, and commented on the tradition of volunteer service in the Hospital. Then came the pageant, "Volunteers for Victory: A Dramatic Panorama."

Dr. James H. Means, speaking from the Bulfinch porch, was the narrator, and volunteers in their distinctive uniforms were the cast. On the Bulfinch terrace below, the first Lady Visitor welcomed her early sisters, and saw the volunteer services increase until their representatives filled the Bulfinch steps. The part each service performs in the Hospital was then shown by the arrival of a patient, (Dr. Charles W. Robertson, disguised in red flannel underwear) his admission, treatment, and discharge (all in spite of himself). Musical interludes were agreeably supplied by a piano, strings and trumpet. This brief but excellent performance closed as a final "V" of volunteers, massed on the Bulfinch steps and terrace. As their banner unfurled from the balcony rail, they recited their vow: "I will strive to understand the traditions and uphold the high standards of this institution, with loyalty. I will be cheerful, willing, and faithful in fulfilling my duties. I will be an ambassador for the Hospital among all people, at all times, and in all places."

Word has been received by Mrs. James Keeley that her son, Captain James K. Keeley, MC, AAF, (*NS* 1937) is a prisoner of war under the Japanese Government. This is the first news of Captain Keeley since May 1, 1942. At that time information was received of his promotion. When called to active duty with the Army in September 1941, Captain Keeley was working under a fellowship at the Mayo Clinic. He was for a time in Manila, and on December 11, 1941, was reported in Cagayan, Mindanao. Since that date he had been officially listed as missing in action.

The presence of the 6th General Hospital in North Africa continues to be much appreciated by M.G.H. colleagues. Capt. W. E. Flood, MC, AAF, (*r.p. D,* 1942) writes: "I spent three wonderful hours with the 6th General not long ago. It made me feel quite homesick to see everyone I knew. They have one of the best set-ups I have seen over here."

HEADQUARTERS 6TH GENERAL HOSPITAL

May 2, 1943

Dear Dr. Faxon:

For several weeks after our arrival life here was both busy and complicated but orientation came as we managed to tackle and get on top of problems as they arose. In the last fortnight we have "evened off, steady on the course," and it is my firm belief that all have made the adjustment. It was not easy for many to go from the leisurely, if expectant, tempo of the Blanding days into the heat of what (for a unit of this sort) is the peak of military professional activity. We have set up beds and cared for patients in the midst of physical alterations; we have managed to care adequately for those sent us; our rate of deaths among seriously sick and injured casualties has been satisfactorily low; we have gradually accumulated the critical supplies necessary to function; and now are having a breathing spell.

With everyone perfecting himself in his job, the details which the chiefs of services and departments have had to face and solve are much diminished, and those supposed to guide and execute policy rather than detail have been able to function in the former capacity. I am at long last beginning to make personal contacts among other services and staff branches at Headquarters, to learn the short cuts so necessary to get things done. The only weak spot in the organization is the mess department, which is in process of radical reorganization. All other departments and all the services are excellently handled, and no one could have better support than your correspondent has at his disposal.

Sincerely yours,

TOM GOETHALS.

Sidelights in North Africa were reported soon after arrival:

The National Colors now adorn our headquarters. They stand behind the Colonel's desk in the corner of the room, and are as beautiful as the day they were presented. I notice that the eagle could stand a little "blitz," so I guess I'll get after it. The adjutant's work is never done!

A visit to another hospital:

They had a few prisoner patients there, both Italian and German, and they seemed to be the happiest people I've seen in a long time. The officers told us they are very pleased that the war is over for them,—and they really tie into good American food. From their attitude they know they are on the losing side and are glad to be out of it.

Troop movement:

For the past few days the sirocco has been bringing us clouds of huge grasshoppers from as far away as the Sahara—indeed a strange phenomenon, since they have to cross the Atlas Mountains en route, but one that is welcomed by the Arabs for they eat them with much relish.

It will surprise no one that Lt. Col. Augustus Thorndike (*WS* 1923) can make the following statement about the 105th General Hospital, of which he is in command: "This Unit is really doing its job, and the quality and quantity of work turned out would make anyone most proud."

THE NEWS

No. 11 Boston, Mass. August 1943

ON THE AFTERNOON of June 18 some of the older members of the staff and friends gathered in the Medical Staff room for the unveiling of three new portraits. Dr. Means explained that these portraits had been procured through the generosity of an alumnus of the Medical Service who wishes to remain anonymous.

Mrs. Reginald Fitz unveiled a portrait of her father-in-law, the late Dr. Reginald Heber Fitz, by Margaret Fitzhugh Browne; Mrs. Henry Bryant Bigelow unveiled a portrait of her father, the late Dr. Frederick Cheever Shattuck, by Mrs. David Linn Edsall; and Mrs. Carol Lord Butler unveiled a portrait of her father, the late Dr. Frederick Taylor Lord, by Margaret Fitzhugh Browne.

Dr. and Mrs. George Cheever Shattuck, Dr. and Mrs. Reginald Fitz, and two grandsons of Dr. Frederick Cheever Shattuck, now both medical internes, Drs. Frederick Shattuck Bigelow and Edward Peirson Richardson, Jr., were among this company. Miss Browne was present and received much praise of her work. Mrs. Edsall unfortunately was unable to attend. Dr. and Mrs. Hyman Morrison and Miss Hilda Benson were also among those present. Dr. Morrison is writing a biography of Dr. Fitz, and Miss Benson was secretary to Dr. Lord.

Dr. Faxon accepted the portraits for the Hospital and gave some personal recollections of their subjects.

The Hospital recently received title to No. 23 Parkman Street. The purchase of this unit completes the Hospital's ownership of the entire block situated between Parkman and Fruit, Blossom and North Anderson Streets. When ready for occupancy, No. 23 will house student nurses.

On March 8, 1943 a children's service was opened in the Baker Memorial. At present it provides a two-and a five-bed unit for patients up to twelve years of age, and three single rooms for ages 12-16 years. It is situated at the end of the east wing on the third floor. The entire wing can be made available as need arises and will provide accommodation for 15-20 patients. Movable glass partions and panel doors permit excellent nursing supervision, and the simple decorations, supervised by the Ladies' Visiting Committee, are enjoyed by patients, parents and staff.

Medical and surgical patients, in the classification of all Baker patients and with the exception of those suffering from contagious diseases, are assigned through the Baker Admitting Office. The unit is under direction of the special nursing supervisor of the pediatric service in the General Hospital. A resident from that department is assigned to the unit, and a well-equipped treatment room is provided.

Dr. Allan M. Butler, chief of the Children's Medical Service has given the following brief report on the new section:

> The Children's Unit has been running almost to capacity. This reflects the usefulness of the service to pediatricians on the Staff. Many of them have expressed their appreciation of the equipment, the efficiency of the nurses, and the assistance given by the residents.

At a meeting of the Board of Trustees held on June 25, 1943, it was voted:

To appoint Dr. Herbert J. Barry, Jr., and Dr. Bernard Bandler as Assistants in Psychiatry

To promote Drs. Charles W. Robertson and Rodolfo Herrera from Interns to Assistant Residents in Surgery

At meetings of the General Executive Committee held during June and July the following votes were recorded:

To accept with regret the resignation of Dr. Clement A. Smith from the position of Consultant to the Children's Medical Service

To appoint Drs. Howard A. Hoffman and Campos da Paz as Graduate Assistants in Urology

To appoint Dr. Eda A. Polcari as Graduate Assistant in Medicine, assigned to the Allergy Clinic

To appoint Drs. Mildred E. Merkle, Charles W. Ordman, Amado R. Adorno as Graduate Assistants in Medicine for the term July 1, 1943 to December 31, 1943.

At a meeting of the General Executive Committee held on July 14, 1943 a new position of "Clinical Fellow" was created. Appointments to this position will be for a period of six months, subject to renewal. This is a position similar to that of Graduate Assistant and *will not* appear in the Annual Report. It was further voted:

To appoint Dr. Francisco Garcia-Bengochea of Havana as Clinical Fellow in Medicine and Dr. Emerson Drake, recently appointed Graduate Assistant, as Clinical Fellow in Surgery.

Dr. Henry K. Beecher (*WS* 1934) received the commission of Major, MC, AUS, on July 3, and has reported to Lovell General Hospital at Fort Devens, Mass. Dr. Julia Arrowood is in charge of the Department of Anesthesia during Major Beecher's absence on military duty. Dr. Arrowood was a resident in Anesthesia in 1935-6 and since that time has held the appointment of Assistant Anesthetist.

THE SCHOOL of Medical Illustration graduated its first class on June 30. Miss Annette Conry, Miss Cynthia Foster, and Miss Jane Holbrook have completed the two-year course opened at this hospital by Miss Muriel McLatchie (Medical Artist) and Mr. Wilbour C. Lown (Photographer) on September 15, 1941. Three additional students have completed their first year of training, and the School is again considering applications to replace its recent graduates.

Invitations were issued to an exhibition of their work, held in the small classroom provided for the school off the stairway between floors 3 and 3A in the White Building. Medical drawings and photographs are a revelation to the uninitiated but those shown on this occasion received special approbation from even hardened observers. The startling completeness, accuracy and beauty of the drawings, charts, and photographs attested not only the proficiency of the students and of the training offered by Miss McLatchie and her assistant, Mrs. Betty Foss Strachan, and by Mr. Lown, but they demonstrated also the significance of medical illustration in hospital records and research.

The course in Medical Illustration at Johns Hopkins University under the late Max Brödel became justly famous, and he is known as the Father of Medical Art. Miss McLatchie and Mrs. Strachan graduated under him. Illness interrupted Mr. Lown's medical studies at the University of Wisconsin, and in 1931, after a brief experience at the Worcester City Hospital, he became the Staff Photographer at this hospital. The course now offered at the Massachusetts General Hospital is one of a total of four available in this country.

The training offered includes a year's course in anatomy, as well as delineation techniques (half-tone, pen and ink, water color), operating-room sketching, drawing from gastroscopes, opthalmosopes, etc. In photography, students are taught how to copy their own drawings and charts, make lantern slides, transparencies, how to photograph patients, specimens, hospital interiors, staff groups, etc. Also, each student must prepare a thesis to illustrate some case history and to include X-Ray tracings and photograph, charts of laboratory work, a series of half-tone and pen and ink drawings of the operating-room procedure, drawing of a specimen, and a miscrosopic drawing of the slide taken from the specimen. Applicants for the course must be graduates of an art school or of a college, with special credits in art and science.

Miss Alvira B. Stevens, who has had executive charge of the Phillips House in succession to Miss Dolliver, had a fall on June 26 which resulted in a broken hip. She has met the situation with characteristic calm philosophy. The hip has been nailed by Dr. Smith-Petersen, and she is doing well.

Mrs. Cordelia W. King (*MGH* 1932) has been the efficient Supervisor of the Operating Room for the past seven years. Her ability in that position has been of great assistance to all the operating staff, and her assistance in planning and supervising the installation for the White Building will also be remembered. On June 18, Mrs. King left the Hospital to become Assistant Superintendent of the Memorial Hospital at Syracuse, N. Y.

Speaking for the staff, Dr. Arthur W. Allen says:

> At a meeting of the Surgical Executive Committee held July 13, the opinion of all members was that of sincere appreciation of Mrs. King's valuable service to the Hospital. Everyone expressed the wish that she could have continued her supervision of the operating rooms. We realize all too well the strain and stress of this particular job and know it is unreasonable to expect anyone to live with it indefinitely. We all wish Mrs. King happiness in her new position and hope that eventually she may return to us in some capacity.

Miss Julia Boghosian (*MGH* 1939), who has been Mrs. King's assistant for the past year, is in charge of the Operating Room service.

Mr. Ralph Lowell, a member of the Board of Trustees, has been elected an Overseer of Harvard University.

Honorary membership in the Harvard Chapter of Phi Beta Kappa has been conferred on Dr. Fuller Albright (*WM* 1926).

Dr. Hugh Cabot (*SS* 1899) has been elected to the Royal Society of Medicine in London.

The American Medical Association conferred its Distinguished Service Medal and Award for 1943 on Dr. Elliott P. Joslin (*WM* 1895) in recognition of his contributions to the knowledge of diabetes and his teaching in that field. Dr. Joslin has received many honors for his work as physician and educator, and in his turn has conferred medals, bronze, silver or gold on patients who, through observance of their limitations, have survived diabetes for various periods.

Notice has come from Berwick, Nova Scotia, of the death of Ora M. Lewis on July 14, 1943 after a long illness. Miss Lewis came to the Hospital with Dr. Abner Post and Dr. C. Morton Smith in January 1914, as the social worker for the South Medical Clinic. She made a notable contribution to the care of the syphilis patients. Miss Lewis, especially gifted as an executive and teacher, was a Supervisor in the Social Service Department from 1930 until her retirement in 1937.

OFFICIAL NOTICES

Flaxseed poultices, hot wool packs, stupes, etc. shall not be used except when skin surfaces can be inspected before and after application and when dressings, if there are any, can be kept dry.

By vote of the Surgical Executive Committee on May 11, 1943 it was ruled that flaxseed poultices should be generally discouraged and that they be prohibited from use over clean surgical wounds or for the relief of abdominal distention.

N. W. Faxon, M.D., Director

* * *

Patients with myasthenia gravis who have been accustomed to take their own medicine at home on a definite schedule, sometimes as often as every two hours, may be allowed to do so in the hospital without the necessity of a nurse being present, provided that a doctor write an order to the effect that the patient is competent and is to be allowed to take medicine, specifying the medicine and how it is to be taken.

N. W. Faxon, M.D., Director

BULLETIN NO. 11

Bulletin No. 6 relative to Intramuscular Administration of Drugs, issued July 2, 1941, is hereby revoked and replaced by the following recommendation of the Pharmacy Committee:

The following drugs have been approved for intramuscular administration by a *nurse* on the written order of a physician specifying the amount of drug and the volume of the solution to be given:

Bismuth subsalicylate
Ergonovine maleate
Pitressin
Pituitrin
Prostigmine
Epinephrine in oil
Liver extract
Lanatoside C
Digifolin
Penicillin
Adrenal cortical extract
Desoxycorticosterone acetate
Estradiol benzoate
Estradiol dipropionate
Progesterone
Testosterone proprionate
Chorionic gonadotropin
Ascorbic acid
Thiamine hydrochloride
Niacin
Niacinamide
Calcium pantothenate
Pyridoxine hydrochloride
Riboflavin
Vitamin K—water soluble

The following drugs are approved for intramuscular administration by a *physician* after recording on the record the amount of drug and the volume of the solution to be given:

Paraldehyde
Carbaminoylcholine
Mecholyl
Magnesium sulfate
Mercupurin
Salyrgan with or without theophylline

N. W. Faxon, M.D., Director

* * *

At the meeting of the General Executive Committee, held on July 14, 1943, Dr. Means reported that basal metabolism tests were being done in unnecessarily large numbers. Dr. Holmes felt there was the same abuse in the ordering of x-rays. The Committee voted to publicize these and similar matters in THE NEWS by printing pungent statements in bold type in this paper each month.

Basal metabolic rate determinations are useful in the diagnosis and management of thyroid disorders. They are of very little, if any, use in other conditions. The Metabolism Laboratory has referred to it many patients, the determination of whose BMR cannot be of any great value to their doctors. Obesity, for example, is seldom caused by hypothyroidism, and there is very little indication for ordering such tests in obese patients. It will take an unnecessary load off the Metabolism Laboratory if the Staff will bear this in mind.

J. H. Means, M.D.

USE OF THE BLOOD BANK

1. A definite time should be stated for the administration of blood requisitioned from the Bank. Blood wanted within two or three days after order, should either be used in that time *or a cancellation be sent to the Bank.* We wish to coöperate with the Staff, and realize that uncertainties and emergencies occur, but under the system by which we maintain the Bank, it is necessary to keep the blood in circulation. Frequently blood is ordered and not used. This means that a certain flask is kept on reserve and expires to be put into plasma, when it might have been used as whole blood for another patient. To avoid cancelling what is really needed, the Bank personnel have made many telephone calls each morning. This adds immeasurably to the daily routine. The Bank can no longer call the floors and wards every morning. Blood will hereafter be reserved for 24 *hours* after the time being stated for its use; then, unless otherwise specified, it will be returned to the general circulating stock.

2. When transfusions are required for private patients in the Baker Memorial and Phillips House, the Staff is urged to mention to the patient's family that blood so used may be replaced by sending donors to the Bank, thereby cancelling the expense of transfusions supplied by professional donors. Many such donors are now in the armed forces, and we are glad to have more voluntary donors.

3. As to Rh factor determinations, it should be re-emphasized that any patient who may require several transfusions should *first* have the determination. Otherwise false reactions are reported, and inaccuracy and delay result. Also, material used in this test is costly and scarce, and we wish to conserve it. Requisitions for the determination should be sent to the Baker Laboratory.

4. It is suggested that *plasma* be used, whenever feasible, instead of whole blood. We are anxious to maintain a circulation of our plasma stores. Plasma must be administered with plasma sets only.

Carroll C. Miller, M.D.,
Director of the Blood Bank

The summer class of nurses numbers 50 students; 6 admitted in June through the Bryn Mawr Summer School of Nursing and 44 admitted here on July 6. A larger class will be admitted in September as usual.

Much could be said about the nurse shortage in the Hospital. During the past year over 200 graduate nurses have left the hospital, 127 of these to go into military service. To help balance this shortage 186 students were admitted during the past year.

Miss Betty Dumaine (*MGH* 1926), a Trustee of the Hospital since 1934 under appointment by the Commonwealth, has been accepted for foreign duty in the American Red Cross as an Assistant Club Director. She left for Washington, D. C., where she will receive special instruction and assignment.

...—V...—

In the early days of April, service with the 2nd Auxiliary Surgical Group in North Africa was reported by Lt. Wooster P. Giddings (*WS* 1939):

Our life has become a bit of a day-to-day affair, varying only in the jobs to be done to improve our camp. The latest project is the installation of a generator, with wiring of all tents for electricity. After that little will remain to be done, though other things will undoubtedly come along to bother us. That is not quite the word; these activities keep us busy, if dirty, and that is an important thing.

Professional inactivity, however, gave Lieutenant Giddings an opportunity to view the native scene—to excellent purpose:

Yesterday we had a treat. It was Friday, which is the Moslem Sunday. On that day every week the ruling potentate of this region is escorted from his palace to his mosque—a distance of perhaps a half-mile—in a parade that would make P. T. Barnum feel like a rank amateur. I took every bit of available transportation to town, and in it about 150 of our enlisted men. We arrived just in time to see the palace guards coming up the road to the palace, where they formed to receive the royal persons and whence they escorted them back to the mosque. The entire affair takes place in a vast open space within the palace enclosure. In the distance we saw the approaching guards. First a band, mounted; then three groups of horse guards, each group mounted on matched horses, and about fifty in each group. The horses were black, white, and sorrel. The band wore scarlet uniforms, as did horse and footguards, and the men themselves were all dark, I should think many of them Negroes, but some Arabs. They wore turbans, of course, all of blue and white.

After the third group of horse guards came the foot soldiers, also preceded by a band. The drum major was the hugest and blackest man I have ever seen. Many of the foot guards wore rings in their right ears, which, we were told, is a sign they are personal slaves to the royal family. These men, also in scarlet uniforms and blue and white turbans, were armed with rifles and bayonets; the horsemen carried drawn sabres. I should judge there were about six to eight hundred in the parade.

The bands proceeded to the palace entrance, where the horsemen took positions facing the road at intervals of about fifty feet, and about a hundred yards from the road. All people were then cleared from this space, leaving a wide, safe area for His Majesty's passage. After a short wait the music played, and a loud shout went up from the crowd of natives about the field. The horses, all spirited and of about half-Arab blood, pranced excitedly when they heard it. Then the palace gates opened and a small procession issued forth. The first were mounted on mules, the largest I have ever seen. (These men, seven of them, we afterward learned were the Viziers.) Horses followed these (teachers and attendants). Then, in a carriage heavily encrusted with gold and once belonging to Louis XIV, appeared His Majesty with a couple of other men.

The foot soldiers paraded in single file alongside the procession, spaced about half way from the road to the cordon of horse guards. The personal music of the ruler (in fezzes and red-brown robes not unlike those of monks) formed at the gate of the mosque and played as he entered. The foot guards formed two facing lines across the road from each other. They closed their line by extending their rifles at arms' length and vertically, each man grasping the gun of his neighbor just above the other's hand. That formation was held until the procession had entered the mosque, when they stood at ease. This was oriental display as we have read of it in the "Arabian Nights," but I had never imagined I should see it.

During all this time, there were loud cries of Allah-la-la-la-la-la, or whatever it is they cry, mostly from the women; the la's are uttered very rapidly, and the sound becomes a sort of undulating wail. Behind the lines there were perhaps two thousand people watching, and as soon as the mosque had been entered, the grounds outside the line of horse guards took on the aspect of a great bazaar and reminded me of any good country fair at home. There were native jugglers, bands of musicians and beggars, plus swarms of Arab children. I saw a water vendor with a black hide under his arm. (It looked like a pigskin.) The thing was slung over his shoulder by a strap, and in the mouth of the pig was a brass spout about a foot long. He carried a brass cup, filled it from the spout and sold the contents to one person after another. The youngsters and lower-class Arabs stood about and ate roasted grasshoppers, which are apparently a great delicacy, though I didn't try them. These children are the greatest nuisance—I think the original plague of locusts may well have been Arab children in actuality. They eternally pester you for three things—"bon-bon, choong-gum, gimme smokee." If you turn them down, which is always the wise thing, they may let loose a fine string of American profanity—the sum of their English.

Toward the end of the prayers, a singer appeared on the minaret and intoned a few chants to the East. Soon after a few men issued from the mosque and prostrated themselves three times in the same direction; there was a bit of a stir, and in a moment the royal person came out, mounted a white horse and rode home, escorted as he had been on the way out. It was the greatest pageant I have ever seen.

I was particularly fortunate, in that Tom Ballantine [*WS* 1939] happened to be there, in the company of a French officer who is attached to the palace in capacity of riding master. The officer took us to a point between the horse and the foot guards, so we were the only outsiders allowed in that little outer circle. We stood not far from the door to the mosque, and had really ringside seats for the whole show.

Early in May, Lieutenant Giddings sent a supplement:

Yesterday we had the pleasure of a visit from Dr. Churchill, and it certainly was good to see him. I am sorry he couldn't stay longer. Yesterday noon a small party was made up to go along with him to the Moslem parade held on Fridays. The group included the entire Boston contingent in the 2d. Auxiliary—Tom [Ballantine] and I, Reeve, Glen Gummess [*appointed r.s.U.*], and Wolf Klemperer [*NS* 1940]. Our two commanding officers also went. Through his friend the French Lieutenant, Tom arranged for us to be present at a formal review of the troops, which is held in the stable area before they march onto the field. First we were serenaded by the band playing native marches, and also "The Yanks are Coming." They put on a demonstration of fancy drumming that was superb. After that they passed in review, and we all stood with the French Commandant. It was a real honor to be admitted, and a grand thing to see. Those black troops can certainly put on a good show, and march superbly. The horses, as always, were beautiful. After that we all hurried outside into the open field and viewed the parade to the mosque.

In the evening we had a long session with Dr. Churchill on the surgery he has seen—a great deal of it—and received his valuable comments and suggestions. Never have I been more impressed with his wisdom and equanimity, and never more proud to be able to say that he taught me.

Under date of May 21, this welcome letter came to Dr. Faxon from Col. Edward D. Churchill:

First of all you will want to know about a certain General Hospital. I finally got around to paying them a visit although of course I should have liked to go there immediately. They have a fine establishment and are doing the excellent job that might be expected of them. The spirit is of the best and particularly the intense loyalty that has in the past and will in the future see them through the difficulties of Army life. Only one gripe—and that is endemic—too much paper work. Not because it is too much work but because it seems senseless and takes them away from their patients. . . .

This is a war of dispersion, however, as evidenced by the letters from all corners of the globe that pour into THE NEWS. This theater is full of excellent surgeons who are doing fine work with real enthusiasm. The only thing they have to learn is that they are part of one large organization—the Medical Corps. They must learn to trust the fellow ahead and to realize that there are just as good men to the rear. With the true prima donna instinct of the surgeon they all think the fellow ahead has done a rotten job and that the fellow next in line certainly can't do as good a job—so have to sail in themselves. Of course I am fortunate in getting a bird's eye view of what is a tremendous organization—extended in both space and time. With the Emergency Ward over a thousand miles from the Ward it is a little difficult to secure the coördination required.

As to my own experiences—as you know I am now qualified as an Equatorial Short Snorter. The trip over was uneventful except for the usual moments of terror experienced in air transport. As there was a war going on down in the east, I spent most of my time at the front for the first weeks. The front is a rather ill-defined region where there isn't much to be seen unless one is anxious to be a "Death or Glory" boy—not of much use in modern warfare. The nasty practice of road strafing provides the greatest excitement. Even a stork against the sky line gives one an anxious moment, and it doesn't help to be told the road is known as "Messerschmitt Alley." It is only fair to say that both sides rigorously respect the Medical Installations marked by a Red Cross. No instance has come to my attention of deliberate or even accidental attack on the Red Cross.

There is an unexcelled clinic on trauma running night and day. I am qualifying as an all-round expert and find myself in the strange situation of knowing how everything should be handled *except* wounds of the chest. I am thankful that Smith-Pete isn't around when I give a demonstration on splinting a fractured femur, or that Jason can't overhear my remarks on wounds of the head. However, forward surgery is a specialty in itself and we all start together at scratch. Like a strolling minstrel I pick up words of wisdom here and scatter them there.

If you have not received official notice of what my assignment is, I may say I am Consulting Surgeon of the North African Theater of Operations, known officially as NATOUSA (North African Theater Operations U.S.A.) Now we can get squared away as we have the stage all to ourselves. It has been a bit crowded over toward the east, but that has been corrected.

My best to everyone,

PETE.

Under date of March 16, Dr. George M. Saunders (*ES* 1928) sent to the War Records an account of his timely and important work in South America:

> Dear Mrs. Means:
>
> I have just received your blank concerning "War Records." It must be very interesting to follow the wanderings of the alumni of the Massachusetts General, who, I imagine, are spread all over the world at the present time. I am glad to give you information concerning myself which may be of use for your records.
>
> In August 1941 I was jolted out of my peaceful occupation by a request from Pan American Airways to go to Africa to organize the medical service for air bases being established in connection with the supply route to the Middle East. I was in Africa from September to the end of January in '42. I returned to Washington fully expecting to go back to Africa with the Ferry Command, but General Dunham insisted that I could be of more use in the newly created Division of Health and Sanitation of the Office of the Coördinator of Inter-American Affairs.
>
> Therefore, I started working under General Dunham in February of '42, and together we came to Brasil in April. I have been in Brasil since that time, except for brief visits to Washington, Bolivia, and Paraguay. At present I am Regional Director for Brasil, Bolivia, Paraguay and Peru, where we are carrying out extensive public-health work in coöperation with the governments of those countries. In Brasil, Peru, and Bolivia we are particularly interested in controlling malaria and giving medical attention to rubber laborers in order to stimulate rubber production. We are involved in malaria-control activities elsewhere, including air bases in northeast Brasil. Our program includes the construction of small hospitals and health centers, the training of public-health personnel, and the development of nurses' training courses. These activities, and many more, keep us very busy.
>
> Associated with me in Brasil are many North American personnel, among them several officers in the Army Medical and Sanitary Corps. Working with us are more than 75 Brasilian physicians, as well as several hundred technicians, and so on.

A recent newspaper article concerning "the vast health program which the United States and Brazil is sponsoring in the Amazon Basin" and signed by the chief of the Associated Press Bureau in Rio de Janeiro, begins with these statements:

> American and Brazilian doctors are trying to clean out tropical disease from the population centers of the Amazon valley in probably the greatest single health program ever attempted anywhere. On their success hangs much of the fight to step up Amazon rubber production for America's war needs. The long-range aim is to open the Amazon region to colonization—to make it a fit place for the average man, not conditioned against tropical illness, to live and work.

The complete article may be seen in the Archives Room.

(N.B. When in Brasil, obviously it is "Brasil." But in Boston it will probably be "Brazil" for years to come.)

In answer to a request for news of his service in Nicaragua, Major Edward Parnall (*Or.* 1932) sends his reply from a recent assignment at Fitzsimons General Hospital in Denver, Colo.

> Last November I was abruptly snatched from my busy and peaceful orthopedic section in Oregon, and bundled off to Managua, Nicaragua, to be the Area Medical Director for the Nicaragua-Honduras area of the Pan American Highway, now under construction. They apparently wanted some one who had orthopedic and industrial experience, who could speak a bit of Spanish—and up flipped my card. Turned out to be very little bone and joint surgery to do, so out I got after about four months.
>
> The inhabitants of that land of green mountains and smoking volcanoes are delightful and happy-go-lucky folk, who seem thoroughly to approve of "los Estadounidenses," which translates "United Statesians." The hotel where I first stayed is called the "MacArthur," after our illustrious general, with a large picture of him in the dining room. Contrary to general opinion the Marines were quite popular there, and every now and then in the smaller towns one runs across an ex-Marine who keeps a store and is quite the local nabob.
>
> It was my duty to "ride the line" at intervals, which I did by horseback, airplane, railroad gas-scooter, and even a launch pitching and tossing all night across the Gulf of Fonseca. By the time I left, it was possible to ride most of the access roads by jeeps, although I imagine the present rainy season has raised the devil with them. In flying, the pilot was Jimmy Angel, the famous tropical flyer. I never met a man of finer character or more generous nature. Also, he made exceedingly dangerous country seem safer than a feather bed. Much fun to zoom down a few times on cow pastures in the mountains, to scare off the cattle before landing!
>
> My work dealt chiefly with building a hospital or two, treating malaria and dysentery, and *one* (God save the mark!) compound fracture.
>
> The highway will be another link in the total chain of communications threading the Americas. The future of travel along it is exciting to one who has been a bit in it—and the changes it will bring will be marvelous. A real solidarity is on the way. Once malaria can be brought under control (and I think it can be), Central America is as pleasant a place to live as anywhere I know of: Hot in the lowlands, but in a half hour's drive one sleeps under blankets and actually shivers in the evening without a coat!
>
> Best wishes to M.G.H. friends,
>
> Edward Parnall

WON'T YOU PLEASE see whether you have the following books from the Treadwell Library? They have been missing for some time, and other men are asking for them.

American Journal of Diseases of Children, Vol. 59, 1940
Archives of Internal Medicine, Vol. 67, 1941
Surgery, Gynecology and Obstetrics, Vol. 60, 1945
Lymph Node Metastases, Taylor and Nathanson, 1942
Textbook of Surgery, Christopher, 1939
Surgical Anatomy, Callander, 1933

E. A. Lewis, *Librarian*

"Management of the Cocoanut Grove Burns at the Massachusetts General Hospital," as published by the J. B. Lippincott Co., contains a brief "Prologue" by Col. E. D. Churchill, sent from North Africa too late to appear with the symposium in the June *Annals of Surgery.* The title page names the Staff authors and shows a thumbnail sketch of the Bulfinch Building.

Commander Franklin G. Balch, Jr., (*ES* 1925) received this promotion on April 1, 1943. He is at the US Naval Hospital at Chelsea, Mass.

On May 21, 1943, Commander John H. Fay, (*EM* 1929) received this promotion, as of August 15, 1942. He is assigned to the USN Recruiting Station at Providence, R. I.

Major E. H. Trowbridge, Jr., (*r.p. N* 1940) is chief of the neuropsychiatric service of the Station Hospital, Camp Joseph T. Robinson, Ark. He received promotion in rank on April 12, 1943.

Advancement from the rank of Major, his third promotion, has been received by Lt. Col. Walter M. Bartlett (*CM* 1927), now with the 315th Station Hospital at Camp Bowie, Texas. He gives no further news of himself, but reports:

> Major Richard P. Stetson, PBBH, [*WM* 1928] is one of the few Boston trained men here, he is assistant chief of the medical service at the Station Hospital, and recently presented a paper at our clinical conference on "Post Vaccinal Hepatitis" based on his experience at Lovell General Hospital, his previous station.

Major Wm. Donald Davidson (*Or.* 1933) reports on his present service at Camp Callan, Calif., and gives news of other MGH men:

> I was Chief of the Orthopaedic Section at the North Sector General Hospital until the commanding officer found out that I was having frequent gall-bladder attacks. Was returned to the mainland for surgery and was fortunate enough to have Major George S. Reynolds, a former resident on Third Surgical [1924], perform the cholecystectomy at Hammond General Hospital, Cal. While there I met several other patients who had had treatment by Gus Thorndike and Eddie Cave.
>
> This is my first assignment since I got out of the hospital. I am Assistant Chief of the Surgical Service and Chief of the Orthopaedic Surgery Section at the Station Hospital. Major Richard McGovney (Ortho. about '30) is Assistant Chief of the Orthopaedic Section. As he arrived three weeks before I did, it is obvious there was a mistake some place and that we both were sent to fill the same job; one of us will be moved on sooner or later, I suppose.

Lt. Wayne Hobbs, MC, USNR, (*a. in M*) writes from USN Hospital, Sampson, N. Y.

> I was exceedingly happy and grateful to receive The News. While I am not so far away from home, this place is almost as inaccessible as North Africa and therefore I have heard very little of my former associates.
>
> I entered active service on December 28, 1942, and have been stationed here since that time. The hospital is one of the new hastily-constructed but beautifully equipped institutions the Navy is building all over the country. The service is well handled and extremely active, and I have enjoyed myself.

Word of his service has been received from Comdr. Wayland A. Morrison, MC, USNR (ret.) (*WS* 1916): "Am on temporary retired basis, as I am in charge of the Santa Fé Railroad Medical Department. Hope to go on active service before war ends."

A letter written on April 23 by Lt. Arthur S. Pier, Jr., MC, AUS, (*WM* 1941) to Dr. Robert H. Hepburn (*r.s. U.* 1942) gives many interesting details about medical service in a distant but active war zone. Lieutenant Pier has been with the 105th General Hospital since its assignment to active duty early in 1942.

> Army life is funny in many respects. I am lucky to be in a high-powered medical outfit that has been very busy. The paper work, though, is pretty terrific and in many ways seems to hamper the care of the patients. On the other hand we see an amazing amount of interesting things—malaria is about as common as the common cold in Boston. We were very busy during the New Guinea campaign, then had a lull for a while, and have suddenly become again very busy, as New Guinea seems to have disgorged most of its patients to us. We are seeing a lot of malaria in all stages, a lot of scrub typhus in the convalescent stages, jaundice, peripheral neuritis, hookworm and some dysentry. One patient who has just come in has been in the tropics three months and has run the gamut of dysentery, malaria, scrub typhus and jaundice. He minded the jaundice most because it destroyed his appetite.
>
> The malarial problem is interesting, and the recurrences are maddening. The treatment I cannot mention, but we treat frequently. Scrub typhus I have seen only in the convalescent stage. It is a serious and devastating disease—mortality 10% or so—chills and fever like malaria, severe headache, often a rash, often nausea and diarrhea, delirium and often stupor. The patient is usually very ill for two or three weeks. The one mentioned has the characteristic appearance of the tropical soldier—sallow pallor, weight loss, and cachexia. He is doing well now.
>
> The jaundice is of uncertain etiology—question catarrhal, question due to anti-malarial therapy, and so forth. The peripheral neuritis we have seen here has been of the Guillaume-Barré type: acute neuritis with a very high spinal fluid protein and few or no cells. Their progress is slow, but so far benign.
>
> For two months my work has been on the medical wards, and with all these diseases it has proved very interesting. The neuropsychiatric work was fascinating, too. I had five months of it and learned a lot. I am very pleased that I am now assigned to a portable hospital. The portable hospital has four officers—three surgeons and one medical man and about thirty enlisted men. We will undoubtedly go into action eventually, and I feel the sooner the better. The two portables originally sent by this hospital played a significant rôle in the New Guinea campaign. Both are back here now and I am taking the place of one of the members. My first task is to clear up the athletes' feet of our enlisted men. . . .
>
> I was at an Australian Camp Hospital for nearly seven weeks, really living the Australian way, tea seven times a day, seeing the Aussi soldiers train, being taken over the vast sheep stations and eating with Australian officers and landholders, and treating Aussi troops and attending sick parade at numerous camps. It was a wonderful experience because it taught me what Australia was like. Here at the hospital we are so much an American community that we might as well be in Harvard Square. We make occasional trips to Australian hospitals nearby, and such trips are a wonderful treat. The other day we went to a clinical conference, were welcomed at once into a big room and fed an enormous tea, then after the conference were escorted to a magnificent dinner with quantities to drink, then back to an evening meeting, after which another huge tea, and then a farewell send-off. That is typical of Australian hospitality.
>
> As for food and living conditions, we are really in untold luxury. The food set-up is wonderful, the living quarters excellent. Australia is, I suppose, the garden of the earth at present—food is quietly produced on all sides and life goes on calmly, almost as if there were no storm on the earth. The Australians are calm and courageous and view the war with philosophical judgment. The Aussi fighter is probably unequaled for courage and daring.

Capt. Carter R. Rowe (*Or.* 1939) was appointed chief of the orthopaedic section for the 105th General Hospital on February 20, 1943. The 105th celebrated its first anniversary on March 20. Captain Rowe reports to the War Records office that "everyone is well and working hard."

◆

Early in June, Lt. Comdr. Walter E. Garrey (*ES* 1933) reported his 23rd month of sea duty aboard U.S.S. "American Legion." He adds:

> We are all delighted at the award of the Navy Cross to Ted Pratt. It was mighty well deserved. I have had pleasant encounters with Joe Holmes, Al Duncombe, and Arthur Willetts.

Lt. Hannibal Hamlin (*r.s. NS* 1943) has been promoted to the rank of Lt. Commander. He is now assigned to Advance Base No. 3.

Lt. Comdr. J. Maurice Robinson (*r.p. R* 1936) sends word that he received this promotion on May 1, 1943. He has been in charge of the X-ray department at the Naval Hospital in Farragut, Idaho, since the commissioning of that hospital in January of this year, and his own return from Midway Islands.

Lt. Col. Donald M. Glover (*WS* 1922) was promoted to this rank from Major in November 1942. He has been Chief of Surgical Service with the 4th General Hospital since its activation, and is now on duty with it overseas.

Capt. David R. Weir (*r.p.P.* 1938) is also a member of that unit. He writes: "After sixteen months in this country we begin to yearn for the U.S.A." The country is unnamed, however.

Commander Paul E. Spangler (*WS* 1925) has sent a brief word about the early service of his unit, USN Mobile Hospital No. 2, which was cited for distinguished service during the attack on Pearl Harbor:

> The Mobile Hospital was largely in packing boxes on that date, but by nightfall they had broken out gear and had admitted 110 patients. Although the great majority of casualties went to the Pearl Harbor Hospital the Mobile Hospital did a wonderful job, working under many difficulties.

On that December 7, Commander Spangler, chief of surgery and executive officer of the Mobile Hospital since its organization, was on duty at the Pearl Harbor Naval Hospital. That hospital also received a citation.

Lt. William W. L. Glenn, MC, AUS, (*r.s.* 1941) writes that his station has been changed from the Harvard School of Public Health to the New Station Hospital at Fort Devens, Mass.

The intensity of training and the variety of experience provided in this country are graphically suggested by Capt. Luke Gillespie (*a. obst.*) of the 98th Evacuation Hospital:

> Having maneuvered in cold places during the winter, I am now maneuvering in hot places during the summer—namely the Desert Training Center during June and July. This is the first time foot troops have engaged in desert maneuvers, and there are a fair number of patients coming into the hospital, especially cases of sunstroke, and acute and chronic heat exhaustion.
>
> Daytime temperature in the operating room is 120° plus, so most of the operating work is done late at night or early in the morning. It's almost impossible to give open ether anaesthesia, for the ether evaporates before it can be inhaled by the patient. The heat blew the tops off most of our clinical thermometers (the highest they register is 110°) before we knew enough to keep them in our kerosene-driven refrigerator. There they are kept, to be taken out only when necessary and returned as soon as possible.
>
> This is a small corner of an area described as follows by one of the soldiers: "Going from here to Hell would be like taking a spring vacation!"

Capt. Albert E. Rauh, MC, AUS, (*CM* 1936) was first commissioned in May 1941, and received promotion from Lieutenant in June 1942. He is with the 50th Signal Battalion, and has been on foreign service for over eighteen months.

Capt. Irvin J. Cohen, MC, AUS, (*CM* 1931) is in India, with the 95th Station Hospital. His first assignment was at the O'Reilly General Hospital in Springfield, Mo.

Capt. Allen M. Boyden, MC, AUS, (*WS* 1934), with the 3d Auxiliary Surgical Group and formerly at Fort Sam Houston, Texas, writes to the War Records: "After two enjoyable months in England, I am now located in North Africa."

Major Rafe N. Hatt (*Or.* 1919) writes of the 3d Auxiliary Surgical Group: "A roving unit gathers few promotions, but sees much service and dusts few chairs."

Major Richard Chute (*ES* 1929) wrote briefly on May 30:

> I am with a station hospital somewhere in North Africa. Unfortunately I cannot say much except that I am enjoying my exprience greatly. I have not run across any of my M.G.H. friends—worse luck! It is tremendously hot and dusty, but great fun! This is a great adventure and I'm really sorry for those who have to stay at home to keep the wheels going round, which is extremely necessary.

Lt. Calvin R. Coggins, DS, AUS, appointed a Graduate Assistant in Dentistry in April 1942, was a member of the 6th General Hospital on its activation. He was then transferred to the 160th Station Hospital, and has been serving with this unit overseas. He sends word that he is now assigned to the 7th General Dispensary.

Word came in May from Lt. John L. Ward, MC-V (S), USNR (*EM* 1935) that his address should be changed to U.S. Naval Training School (SK-W), Victoria Hotel, Boston. As the interpretation of SK-W proved to be Storekeeper-Waves, we immediately asked for further details:

July 5, 1943

Dear Editors:

Here are facts and ruminations on which to decide whether congratulations or sympathy are in order.

It was good to get back to Boston in March, for it meant commuting from home instead of the fretting partial isolation of Newport. At that time 300 boys were here training to be yeoman (clerks to you). On April 17 the boys graduated and 527 Waves and Spars came in. The girls are quartered in this old hotel, which accommodated 97 civilians in bygone days. They attend classes at Burdett College and Bryant and Stratton Commercial School, training to be storekeepers. For all the world this is like a private military school and I'm a school doctor with an office, an infirmary, two nurses, three Wave pharmacists' mates and one regular Navy mate to complete our department. Serious cases are sent to hospitals, chiefly Chelsea Naval.

So far the work has been interesting though not very enlightening medically. These first months have pushed me up from semi-intern status as a junior officer at the Newport hospital to boss of a department in a small activity, with lots of administrative problems to think about in relatively uncharted waters. (In other words the present red tape doesn't always fit the Waves.) This first tide of Waves has been a good crowd. They represent true volunteers. Our worst epidemic struck 4% of the students in one day—sunburn. What we chiefly lack is a chiropodist; we have to send such cases to Chelsea where there is a good one.

So duties are not so bad unless you're an inveterate woman hater, or your wife is excessively jealous. Fortunately my wife is satisfied to have me where she can know what I'm up to. Meanwhile like everyone else I can only guess whether I'll still be here tomorrow. After all, women physicians are being accepted, and this is the place for one. I may yet be on a "can" or with "paratroop marines."

Sincerely,
John L. Ward
Lieut. MC-V(S), USNR

U.S. Naval Training School (SK-W)
USS "Victoria", Boston, Mass.

The Hospital may also claim, in a manner of speaking, the Senior Officer of this unit of Waves. She is Lt. Caroline Densmore, who for several years was a technician in Dr. Theodore Terry's laboratory in the Massachusetts Eye and Ear Infirmary. She was one of the first to join this corps.

A brief note from Capt. T. Stewart Hamilton (*a. dir.*), Adjutant of the 6th General Hospital "frantically busy with paper work," comments on "the tremendous physiologic and psychologic importance of Sunday," which apparently does not exist in the Army. He mentions these "dispersions":

We are beginning to see our unit plucked at from one side and another: Parsons has gone to the 52nd Station Hospital, APO 464, Bill Arnold to the 66th Station Hospital, APO 759, and Sullivan (now a Major) up to main headquarters. Sullivan is on detached service; the others transferred.

Colonel Thomas R. Goethals (*ES* 1917) sent another of his interesting letters to Dr. Faxon on May 31:

We are well settled in the present station; construction, save for seemingly interminable odds and ends, is complete, and the function of the hospital as an organization is clicking. We claim no perfection of accomplishment,—yet!—but the team-work among services and departments has made great advances, while the coördination between the hospital, the local general and special staffs, and other medical installations is excellent. Great credit is due to Hamilton and his headquarters staff, and to Thorndike and his assistants in the Registrar's office, for the effectiveness of this liaison.

Details are sufficiently under control to allow me to make a methodical inspection of each service and department every week. Prior to the week of 23 May the services took priority, and the departments got whatever attention I could spare. Now, I manage to reach the Medical Service and Headquarters on Mondays; Surgical Service and Registrar on Tuesdays; Quartermaster, and X-Ray Services on Wednesdays; Dental Service, Neuropsychiatric Service and Medical Supply Department on Thursdays; Nursing Service and the Mess on Fridays; and the Detachment on Saturdays. In one week I have accomplished more in getting all the reins in hand than had been possible in the three preceding months.

The greatest advance has come in the Mess Department. We have acquired a live wire, who has systematized the feeding of patients and duty personnel, increased the palatability of the ration immeasurably, and infused the mess personnel with a totally new spirit. Thanks to Lt. Hatcherian's efforts, the Mess Department has risen well to the top of the league.

The nurses moved to their new quarters, a newly constructed apartment building, four weeks ago. Miss Knights has received a well-deserved promotion to the grade of Captain, ANC, an event gratefully welcomed by us all. She has run her service superbly and has met the slings and arrows of administrative vicissitudes with unfailing intelligence and understanding.

The flow of sick and injured through the hospital has adjusted itself to more or less of a maintenance level. With the cessation of hostilities in Tunisia we can envisage no further undue strain on our services unless, perchance, some epidemic of disease should occur, or until the new European front is opened. We are in the planning stage for our next move, but, of course, without the least inkling as to when it will come or where it will take us.

* * *

Colonel Goethals has mentioned Captain Knights' promotion. Similar recognition was given on April 1 to Capt. Kathleen H. Atto, ANC, (*MGH* 1922) now on leave of absence as Superintendent of Nurses and Principal of the School of Nursing at McLean Hospital. Captain Atto writes from Washington:

I was assigned to duty in the Surgeon General's Office on December 15, 1942. My duties have been many and varied, but perhaps chiefly in the field of public relations. I thought when I left my position at McLean Hospital that I was also leaving psychiatric nursing for a while, but find it is still my concern in the Army. We are at present planning a course for Army nurses at one of our general hospitals. It is the same problem as in civilian hospitals—too few to care for too many.

The Surgeon General's Office is a great place to see old friends from the M.G.H.—General McAfee, Colonel Churchill, Colonel Bauer, and others have dropped in from time to time.

Other promotions are reported from the 6th G.H.: Misses Canning, Coghlan, Kennedy, and Pitman are now 1st Lieutenants.

The American Red Cross has given a new appointment to Miss Josephine Barbour, head of the unit assigned to the 6th General Hospital. She has been made their Hospital Supervisor for North Africa and given responsibility for the Red Cross hospital program in that theater.

THE NEWS

No. 12 Boston, Mass. September 1943

Vol. 1, No. 1 of the *Brigham Bulletin* appeared under date of July 1943. It is edited by Dr. Robert S. Myers, who served here as Acting 1st Assistant Resident for a few weeks during 1941. Its front page announces: "This is the Hospital's way of saying 'Hello' to its members serving with the Armed Forces and keeping them acquainted with what's what and who's who in the months to come. We have made no commitments as to how often we will go to press. Whenever we have enough news, we will pass it along." THE NEWS greets the *Brigham Bulletin* herewith,—and hastens to quote from its initial article, "Harvard Medical School Goes to War."

"At Fort Devens, Massachusetts, on June 25-28, 311 budding medicos were processed and now take their place in the Army Enlisted Reserve called to active duty. A total of 524 men are enrolled in the Harvard Medical School for the current year. Of these, 311 are in the Army on active duty, 143 are Navy men on active duty, and 70 only will be in civilian dress. This latter group includes those in the Army and Navy on inactive duty, aliens, and a few who are not members of the military and deferred by their local draft boards.

"With 454 students in uniform, Harvard Medical School will have a distinctly military flavor. The process goes much deeper than this, however. These boys are being prepared for war and will live the life of soldiers. The Army has appointed a Commanding Officer, Captain Russell N. Fairbanks, who has offices in Building A and quarters in Vanderbilt Hall. These 311 Army enlisted medicos will live in Vanderbilt Hall, of which a part has been converted into a military barracks and embellished with a public address system with speakers on each floor. Devoid of easy chairs, radios, telephones, rugs and curtains, standard equipment for individual rooms will consist of double-decker beds, one desk, one study table, and one bookcase. No personally owned items of room furnishings, with the exception of one table study lamp per enlisted man, will be allowed.

"The daily life of the soldiers has been carefully planned. Reveille will sound at 6.15 A.M., and students must be in their rooms at 10.30 P.M., although there will be no set time for lights out. Five hours weekly of military instruction and six hours weekly of athletics have been prescribed. Retreat will be held in the grassy quadrangle between the marble buildings of the School and marching to classes in military formation has been decreed. Time off from duty will be given to the Army between Saturday at 5.00 P.M. and Sunday at 10.00 P.M. In consideration for their entrance into the Army, the Enlisted Reserve will receive a not inconsiderable remuneration. Tuition, room, board (Vanderbilt Hall dining room has now been converted into a cafeteria), laundry, books, uniforms, and the regular pay of Army privates will fall to each student. As to the trappings of the soldier, the Army Enlisted Reserves are privates, 7th class (Buck privates) and dressed as such.

"The Navy has established slightly different rules for its medicos on active duty at Harvard Medical School. Navy men will receive the same remuneration as the Army but are classed as Cadets and dressed in this fashion. Furthermore, they have a choice of residence in dormitory rooms furnished to their own taste or with their families on maintenance pay. Drill and athletics for the Navy men have not been defined as yet."

At a meeting of the Board of Trustees held on July 23, 1943, it was voted:

That Dr. Harriet L. Hardy, Assistant in Medicine, be granted leave of absence for a period of six months

To promote Drs. Anne M. Hopkins, David Hurwitz and Rulon W. Rawson from the position of Graduate Assistant to that of Assistant in Medicine

To promote Drs. William L. Cosgrove, Harold E. Dyer, Frederick J. Feeney, Charles A. Forbush, Burton J. Gove and George D. Parker from the position of Graduate Assistant to that of Assistant Dental Surgeon.

The following appointments were made:

Dr. Frederick S. Bigelow as Assistant Resident Physician beginning November 1, 1943

Dr. Eleanor J. Herring as Assistant Resident on the Children's Medical Service, beginning February 15, 1944

Dr. James J. McCort as Assistant Resident Radiologist, beginning October 1, 1943

Dr. Kazuo Yanagisawa as Intern on the Orthopedic Service to begin immediately

Dr. Fred G. Johnson, recently appointed Extern on the Dental Service, as Dental Intern to fill the vacancy caused by the resignation of Dr. Robert C. Miner.

WITH the present prominence of the Mediterranean in the war news, and with a preponderance of MGH men serving near that arena, this seems a good time to mention Capt. Gamaliel Bradford's wooden leg! He, too, spent considerable time in the Mediterranean — and at a period when its sea lanes were disputed and dangerous. But he later became a member of the first Board of Trustees of the Massachusetts General Hospital and served from 1813-1823. Likenesses of these first Trustees were collected some time ago by Mrs. Grace W. Myers, who was for many years in charge of the Treadwell Library. These pictures now hang in the Archives Room. But no likeness of Capt. Gamaliel Bradford appears among them, for no picture of him is known to exist. Nevertheless, a means of representing him among his colleagues has been found. A photograph is hung there showing a silver coffee urn made by Paul Revere. The urn has the great beauty and distinction of all Revere's work, but the purpose of the photograph is to show the inscription it bears:

To
Perpetuate
The Gallant Defense
Made by
Capt. Gamaliel Bradford
in the Ship Industry on the 8th July 1800
when Attacked by four French Privateers
in the Straights of Gibraltar.

For that was how Capt. Gamaliel Bradford got his wooden leg. According to family tradition, he was cared for at Gibraltar by Lord Nelson's own surgeon.

Capt. Gamaliel Bradford, the Trustee, was a descendant of William Bradford, Governor of the Plymouth Colony, and was the third in a succession of seven generations to bear that name. At the age of seventeen he was a Lieutenant in the Continental Army; his father served as a Colonel. His son, Dr. Gamaliel Bradford, became the third superintendent (Director) of the Hospital, 1833-39. During his trusteeship Captain Bradford also held the appointment of warden of the Charlestown State Prison. It should be remembered that the granite from which the Bulfinch Building was built was dressed by the prison labor there, as a part of the contribution of the Commonwealth toward the organization of the Hospital.

So here's to Captain Bradford, one of the iron men who sailed the wooden ships —and one who did his last navigating on a wooden leg and helped so stoutly to build this hospital.

Dr. C. MacFie Campbell, who has served since 1930 as a Psychiatrist on the Consulting Staff at McLean Hospital, died on August 7, 1943, at Wyman House, Cambridge Hospital, after a brief illness. For many years Dr. Campbell has been held to be one of the leading psychiatrists of this country. Born in Edinburgh and there educated, he came to the United States in 1904. In 1918 he became a citizen here. At the time of his death he was Medical Director of the Boston Psychopathic Hospital, a post he had held since 1920. In that year he was also appointed Professor of Psychiatry at Harvard University. He had previously been Associate Professor of Psychiatry at Johns Hopkins University. Dr. Campbell had studied at Paris and Heidelberg, and held many degrees.

Notice of the Warren Prize is not news to any M.G.H.'er, but in these crowded times reminders are not amiss. Dr. Horatio C. Wood, of Philadelphia, received the first Warren Prize in 1871 for his paper "Experimental Researches on the Physiological Action of Nitrate of Amyl." The latest award, in 1940, went to Dr. Hebbel E. Hoff and Dr. L. H. Nahum, both of New Haven, for their paper "The Formation of the Electrocardiogram." In the years intervening the Prize has been won by one Irishman, a Bavarian, two Italians, two Scotchmen, an Englishman, a Baltimorean, three other Philadelphians, a New Yorker from Schenectady, nine Bostonians (counting Dr. Henry K. Beecher twice), and a Resident Surgeon who became another Philadelphian. In several years no award was made.

Perhaps the prize for 1943 will go to a U. S. citizen, who will write and mail his paper thousands of miles from home —if he reads this reminder, reprinted from the Annual Report:

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the best dissertation, considered worthy of a premium, on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

Theses submitted for competition for the year 1943 shall be on some special subject in Physiology, Surgery, or Pathology.

Dissertations must be either in the English, French or German language, and MUST BE TYPEWRITTEN AND SUITABLY BOUND SO AS to be easily handled. Work that has been published previously will not be considered in competition.

The amount of the prize for the year 1943 will be $500.

In case no dissertation is considered sufficiently meritorious, no award will be made. Essays will be received until November 15, 1943.

A high value will be placed on original work.

OFFICIAL NOTICES

The Pharmacy Committee has approved the following exceptions to the general ruling that intramuscular injection be limited to physicians:

That Paraldehyde may be injected intramuscularly by nurses on the Psychiatric Service according to the written order of a physician, provided not more than 6 c.c. is ordered at one time and provided a new order be obtained when an injection results in more than 12 c.c. being given in 8 hours.

N. W. Faxon, M.D.,
Director

August 18, 1943

THE CHEMICAL LABORATORY

calls attention to the fact that there were nearly 10,000 determinations done during June and July. This is a 30% increase over the same period for 1942. As you all know, technical help and chemical apparatus and reagents are more than scarce, so we make this direct appeal for your coöperation in reducing the amount of work requested.

We should also like to repeat the statement made earlier that, since the CO_2 content gives a more accurate indication of the patient's condition, it is urged that this be requested in place of the combining power. Blood for the CO_2 content must be taken under oil.

Eunice M. Moore, Ph.D.,
Director, Chemical Laboratory

The General Executive Committee has appointed an Advisory Committee on Chemistry, with Dr. Allan M. Butler as Chairman, and Drs. Fuller Albright, Wyman Richardson, Oliver Cope, William W. Beckman, and Fritz Lipmann.

The National Society for the Prevention of Blindness has announced that the St. Louis Society for the Blind has awarded the Leslie Dana Gold Medal for outstanding achievement in the prevention of blindness and conservation of vision to Dr. Walter B. Lancaster. Dr. Lancaster was a member of the Massachusetts General Hospital staff from 1920-4 as an Ophthalmologist. He served at the Massachusetts Eye and Ear Infirmary from 1897-1903 and from 1913-1923, when he was appointed Consulting Ophthalmic Surgeon. He also holds a similar appointment at the Boston City Hospital, and is an Associate in Ophthalmology (Graduate Courses in Medicine) at the Harvard Medical School. In 1939 Dr. Lancaster received the honorary degree of Doctor of Science from Dartmouth College, and in 1940 was appointed head of the Dartmouth Eye Institute, serving there until recently.

The Massachusetts Eye and Ear Infirmary has recently issued the following bulletin. It gives an admirable report on the wartime problems of its work:

The number of casualties treated at the Massachusetts Eye and Ear Infirmary has sharply increased, commensurate with accelerated industrial activity. There has been an increase not only in the type of casualties commonly seen in peacetime—such as foreign bodies of the eye, corneal abrasions, perforations of the eyeball—but also of injuries rarely or never seen in peacetime. Thus, fiber glass used in the manufacture of parachutes has produced a number of casualties by small particles of the glass insinuating themselves through the cornea and lodging in the anterior chamber of the eye. New solvents used in industrial processes have resulted in a variety of chemical burns of the eye. But of particular concern to our hospital serving as it does workers in several large shipyards, is the condition known as photophthalmia electrica or flash blindness. This condition results from exposure to welding arcs. No permanent damage results ordinarily, but it is an exceedingly painful and fully incapacitating disease for the several days that it lasts. Strange as it may seem, welders themselves are rarely affected, as they are well aware of the potential hazard of exposure and take care to wear protective goggles. It is, rather, the nearby workers or passers-by exposed to the arc.

This condition was thoroughly studied in 1917 by Dr. F. H. Verhoeff of the Infirmary. Since this time, arc welding has become commonplace and photophthalmia electrica is a major cause of disability and of absenteeism in certain war industries, especially ship constructing. The United States Maritime Commission has therefore called upon the Infirmary again, through the Howe Laboratory of Ophthalmology, to study the condition under new methods of welding and to outline requisites for its prevention.

In the present war, constant communication between fellow participants and officers in charge of maneuvers is essential. With the great advances in communication, hearing is playing a greater role than ever before. But there are also increased hazards to hearing. The familiar term "boiler maker's deafness" recognized the cause but not the reason for loss of hearing due to injury produced by sound. To the men in our armed forces, constantly subjected to noises of great intensity and sounds never made by nature, loss of hearing means not only loss in efficient performance of duty but the possibility of life-long deafness.

For three years our laboratory at the Infirmary has been studying the effect of various sounds upon the organ of hearing. We know now the injury that sound will produce, and we are endeavoring to find a sound of such an intensity that the ear will not be damaged.

Thus it is, that our hospital, while carrying out the home-front activities of caring for patients, is also making a direct contribution, in other ways, to the winning of the war.

At the last meeting of the General Executive Committee it was reported by the Baker Committee that it has been necessary to close the sixth floor at the Baker Memorial, for several reasons:—

1. Shortage of nurses and personnel to care for patients.
2. Necessity for cleaning and painting this floor.
3. Necessity for using this floor to house student nurses. The September class of approximately 90, will require additional housing for 40 students. These nurses will be moved from Baker as soon as 23 Parkman Street is ready. This will not be possible before the first of November.

Dr. Lawrence K. Lunt (*WM* 1916) served for four months with the Civil Air Patrol in Delaware. Upon inquiry about this auxiliary branch of defense, he gives an interesting report. Dr. Lunt saw service in World War I as a Major, MC, and was for a time assigned to Base Hospital No. 6.

The Coastal Patrol of the CAP has been functioning since March 1942, flying the shipping lanes just off shore to reduce submarine danger to our coastal shipping. Previous to its inception a big toll was being taken; after the Patrol began regular duty, losses abruptly dropped. But as the Navy instituted convoying to a certain degree at the same time, it cannot be proved yet awhile how effective the air patrol was. However, authoritative persons give a good deal of credit to these civilian planes and pilots and their service. Submarines do not like airplanes, even the small civilian types we fly, as word can be radioed back if a sub is seen, and the Navy and Coast Guard swing into action. It has been published that the CAP Patrols have been credited with spotting a fair number of subs and were instrumental in sinking several. The Army thought enough of the achievement of the CAP to take it under its wing a few months ago as an auxiliary service.

My tour of duty was unhappily cut short by a recurrent type of stomach disorder very familiar to medical men, and I am now, under the orders of Chester Jones, getting back some weight before starting practice again.

The flying was just routine flights each lasting three hours, two ships in each flight and two men to the ship, a pilot and observer. There was also convoy work, the Navy asking us now and again to convoy a vessel through our area. As I understand it, almost the entire Atlantic coast line and the Gulf of Mexico is covered by planes flying from CAP bases, and in the first year each base flew about a million miles. The flying personnel is made up of men who for one reason or another are unable to get into the Services. They are paid merely enough to live on, and have to supply their own uniforms.

The work of the CAP was reported by the *Saturday Evening Post,* and "made" the *Reader's Digest* for August. Every state now has a CAP wing engaged in coastal patrol on inland courier service.

Major Edward J. Ottenheimer (*ES* 1924) received his commission in January 1941 and has been on service with the 39th General Hospital since July 15, 1943. He sends a brief account of that unit:

As you know, the 39th General Hospital is the Yale Unit, and I am the assistant chief of the surgical service. We were mobilized at Camp Edwards and, after a couple months of basic training, went to Camp Stoneham in California for a short time and came out in this area. We have a very fine General Hospital, excellently equipped and ideally situated. We are surrounded by abundant food, an equable climate, and extremely hospitable people. The medical service of the hospital has thus far borne the greater burden, and the amount of actual surgery has been relatively small. However, we always manage to find something interesting and all of us regard our adventure as one not soon to be forgotten.

I have seen Howard Sprague and Charlie Johnson, as they are in a naval hospital not too far away. They, too, are having a very busy time. Both of them look well, and we had a great time reminiscing about old days at the M.G.H.

Permission has been given by Dr. Henry R. Viets (*n.*) to quote a letter written to him by Lt. Burdick G. Clarke, (*EM* 1943) while aboard USS "Dorothea L. Dix."

A month after leaving the General, I was assigned a ship, type unspecifiable. Our work has consisted of about 1½ hours of medical work daily ("sick call") and of standing around for a certain additional time in tin hat and life jacket with a first-aid pouch, waiting for trouble. Fortunately we have a congenial group of doctors and a good bunch of corpsmen; but the rest of our time is spent in an elaborate effort to make inconsequential activities (smoking, playing cards, walking about on deck watching other people work) keep us occupied the rest of the day. Though I recognized at the time that internship was a wonderful experience, I never fully appreciated it until confronted with this continuous round of perpetual inactivity.

From an active post in the Pacific, Lt. John L. Wilson (*ES* 1940), who has been on active service with the Navy since January 1942, writes home to Dr. Arthur W. Allen.

Every so often I get thoroughly homesick for M.G.H. and the East Surgical Service. Then I overflow with a letter to you. I read THE NEWS avidly and pass it on to some male nurses from McLean Hospital, who are here with the Army. We get together and talk about White 6 and White 7, and tickle our palates with familiar names and incidents.

I have moved around considerably in the last few months. Now my duty is with a Carrier Air Group. We are based ashore and operating from an airfield. There is much activity around here and I find it an interesting place to be. I shall be really glad if I can keep my present assignment until the War is over. If later we go aboard a carrier—that will be a distinct novelty for a landlubber like me.

The Navy has recently advocated the bland ointment pressure dressing treatment of burns. I am impressed with the way it works in the field. There have been several pretty bad burns to look after lately and we have no facilities. But we grease up a big piece of gauze with vaseline and put it on under a pressure dressing. It takes only a minute and things are immediately under control in spite of the primitive set-up—then transportation is easy, too. The patients tolerate sulfadiazine well and infections are not serious.

If you look down some day and see someone on hands and knees kissing the floor in the White Building Lobby, that will be me.

Lt. J. Bradford Millet, MC, AUS, (*WS* 1943) sends recent news of himself to the War Records:

This note is to let you all know that I have been assigned to the 244th Station Hospital, Camp Shelby, Miss. We are a 250-bed outfit planned for operation in the communication zone. We are all trained and waiting for orders. As yet I am the only medical officer besides our Colonel. When we get our quota I hope we will have the good luck of having some M.G.H. men and nurses join the outfit, which is in my unprejudiced judgment a crackerjack from the top down.

Lt. Comdr. Herbert D. Adams (*ES* 1932) was commissioned, MC, V(S), USNR, on May 31, 1943 and in July was assigned to the Norfolk Naval Hospital at Portsmouth, Va.

Commander Howard B. Sprague (*EM* 1924) sent to Dr. Faxon on June 30 a brief account of USN Base Hospital No. 4, to say that this unit has again been at an advanced base and details must be "shrouded in mystery." Commander Sprague received his commission, which is "permanent," on January 1, 1942:

All our M.G.H. men are still here and have survived the numerous transfers inevitable in wartime. We have a fine set-up and a considerable experience by now. It is something over eleven months since we left the States, and we now sing a new version of Tipperary, which goes "It's a long way to San Francisco!"

My own job here as Executive Officer lasted for five months. A Regular Navy officer was then sent out, and I am now called Asst. Exec., which office gives most of the perquisites without the headaches. As a matter of fact, my work has been administrative ever since the hospital was commissioned a year ago, and I have instructed the new officers and in general maintained a liaison between the C.O. and the staff. My experience has been helpful to me, at least in the ways of the Navy, and I can see whatever cardiology there is.

I appreciated your congratulations and interest as well as the news from the 6th General, and your remarks about this country. It is quite an amazing land and I think I would rather be here than in North Africa, which I visited in 1932 in the territory of the M.G.H. unit.

Word has just been received that Commander Sprague is now assigned to the USS "Solace."

Lt. Robert M. McMillan, MC, AUS, (*r.p.* 1941) was commissioned on September 22, 1942, and went into active service a month later. He is a medical ward officer with the 10th Station Hospital, APO No. 813, N. Y.

Lt. Philip L. Pillsbury, MC, AUS, (*WM* 1942) has been assigned to the staff and faculty at the Chemical Warfare School, at Edgewood Arsenal, Md.

Lt. Lester Meister, MC, AUS, (*CM* 1937) was commissioned on October 30, 1942 and went into service on December 12. He is attached to the AAF and assigned to the Station Hospital at Randolph Field, Texas. He has just completed a course in Tropical Medicine at the Army Medical School in Washington.

After receiving his commission on April 9, Lt. Henry S. Fuller, MC, AUS (*WM* 1943) was in training at Carlisle Barracks until May 20. He then took the course in tropical medicine under Col. Richard P. Strong (*Hon. Phys.*) at the Army Medical School in Washington. From his present assignment with the 25th Field Hospital at Camp Breckinridge, Ky., he writes:

Thus far I have enjoyed Army life a great deal, and at present I am with a fine group of men. We are busy, and that's about all I can say (because of military secrecy). As the only MGH man in the outfit, I am endeavoring to maintain MGH traditions. I certainly miss my friends back there, and yet THE NEWS brings them all back in an instant.

Management of the Cocoanut Grove Burns at The Massachusetts General Hospital. J. B. Lippincott Co., Philadelphia, 1943, July. Illustrated. Indexed.

This small volume is the compilation of the records of the disaster victims by a group of the hospital staff and personnel whose departments were most intimately responsible for the management of the situation. In spite of the varied angles of viewpoint—all relating to the same subject matter, there is surprisingly little duplication. An effort has been made to record the proceedings in such a manner that the information obtained would be valuable to others.

Shortly after Pearl Harbor, the Administration and Staff of most urban hospitals, including the Massachusetts General Hospital, studied their facilities for the reception and care of large groups of civilian wounded. Much thought had previously been given the subject as a result of the London Blitz. Organization was perfected, supplies put aside, practice raids were staged and all maintained an expectant attitude of preparedness.

Various research projects under the auspices of Government agencies were in progress. Some of these had advanced sufficiently to be safely used in the care of the victims of this disaster. Some of these pre-conceived methods were found valuable; others were not helpful and many important questions for future study were raised.

Readiness made it an easy matter to receive and administer to a large number of emergency casualties. The machinery of the hospital, always in motion, was quickly geared to the influx of these victims. The physical construction of the hospital and the number of injured made it possible to take over a unit (6th floor of the White Building) and make it into an ideal casualty ward. This was near the laboratories and was so equipped that complete isolation of the patients from all sources of contamination except themselves was easily accomplished. The wounded represented primarily surface burns, but these were complicated by burns of the air passages and from noxious gases inhaled. Shock, anoxia, hysteria, fear, worry about friends and relatives—all became important problems.

Already, it had been established in this clinic that surface burns were best treated without debridement and without antiseptics or tanning agents applied locally. Added to this was the knowledge that the blister fluid of a burn carried approximately the same saturation of sulfonamides as the blood serum. Sizing up the situation quickly, having given much thought to such a problem beforehand, it was decided to treat these victims as follows: All were given morphine for pain, and all had intravenous normal saline started. The surface burns were covered with boric ointment on fine mesh cotton cloth, and over this was placed a liberal quantity of sterile gauze followed by lightly applied woven elastic bandages. Extremities were splinted with care as to the best functional position. Plasma was given first on the formula of the area of burned surface and, as soon as laboratory studies could be made, on the basis of the hematocrit. Sulfadiazine was administered intravenously and maintained by this or the oral route. No dressings were changed in the first five days.

The reports from the Psychiatrist, the Anaesthetist, the Roentgenologist, and the Pathologist are all interesting additions to the usual clinical services. Problems involving social service and administration were enormous. One cannot read the chapter by Miss Ida Cannon on the "Social Service Activities" without a feeling of warmth and deep respect for this great humanitarian department.

The book reads well in spite of the numerous authors and will be of interest to many, as well as a valuable record of a type of civilian catastrophe. It is felt that a real contribution has been made to the treatment of burns received in civil life and in military service.

Arthur W. Allen

The Harvard University Press announces the publication in August of "Borderlands of Psychiatry," by Dr. Stanley Cobb (*c. Psychi.*). The Press issues this as Harvard University Monograph in Medicine and Public Health, Number 4. A review of the book will be included in a later issue. A brief quotation from the announcement states:

> Dr. Cobb has taken up certain subjects long neglected because they were neither orthodox medicine, nor psychiatry, nor neurology. . . . The book will be especially useful to practitioners and students of medicine, to social workers, and to persons interested in medical psychology, speech training, and "psychosomatics." It will also be valuable as collateral reading in non-medical courses in psychology and related subjects.

The Table of Contents reads:

Introduction
I. Body and Mind
II. The Parallel Evolution of Speech, Vision, and Intellect
III. Speech and Language Defects
IV. The Function of the Frontal Areas of the Human Brain
V. The Anatomical Basis of the Emotions
VI. Consciousness
VII. Concerning Fits
VIII. Psychoneurosis
IX. Psychosomatics

Dr. Walter B. Cannon (*cons. McLean*) has recently received a Doctorate, *honoris causa,* from the University of Barcelona. This was conferred at the last meeting of the University Senate before the fall of the city in January 1939. He has also been made president of the American-Soviet Medical Society, a group formed to coördinate information about the results and achievements of Soviet Medicine. With Professors E. O. Lawrence and G. N. Lewis, known for their researches in atomic research, Dr. Cannon was made an honorary member of the Academy of Sciences of the U.S.S.R. At a reception given these members on August 12 by the Soviet Embassy in Washington, Dr. Cannon spoke of the membership of Pavlov in our own Academy, and commented on "the fraternity in which the world's great scientists live their lives, not separated by idealogies or languages, but all working for the spread of useful knowledge and the reduction of human misery by the wise application of that knowledge."

A letter from the Surgeon-General's Office to the Harvard Medical School states that it has been decided to discontinue the course in Maxillo-Facial Plastic Surgery and the course in Surgery of the Extremities scheduled at Harvard Medical School during September, October, and November.

...—V...—

We have published many letters from the war fronts, but have received few descriptions from home fronts outside the Hospital. At our request Dr. Donald Macomber (*SS* 1911) allows us to rehearse his day "down on the farm." His report was written to one of his four sons, Lt. David H. Macomber, navigator of one of the big bombers operating out of Australia or New Guinea, who has been in the Army for two and a half years and has seen action in the Pacific for over a year. David's twin, Lt. Donald, Jr., who has also seen two and a half years' service and is in command of a laboratory of a photo-mapping unit station in Colorado, is now receiving special instruction at an Air Intelligence School. William, an ensign, and a year in service, is on duty in the Pacific. Peter, after basic training as an infantry private has been sent back to college (Princeton) under the Army Specialized Training Program. Dr. Macomber himself saw service August 1917 - February 1919 as a Captain, MC, and served with Base Hospital No. 46 in France. One might say he is carrying on—with guns *and* butter!

Tide River Farm
Star Route
Brunswick, Maine

Dear Dave:

You have been getting rather sketchy letters of late but here is a longer one to explain why and to show you how Ma and I manage to keep out of mischief. Our day doesn't begin as early as that of most farmers but by nine o'clock we are through breakfast and I go to work on the "chores" while Ma does the dishes and cleaning. First I feed the goats—they won't give milk till next spring but they have to be fed just the same. Then come the hens—three pens totalling 80 (we get about 4 dozen eggs a day)—and the growing birds, 35 pullets and at present only 15 broilers and young roosters. I have just started another pen of miscellaneous poultry—ducklings, guinea fowl, and turkeys. Meanwhile piggy is clamoring for his share of the eats. He is a cute little devil and I hate to think of his relieving the meat shortage next winter. Finally I check up on the incubator to see that temperature and humidity are OK and to turn the eggs. This year I am running it much later than usual. There is a tremendous demand for baby chicks. People are planning for something to eat next year!

After the "chores" which take the best part of an hour, morning and night, the serious work of the day begins. Just now it consists of cultivating one of our four gardens which total about one acre, or of spraying the apple trees or the potatoes—or, most pressing of all, of haying. We have enough machinery so that haying isn't too much work for Ma and me. The way we do it is this. In the morning I cut with the tractor mowing machine about what I think we can handle when we take it in (if luck is with us) the next afternoon. I find, however, that there's many a slip (machinery is temperamental, not to say fractious), and there may be sudden showers, to mention only a couple of the uncertainties. If all goes well we "ted" the hay the next morning, rake it up with the side delivery rake in the afternoon, and load and put it in the barn.

And so it goes. In the spring, plow and plant; in the fall, harvest and can; and in the winter, prune, cut next winter's wood and make maple sugar. It keeps us busy, but we like it. We have enough to eat and something extra to sell and if we want to we can take a day off to go fishing or hunting. When you come right down to it, it is pretty near being the kind of life we are all fighting for. I'll bet you would choose it if you had a chance. Good luck!

Affectionately,

Dad

* * *

The following ranks and assignments have been received. Further details will be welcome for publication:

Lt. Russel L. Baker, MC, AUS, (*r.p. N* 1943): 7th General Hospital, Carlisle Barracks, Pa.

Capt. Joseph L. Campbell, MC, AUS, (*r.p. An.* 1940), 30th Evacuation Hospital, #403-Annex, Shreveport, La.

Lt. John S. Chase, MC, AUS, (*ES* 1940): Lovell General Hospital, Fort Devens, Mass.

Lt. Stewart Clapp, MC, AAF, (*NS* 1939): Station Hospital, Aviation Cadet Center, San Antonio, Tex.

Lt. Raymond M. P. Donaghy, MC, AUS, (*NS* 1939): 1st Auxiliary Surgical Group, Fort Sam Houston, Tex.

Lt. Comdr. Robert N. Ganz, MC, USNR, (*CM* 1925): Navy Yard, Boston, Mass.

Lt. Frank B. Greene, DC, USNR, (*Gr. Asst. Dn.*): Naval Training Station, Newport, R. I.

Lt. Donald R. Hayes, MC, AAF, (*ES* 1939), Station Hospital, Army Air Base, Lincoln, Neb.

Lt. C. Lawrence Holt, MC, AUS, (*NS* 1938), 67th General Hospital, APO 511, N. Y.

Lt. Frederick H. Kalil, DC, AUS, (*Dn.* 1943): Army Air Field, Walterboro, S. C.

Lt. Robert P. Keiser, MC, AUS, (*Or.* 1942): O'Reilly General Hospital, Springfield, Mo.

Capt. James S. Mansfield, MC, AUS, (*Gr. Asst. M* 1942): 7th General Hospital, Fort Devens, Mass.

Major Robert L. Mason, MC, AUS, (*WS* 1924): Tilton General Hospital, Fort Dix, N. J.

Lt. William S. McCune, MC, AUS, (*WS* 1937): Walter Reed General Hospital, Washington, D. C.

Lt. William V. McDermott, Jr., MC, AUS, (*WS* 1943): 574th AAA-AW Battalion, Camp Edwards, Mass.

Lt. Bruce R. Merrill, MC, USNR (*r. p. Psychi.* 1941), US Naval Hospital, Portsmouth, N. H.

Lt. George Mixter, Jr., MC, USNR, (*WS* 1943): USN Receiving Station, South Boston, Mass.

Lt. Richard V. Riddell, MC, AUS, (*ES* 1934): Carlisle Barracks, Pa.

Lt. Leonard D. Rosenman, MC, AUS, (*ES* 1943): Camp Grant, Ill.

Lt. Henry N. Russell, Jr., MC, AUS, (*CM* 1939): Nichols General Hospital, Louisville, Ky.

Lt. Lamar Soutter, MC, AUS, (*r.s.* 1941): 4th Auxiliary Surgical Group, Lawson General Hospital, Atlanta, Ga.

Lt. S. W. Stanulonis, MC, USNR, (*Gr. Asst. M* 1942): Coast Guard Air Base, Elizabeth City, N. C.

Lt. Marian A. Wenger, MC, USNR (*res. fel. Psychi,* 1942): Maritime Service, Catalina Island. Calif.

Major Norman E. Freeman (*r.s. WS* 1935), whose assignment in India with the 20th General Hospital was mentioned in an earlier issue, has sent to Lt. Comdr. James C. White a most interesting letter describing the local scene—and temperature. (Major Freeman's letter, received by V-Mail, was blurred in portions. He may be amused to know that his figures on temperatures and rainfall — and our deciphering of them—have been confirmed by the weather expert E. B. Rideout, who adds that there are places in India where average rainfall is 44 inches.)

Dear Jim:

We're sweltering today in some of the best that India can give us. Newspapers report temperatures ranging between the 90's and 118°F. in various cities so that we are pretty thankful to be up in the country. We've had an average amount of rain for May, about 22 inches. The next three months bring the celebrated monsoon with the average going up to 27 and 30. Since there are clear spells from time to time, you can see that it really goes to town when it comes down.

I went for a hike this morning and felt what a steaming jungle is really like. The path was steep with great ferns, some 20 feet high, bamboo groves, and innumerable vines matting everything together. I'd hate to have to hack a path through it. Streams running everywhere but the water probably polluted, so we didn't swim and relied on our canteens. After three hours of it you can appreciate our dehydration and why we're still guzzling down salt and water to recoup our losses.

This place is very picturesque and sufficiently away from things so that we have monkeys and jackals right on the grounds, and a panther or a leopard some time back. Snakes abound, though I haven't run into any of them yet. Two cobras dropped out of a tree just back of one of the wards last week. Those and the kraits are the only poisonous ones around, though there are a fair number of others as well. There are supposed to be some good fish around here, too, but except for blasting them, there doesn't seem to be much luck in landing any.

We're quite comfortably settled now with electric lights and cement floors for the officers' quarters. The food is plentiful though monotonous, with cornbeef and sausages out of tins as the chief source of meat. Beer is rationed at 1 bottle (24 oz.) per month and the supply of other potables is non-existent. We've taken to tea drinking and really it's not so bad. We get newspapers from one of the big cities only 24 hours old and get some radio news from Chungking each day—usually a transcribed British program. Reception from the States is too poor. We have our own library of records and a good record player and amplifying system, so that weekly programs of classical music on Sunday nights are a big attraction. There's a tennis club about a mile away with four beautiful grass courts. Even in the rainy season I hear that there are enough clear days to make playing possible. I've been down there half a dozen times for some good games.

Work has consisted mostly of general surgery. There hasn't been too much of it, so I've had time to start a couple of small problems. Do you remember my recommending pressure dressings in the treatment of immersion foot? I've been studying the actual pressure that is exerted on the skin under a pressure dressing and been trying to measure the pressure beneath the skin by Henderson's intramuscular pressure technique. I'm certainly keen about the use of pressure dressings in the treatment of burns and soft tissue trauma, and think more than ever that it would be a swell form of treatment for frostbite and immersion foot. I rather expected to be called to some more northern clime, and was looking forward to some clinical studies on the vasomotor system. With room temps. of 80 and above, there's not much use for my skin temp. apparatus.

Hope everything is going fine with you.

Best regards,

Norman

Maj. N. E. Freeman, M.C.
20th General Hospital
APO 689 NYC

Major Freeman is the author of the sub-chapter on the mechanism of shock, in the manual on "Burns, Shock, Wound Healing and Vascular Injuries," prepared under the auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council. Dr. John Homans (*SS* 1904) was chairman and Dr. Arthur W. Allen (*c. ES*) a member of the Committee that jointly prepared the section on vascular injuries. This volume is the fifth in the series of six military surgical manuals planned by the Council.

* * *

Major Richard Schatzki (R.), after a first assignment at Camp Devens, writes that he is on temporary duty at the Induction Center in Wilkes-Barre, Pa.

Major Wilfred Bloomberg (*r.p. N* 1931) was relieved from assignment with the 7th General Hospital as of June 29, 1943, and is now with the 1st Service Command, supervising psychiatric work at the Armed Forces Induction Headquarters in Boston.

Major William F. Hoyt (*WS* 1932), who was assigned to the Hammond General Hospital at Modesto, Calif., in May as Chief of the Section of Thoracic Surgery, has since been made Assistant Chief of the Surgical Service. "This gives me general as well as thoracic surgery, which is just what I wanted. I guess I'm lucky, and I know it."

Captain Harold I. Harvey, MC, AUS, (*res. fel. in Psychi,* 1941) received his first commission on June 6, 1937. He went into active service on October 1, 1941 as a lieutenant and received his present rank as of February 1, 1942. His recent statement to the War Records reports that he is a Flight Surgeon with the Air Corps, attached to the 97th Reconnaissance Group (Fighters) at Camp Campbell, Ky.

Capt. James D. Schuler, MC, AUS, (*CM* 1939) is at Camp Forrest, Tenn. "The 65th Medical Regiment has kept me busy with a variety of duties for nearly two years. We look forward to real active duty in preference to overtraining in fundamentals."

The USA Valley Forge General Hospital was officially opened on February 22, 1943, at Phoenixville, Pa. The name of Lt. Walter C. Graham (*r.s. Or.* 1940) appears on the list of its staff, as a ward officer, orthopaedic section.

COL. BAUER
SIGNAL CORPS U.S. ARMY

From behind this fortification in Dallas, Texas, Col. Walter Bauer (r.WM 1927) supervises the medical service of the 8th Service Command.

Colonel Goethals' letters are of unfailing interest. This one, reporting on the 6th General Hospital between May 31 and July 11, is again compact with detail and allusion:

Various of our officers have taken trips from time to time to the neighboring base section from which most of our patients are received, travelling via hospital train. Early last month Don King and I took the trip, approximately 500 miles each way. We visited one general hospital and two station hospitals while there.

The first of these, at a seaside resort on the Mediterranean, is dispersed among over 100 separate villas, on three levels of ground, and abuts on the sea. You may readily imagine the administrative difficulties of keeping the threads in hand when I tell you the institution is over a mile long from end to end! When the K.O. is inspecting one end of his domain and the Surgeon wants him on the phone for an urgent message, it is a matter of by-guess-and-by-God how long it will take to get on his trail. In addition to the long carry of meals to bed-patients scattered from Dan to Beersheba, there is also the problem of constantly overflowing septic tanks. One tank goes with each villa, and when the population thereof is excessive—which is always—pop goes the septic tank and another flood must be coped with. A tank truck known locally as the "honey-wagon" is constantly on the go, effecting mopping-up operations. The K.O. has a philosophical mien: he is evidently abreast of the situation and a little ahead of it!

We returned with a convoy of sick and injured, about half of them prisoners of war bound to the PW inclosure some 30 miles from here. During the past month we have had a convalescent camp attached to us, with make-shift personnel organized from two ship's hospital platoons. Since the camp is some five miles from us by road I have had to put Colonel Knott out there to lick it into shape, and have therefore been short-handed at Headquarters as a result. Major Zucker will take over as officer in charge tomorrow, when Knott returns to his desk.

Since my last to you we have lost Lang Parsons and Bill Arnold, the former to a station hospital several hundred miles away, the latter to a station hospital nearby. We are sorry to lose them, but Higher Authority ordained it and we had no recourse but to submit. We have acquired two chaplains vice Arnold, and two acceptable young surgeons to replace Parsons and Heyl. Miss Barbour leaves us soon for a higher ARC echelon, and John McKittrick is about to be transferred to an evacuation hospital.

Gene Sullivan has received a well-merited promotion to the grade of Major, but has been absent on special duty for over a month now. Meanwhile Laboratory officer, Major MacMull, has been attached temporarily pending Sullivan's return, to cope with an extra load of laboratory work assigned us after the closing of the Base Medical Laboratory.

Our neuropsychiatric service received 30% of patients admitted during June. That service is also carrying a heavy load, and Major Parker and Captain Drayer, both non-MGH men but both excellent psychiatrists, together with Ludwig, are taking the brunt. Drayer, incidentally, is away on special duty, and Bill Burrage has been loaned by the medical service to the NP.

The invasion of Sicily has just started. We are a long way off, but expect to get the repercussions of it in an increased turnover in a very short time.

The APO number for the 6th General Hospital has recently been changed to #764.

Captain T. Stewart Hamilton (*asst. Dir.*) has been promoted from Adjutant of the unit to Executive Officer.

Colonel Churchill's letter of August 1 to Dr. Faxon reports much in brief compass, and once again brings the kind of news that makes this gazette so gladly read:

Just a note for The News, to record MGH representation in the recent activities in the North African Theater. In the assault forces that caused the downfall of Benito, and are now closing in on what little is left of his big island, were the following: Majors Rafe Hatt, Francis Findlay, Roy Cohn, and Leo Burgin; Captains Allen Boyden, Tom Ballantine, Paul Hansen, and Alfred Yankauer; Lieutenants Floyd Jergesen and Phil Giddings. If I have missed any I am sorry.

The nurses were represented also, but when they do not wear MGH caps or throw their arms around my neck they may get missed on my tours. With no implications as to how recognition took place—I did find Lieutenant Nelson on the island representing the T.S. Lt. John McKittrick moved up from the 6th in time to wave goodbye and be ready to receive returning casualties in his new assignment with the 9th Evacuation. Many of the surgeons had exciting times, but I shall let them tell about it. Most were hard at work in an amazingly short time after the landing and of course are doing superb jobs.

These surgical gypsies in Field Organizations, Surgical Teams, Evacuation Hospitals always want to know whether the next issue of The News has arrived in The Theater. Mail is irregular in the forward areas, and oftentimes a copy gets passed along from one to another.

Don't think that I was in any hurry to get into the fight. After all was safe and quiet, I tagged along as usual.

Dr. Champ Lyons, (*WS* 1933) and Dr. John D. Stewart (*ES* 1930) have received commissions as Major, MC, AUS. They were recently on service at Halloran General Hospital, Staten Island, N. Y.

The Hospital wishes to acknowledge the volunteer help received this summer in various departments—and to call attention to the continued need for such workers:

The abbreviated personnel of the Massachusetts General Hospital has been augmented this summer by fifty-seven members of the War Hospital Service Corps. This group has included college teachers and students, and women from the community at large who have wanted to do a war job. They have done a wide variety of jobs in the nursing and dietary departments. On a full-time basis some have had training that made possible simple bedside nursing techniques. Others have done ward-helper work. On a part-time basis some of the Corps have swept and dusted, washed out bowls on the wards, and have helped in the kitchens.

A large portion of the War Hospital Service Corps are leaving to return to school. THE HOSPITAL NEEDS REPLACEMENT ON THESE JOBS. Women who want to do a war job on a full-time or part-time basis are earnestly asked to come in to the Personnel Office.

THE NEWS

No. 13 Boston, Mass. October 1943

Department of the Navy
Bureau of Medicine and Surgery
Washington, D. C.

19 Aug. 1943

Dear Doctor Faxon:

The Commanding Officer of the Naval Hospital, Chelsea, informs me that during the years 1942 and 1943, the Massachusetts General Hospital Brain Wave Laboratory has been most helpful in assisting the staff of the Naval Hospital in cases of suspected epilepsy and head injuries. Without your assistance the fine work that has gone on in our Institution could not have been carried out. Further, when plans were made for the Electroencephalogram Laboratory at the Naval Hospital, you were kind enough to assist in training the personnel to operate the apparatus.

Will you be good enough to express the appreciation of the Bureau of Medicine and Surgery, to the Board of Trustees of the Massachusetts General Hospital, and extend my personal thanks to them as well.

I want you also to know that we all appreciate very much the courtesies that you personally extended to the staff of the Naval Hospital.

Sincerely yours,
Ross T. McIntire
Rear Admiral (MC), USN
The Surgeon General

The Hospital is pleased to announce the election, on June 25, of Mr. Lloyd D. Brace as a member of the Board of Trustees. Mr. Brace is a vice-president and director of the First National Bank of Boston, and a trustee of the Boston Five Cents Savings Bank. He is one of the founders of Boys' Clubs, Inc., and serves as chairman of its board. Mr. Brace is also a member of the board of trustees of Phillips Andover Academy.

Distant readers may like to know how the first news of the surrender of Italy came to many of us at the Hospital.

The LOUD Speakers, one of which is operated from the "new" Court House extension on the Hill, brought the word to us. The Speakers had been heard, to that date, only at high noon or when broadcasting air-raid signals. But on September 8, by order of the Mayor, the Speakers broke out at 12.35 with the first strains of the National Anthem. Following these came the announcement: "The Italian Government has unconditionally surrenderd to the Allies."

This was repeated over and over, with interruption first by "My Country, 'Tis of Thee," then by "Yankee Doodle," later by the rousing songs of the Service Branches, one by one. And we did not grow tired of listening to it. My, but it sounded GOOD!

John Abbott

By the death of John Abbott, the Hospital has lost its valued adviser in matters of law. Since 1909 Trustees, Treasurers, and administrative officers have turned to John Abbott for advice in legal affairs. His opinions were calmly and judicially made. They were solidly based on his extensive knowledge of the law and his large experience. He was unselfish in his dealing with clients. He did many kindly and helpful acts without thought of payment. A human lovable man he endeared himself to the Hospital officers. They will miss a friend.

John Abbott was graduated from Dartmouth (Phi Beta Kappa) in 1891. He was captain of his college baseball team. He thus early showed the quality of leadership which he maintained through life. A well-rounded creditable career. A distinguished and beloved citizen.

F.A.W.

October 16, 1943 will not be overlooked at the Massachusetts General Hospital as marking another anniversary of Ether Day. The usual luncheon will be omitted because of wartime shortages, both food and personnel, but thanks to War Service volunteers, coffee and doughnuts will be served in the Brick Corridor at 11 A.M. Bishop Sherrill will speak briefly on his recent trip to Alaska. Maps showing the present distribution of staff and graduates, and photographs of persons and places will be exhibited. All members of the Hospital family are invited.

The Bolton Act, a law to provide for the training of nurses for the armed forces and governmental and civilian hospitals, health agencies and industry was passed on June 15, 1943. The training program for student nurses is known as the United States Cadet Nurse Corps.

Schools of nursing that meet required standards of accreditation, admission and instruction, and have accelerated their instruction and essential practice into the first 24-30 months of their programs, are eligible to participate in the Cadet Nurse Corps. This acceleration does not enable the school to graduate a student in less than three years. The advantage of the acceleration lies in the fact that in their last six months students may go to military or other governmental hospitals for supervised practice or may be assigned for supervised practice to replace graduate nurses in civilian hospitals.

The advantages of Cadet Nurse Corps membership to the student are many. Tuition and all fees due on entrance will be paid by the Government. The Government will also pay for the pre-clinical indoor uniform and for a winter and a summer street uniform. In addition the student will receive an allowance of $15 per month for the pre-cadet period (the first 9 months); $20 per month, paid by the Government, for the junior cadet period (the 10th through the 21st month); and $30 per month, paid by the employing institution, for the senior cadet period (the last 6 months).

The M.G.H. School of Nursing was accepted into the Cadet Nurse Corps on September 15. Although enrollment is still only tentative, about 220 students are expected to join. Of the students enrolling, 60 are members of the class that entered September 1943.

The student who elects to join the Cadet Nurse Corps receives the regular 3-year program, the same as that given to the student who is not a cadet. For the financial aid the Cadet student receives, she must pledge to nurse in some *essential* nursing service for the duration of the war. The military and non-military Government hospitals under the U. S. Public Health Service, the Veteran's Administration and Bureau of Indian Affairs, and all civilian hospitals, public health agencies, and industrial nursing service are considered *essential.*

Eighty-five students were admitted to the School of Nursing on September 7, bringing the total admissions for 1943 up to 211. This is the largest class ever admitted.

At a meeting of the Board of Trustees on August 20 it was voted:

To accept the resignation of Dr. Harry C. Solomon and to appoint him to the Board of Consultation.

Dr. Harry C. Solomon has been appointed Medical Director of the Boston Psychopathic Hospital, and succeeds the late Dr. C. Macfie Campbell. Dr. Solomon has been a member of the General Hospital Staff since 1920, and of the McLean Hospital Staff since 1930. In April of this year he was made Professor of Psychology at the Harvard Medical School, upon the retirement of Dr. Campbell as Professor, *Emeritus*. Dr. Solomon's first appointment at the Medical School was in 1916.

The Trustees have also voted:

To accept the resignation of Dr. Oscar F. Cox.

To grant leave of absence because of military service to Dr. Clifford C. Franseen.

The following appointments were made:

Dr. Edwin O. Wheeler as Research Fellow in Medicine.

Dr. John J. D'Urso as Resident in Dermatology and Syphilology, beginning September 1, 1943.

Dr. Leonard B. Greentree as Intern on the Orthopedic Service for the term beginning October 1, 1943.

Dr. Charles H. DuToit as Assistant Resident Physician, beginning October 1, 1943.

The General Executive Committee on September 15, 1943 voted:

To accept the resignation of Mildred E. Merkle from the position of Graduate Assistant in Medicine.

During the month of August the number of hours given by War Service volunteers reached a total of 2295, indicating not only an impressive record of attendance but greater opportunity for service and an ever-increasing interest in the Hospital. Although each worker appreciates her individual responsibility and position of trust, she takes equal pride in the War Service as a whole and in coöperating enthusiastically and intelligently with the earnest effort being made to improve the Service. Toward this end, the Advisory Committee has prepared a manual of instructions concerning Hospital traditions and rules as well as War Service routines and duties. Henceforth every volunteer will be required to pass an examination on the contents of the manual before she is accepted as a worker.

The War Service was organized in January 1942 to relieve nurses during the shortage caused by the war. It is one of the units of the M.G.H. Volunteer Service and is under the direction of Miss Eleanor Greenwood; but it has its own Advisory Committee, which includes the Director, and the Chairman, Mrs. Everett W. Pervere. Each day of the week has a different Captain, Assistant Captain, and group of workers. To maintain uniformity it is the duty of every Captain to report any comment or new instruction to the Advisory Committee, who will inform the other Captains.

Criticism or mistakes should be reported to a Captain or to a member of the Advisory Committee,—for the War Service knows that it is a great privilege to be permitted to serve the Hospital in this way, and wishes to perform its duties with a minimum of error.

Mrs. David B. Arnold
Director of War Service
Volunteer Service Bureau

OFFICIAL NOTICES

In coöperation with the State Department of Health, the Urology Department announces a clinic for women with gonococcus infections. This is a new clinic. It will be held two afternoons a week, and is under the charge of Dr. Joseph Lipton, who was recently appointed a Graduate Assistant in Urology.

The Chemical Laboratory

One of our photoelectric colorimeters is giving trouble, with the result that the N.P.N.'s are running about 10 mgs. % low. We are promised a replacement, so this situation should be remedied in a short time.

It is very difficult for us to get out each day's work unless specimens are received in the Laboratory by 10 A.M. Part of that difficulty, we realize, is with the transportation system; at the same time a good deal may be traced to late ordering. In this connection we shall appreciate the assistance of those responsible for ordering.

Eunice M. Moore, Ph.D.
Director, Chemical Laboratory

THE Dietary Department has endeavored, for several months now, to make a statement for News readers, but food problems and service shortages have been too changeable to be stated clearly.

The Department has had many "bad days," but until recently we have been able to carry on with few restrictions—so far as the casual observer could see. The menus have for months suffered many deletions, of course. Butter has become a thing of the past at most meals. At breakfast in the Nurses' Cafeteria rolls bought from a bakery now replace toast on at least one counter, because service to make the toast cannot be obtained. The East Pay Cafeteria is without bus boys and girls. We now ask patrons to clear their own tables, and are making suggestions as to how best to stack the dishes to expedite work in the dish-washing rooms. As few dishes as possible are used in serving food, and patrons are asked to take only the silver they will actually use. The Cafeteria has discontinued between-meal service and at breakfast is open for doctors only. Service for dinner remains unchanged, as high-school boys and girls are available for employment during those hours.

At this writing the dearth of dishwashers is so crucial that for the past week only the assistance of volunteers and Red Cross Dietitians' Aides has made it possible for us to take care of the noon meal. Since this present situation is likely to continue for the duration of the personnel shortage, groups of volunteers in the community are now being organized to meet our need. Hospital personnel itself may have to be appealed to if the service of the noon meal is to be maintained.

Marion D. Floyd,
Chief Dietitian

Harry Chamberlain Low

1870-1943

Dr. Harry Chamberlain Low was appointed Assistant to Orthopaedic Surgeons to Out-Patients at the Massachusetts General Hospital in 1909 and promoted to Orthopaedic Surgeon to Out-Patients in 1917. From 1921 to 1931 his title was Orthopaedic Surgeon in charge of Poliomyelitis. His continuous active service to the Hospital covered a period of twenty-two years.

Dr. Low was born in Salem, Massachusetts, and graduated from Harvard College in 1893 and from the Harvard Medical School in 1897. An internship at the Children's Hospital was followed by an appointment to the Pathological Department of the Boston City Hospital under the senior Dr. Mallory. He served efficiently in this department for several years.

Early in his medical career he decided to major in orthopaedic surgery and practiced his specialty in Boston for thirty years. In addition to his private and hospital practice he found time to serve gratuitously many useful charitable organizations such as the New England Home for Little Wanderers and the Family Welfare Society, as orthopaedic consultant to the former and as chairman of the weekly conferences of the latter. For two years he held a position in the Department of Tuberculosis of the Massachusetts State Department of Public Health in connection with the tuberculin tests for school children.

In 1917 following an epidemic of infantile paralysis, Dr. Low organized the Children's Sunlight Hospital, situated first at Revere Beach and later at Scituate and Dreamwold. He became director of the institution and, through his excellent Board of Trustees, also its chief financier. Until the summer of 1943 this charitable institution has been open from late spring to early autumn bringing health and happiness to countless needy children.

In 1935 Dr. Low suffered his first attack of cerebral embolism. Partially recovering, he continued his important work with the State Department of Public Health for a year and a half. Recurrences of his illness forced him to give up his medical activities completely in 1937, and he and his family moved to "Lowacres," their summer home at Hanover, Massachusetts. His devoted wife writes that the last eight years, during which she has been able tenderly to care for him, have been the happiest years of her life.

It is a sad commentary on our too busy lives that the nobility of character and great public service of many gentle and self-effacing people are often incompletely recognized during their lifetimes. As we look back on Harry Low's life even those of us who loved him and knew him intimately failed to be fully aware of the greatness of spirit and of accomplishment attained by this "Hidden Servant" who so quietly, unselfishly, and successfully planned his life and went about doing only good.

In one of the obituary tributes to the late Dr. Elliott G. Brackett, former Chief of the Orthopaedic Service and close friend and counsellor of Dr. Low, the remark was made that he lived up to Justice Oliver Wendell Holmes's "ideal of conduct" expressed as follows:

"Life is painting a picture, not doing a sum, to hammer out as compact and solid a piece of work as one can, to try to make it first rate and to leave it unadvertised." Harry Low as well as Dr. Brackett fulfilled this high ideal.

Dr. Low is survived by his wife, his son, Lt. Daniel Low, USNR, at present in Africa (offering his services when he was forty years old), his daughter, Carolyn Low, and his sister, Mrs. Harlan P. Kelsey of East Boxford, Massachusetts.

R.B.O.

In this letter to Dr. Richard B. King (*EM* 1927), a pleasant report of the 160th Station Hospital is given by Capt. John R. Graham (*WM* 1936). It will be remembered that in June 1942 the 6th General Hospital supplied fourteen officers to the complement of the 160th, then at Fort Story, Va., and a few weeks later in active service in England.

> The militarization of the HMS sounds formidable. It will give you some idea of how we feel about the relation between individual initiative and the army regulation. . . . We have been developing better medical and surgical rounds and X-ray conferences in our institution ("The Little MGH") and our interest runs fairly high. We think we have a good *professional* staff, and by and large our results have been good. We are located about X miles from London, on an estate—a lovely place. I am now (and for the past 4-5 months have been) in the medical service, as my being on the surgical service prevented asking for a real surgeon (a necessity in this place) to handle acute air casualties.
>
> I run a ward that contains an average of 15 patients. In addition we all have odd jobs. I happen to have collected the choice bits—namely, gas officer, bomb reconnaissance officer, and assistant plans and training officer. When the bombs that are dropped here do not explode, it is my privilege to investigate. So far we have had no raids but we occasionally get an alert and hear a few planes buzzing in the distance.
>
> A much more impressive phenomenon, these days, is the great roar of the RAF as they go over just at dusk with motors laboring under their terrific load of block-busters,—first a small group and then an hour's parade of heavies droning off to Hamburg or Dusseldorf and other ash heaps in Northwestern Germany. And by day we see the ever-increasing squadrons of our beautiful Flying Fortresses circling into a great final formation which finally flies off as straight as a bee to French, Norwegian, or German targets. Six hours later we hear their drone approaching in the distance, and gaze up to count how many came back.
>
> What is the typical Graham day? At 7:00 A.M. Zeller's alarm clock gets me into my slippers with a start. Shower, shave, teeth brush in the general latrine after fighting my way to a much used basin. Breakfast of cereal, canned milk, prunes, dried egg, bacon, toast, jam and coffee. Sign in on duty at 8 o'clock and read the bulletin board—to see if you are officer of the day or an inspector, or have been court-martialed, etc. To the ward and make rounds for an hour or so. Then an X-ray conference like the old pup days at the MGH where we see all the hospital's plates read by Otto Sahler, who does a very good job. (Very interesting and instructive to see surgical as well as medical plates.) Then admit a new patient, perhaps, or finish rounds, make out discharge slips on patients leaving the next day and get them to Ed Thorp, who is our medical chief.
>
> Lunch at 12:15. Roast pork, mashed potato, peas and carrots, gravy, stuffing, applesauce, tea was today's menu, and very good it was. Then a rush to a medical service meeting with Thorp for 15 minutes, collect the mail and go to a class on identification of aircraft, or sometimes give a lecture yourself to men or officers and nurses. (You do a lot of lecturing in the Army.) If there is not a new patient or two in the late P.M., you may be forced back to your billet for a little nap. Or perhaps knock off a little violin practice. (I am now pretty hot on "Fair Harvard" and a touching lonesome modern piece called "once in a while.")
>
> Supper is at 5:30—a small edition of lunch, and after it several things may happen. Zeller and I may peddle on our bikes five miles to play about six sets of hot tennis with some very rugged English Amazons, arriving home about dusk at 10:30 or 11:00, or I may go over to "The Hall" (our manor house) to have my ration of scotch and soda; or Whiting and Ulfelder and I may go for a bike ride to visit friends in neighboring villages, which are very pretty,—or we may just sit around the fireless stove and discuss what we should like to eat, how long it will take the Germans to crack, how much better we could run the Army than the people who do, etc. Chafee (from Providence, ex-HMS), Zeller, Whiting, Suby and Ulfelder and I are great buddies and do about everything together. Ulfelder is a very good surgeon and a most amusing person.
>
> All in all the days go by pretty quickly, and it scarcely seems true that one year ago today we were steaming out of New York into the unknown. So far it has turned out that what you don't know, won't hurt you. Best of luck to you all. Say hello to anyone I know.

Lt. Comdr. Robert N. Ganz (*CM* 1925) has been transferred from the Boston Navy Yard to duty in Newfoundland.

Lt. Comdr. Channing S. Swan (*WS* 1925) sends his new address as c/o Commander South Pacific Forces. He had been assigned to the USN Air Station at Quonset Point, R. I., since going on active duty in March 1942.

Lt. Comdr. Bernard M. Jacobson (*a.p.*) has been assigned to foreign duty. His first station was at the Boston Navy Yard, where he was Senior Medical Officer in charge of the Dispensary. Detached from that service last May, he was for a time at the US Naval Training Station at Great Lakes, Ill. His present assignment is with a 1000-bed hospital to be set up "beyond the seas."

Lt. Benjamin L. Huntington, MC, AUS, (*WM* 1940) is with a Malarial Control Unit in the Pacific area.

In August, Lt. Comdr. Archibald G. Gauld (*ES* 1934) chalked up his fourteenth month as Senior Medical Officer aboard the USS "———". He writes: "We took part in the invasion of Africa and then travelled halfway around the world for six months' service in and out of the South Pacific combat areas."

North Africa: Letters from Home

Major Alfred Kranes

Major Grantley W. Taylor

Major Sylvester B. Kelley

Lt. Comdr. Francis T. Hunter (*WM* 1926), in a note from Base Hospital No. 4, expands a comment made on the packing-case background of a snapshot of his unit:

> The whiskey in the photo is all right, after you get used to it, and makes a passable Manhattan. It tastes like corn with a soupçon of kerosene, but leaves no headache—merely a tremor for several days that prevents one from drinking coffee except through a glass tube. Made in this region of the world, the natives call it squirrel juice.
>
> No news from here except that Howard Sprague left us a few days ago. My best to the crowd, and hope to be back some time soon.

Lt. Comdr. Theodore C. Pratt (*ES* 1929) is still in the South Pacific. He wrote to Dr. Faxon on August 14 from USN Mobile Hospital No. X:

> As for news, I wish I had some that was particularly interesting, but we seem to be in somewhat of a lull at the moment. I am still at this hospital and enjoying it, having been transferred from the 1st Marine Division in April. Here we are, as you probably know, not far from Base Hospital No. X, where the M. G. H. is well represented by Howard Sprague (until recently), Frank Hunter, Hap Kennard, and Charlie Johnson (Eye and Ear). Surgically we are not as excitingly busy back here as on Guadalcanal last fall, but on the other hand it has its compensations obviously, not the least of which are plenty of food, sleep, and a stable well-running hospital.

Lt. Commander Pratt remains, to present knowledge and date, our first and only medalist of this war.

Lt. Comdr. James B. Graeser (*WM* 1929) has been on active service since December 16, 1941. His first duty was at the USN Hospital at Mare Island. In August 1942 he was transferred to become Chief of Medicine at Advance Base Hospital No. 3 in the South Pacific, and served there until April 1943. He is now attached, again as Chief of Medicine, to the USS "———," an emergency evacuation ship. Word is received that he has been exceedingly busy during these last assignments and reports life as "rugged."

On May 11, 1943, promotion from Lieutenant was received by Captain Lester P. K. Yee, MC, AUS, (*EM* 1939, *WS* 1941), of the 105th General Hospital.

Capt. William M. Jefferies, MC, AAF (*EM* 1942) wrote to the War Records on July 10, giving his address as the Squadron of a Flying Group, APO #446, N. Y.:

> Dear Mrs. Means:
>
> This is to notify you of my change of address from the San Antonio Aviation Cadet Center.
>
> After reading the June issue of "The News" which reached me today, I felt you would be interested in knowing that the known total of MGH alumni in India has now been raised to five. I arrived about two weeks ago on a very interesting assignment and am stationed within a reasonable distance of Xth General Hospital Unit, so I hope to be able to visit them soon and make the acquaintance of Majors Freeman, Walker, and Elsom. . . .
>
> Sincerely,
> Bill Jefferies

Numbers in India are growing. Other MGH men have reported from there since Captain Jefferies' note to Mrs. Means.

Borderlands of Psychiatry. By Stanley Cobb, M.D., Bullard Professor of Neuropathology, Harvard Medical School; Psychiatrist in Chief, Massachusetts General Hospital. Harvard University Press, 1943.

The publishers of the Harvard University Monographs in Medicine and Public Health have chosen wisely in selecting this readable volume to be one of their series of publications. The subjects covered, though of wide and general interest, have been neglected by medicine, psychiatry and neurology, and, as the author puts it, "have fallen between three stools."

The first chapter, "Body and Mind," opens with some well-chosen illustrative case reports which point the theme that "every symptom is both functional and organic." The second and third chapters describe man's ascent from lower forms and, through references to comparative anatomy, show in what way man's development has exceeded that of his ancestors. The growth of parts of the brain primarily involved in the language processes is shown to be the most striking change. There follows an excellent discussion of speech problems with special reference to aphasia and stuttering.

There is an illuminating chapter devoted to a discussion of functions of the frontal lobes, in the light of modern knowledge. Consciousness, fits and the anatomical basis of the emotions are each treated in chapters which admirably summarize present-day concepts and the investigations of numerous and diverse workers.

Psychoneurosis is discussed in a chapter which combines much of the best in the literature with the author's own experience in an active clinic at the Massachusetts General Hospital. A final chapter returns to the opening theme of Body and Mind, this time called "Psychosomatics".

Even such a brief listing of subject matter indicates Dr. Cobb's catholicity of interest. Such an enumeration does not, however, do justice to the author's skillful method of dealing with his varied subject matter. His descriptions of conditions, his references to the literature, and the expression of his own original ideas are stated in clear, understandable terms—a happy deviation from the norm of most psychiatric and indeed much medical literature. The reader is not confused by a barrage of unfamiliar terminology and ambiguous phraseology.

The writer's point of view is broad and unprejudiced. From many divergent sources, he has been able to incorporate the wisdom of others with his own original thinking. Not only facts demonstrated in the laboratory, but also the experience and intuition of the poets is included. By means of a nice ability to simplify, Dr. Cobb makes it possible for the reader to comprehend complex concepts; indeed, complexities which may help the callow physician to recognize his own limitations are thus introduced to the reader. An excellent bibliography at each chapter's end presents further sources of information. Many will find this book both agreeable and informative reading.

Edwin M. Cole

WE find that our account of him last month did not bring Captain Gamaliel Bradford up to date. We must here report that he is again on the high seas!

On December 12th last, at Los Angeles, a destroyer bearing his name was launched. Captain Bradford's encounters with Napoleon's privateers, we are told, are already recorded in Naval annals, but we are glad he can go to sea once more—this time as a 21,000 ton destroyer, christened by a great-great-grandaughter.

Major Robert E. Glendy (*r.p.* 1934), who has been at the Station Hospital at Fort Banks, Mass., since entering the service, is now Chief of Medical Service at the 16th General Hospital, Fort Andrews, Mass. Early in August, however, he reported from Washington:

> Am at present attending a course in tropical medicine at the Army Medical School. M. G. H. is well represented at Walter Reed and the Army Medical Center. Aubrey Hampton is doing his usual good job. Tracy Mallory just took off for Texas, August 1, to join the 15th General Laboratory.

As his entry under "Casualties, Dates and Places" the following appears: "Heat prostration, Wash., D. C., continuously during July and August."

Truax Field,
Madison, Wis.
Aug. 25, 1943

Dear "News":

Just to let you know that Lt.-Col. F. D. Adams spent most of last week at our Station Hospital. Needless to say, he was a most welcome visitor.

I am still Chief of Laboratory Service, but find time in addition to run a ward that houses most of the metabolic problems and to be program chairman for our scientific meetings. We have been fortunate in being able to call on members of the faculty of the University of Wisconsin Medical School for some of our programs. Among the speakers have been Dr. E. L. Sevringhaus and Dr. Ovid O. Meyer.

The Air Corps has been very good to us, medically speaking, and we have been permitted to practice medicine in the manner to which we were accustomed in civilian life. Uncle Sam also was good to me and changed my rank to Major on August 4.

Sincerely,
Frederick S. Coombs

Major Coombs (*r.p.* 1937) has been assigned to the Army Air Corps Technical Training School at Madison since his entrance into the Service, as a Captain, in September 1942.

Lt. Col. F. Dennette Adams (*WM* 1918) reports his recent transfer to the 4th Service Command, with headquarters at Atlanta, Ga. This command includes the Southeast States: the Carolinas, Florida, Alabama, Mississippi, Tennessee, and Georgia. He is to be Medical Consultant for this district, as he has been for the 5th Command and recently for the 6th as well. During July and August, under that additional assignment, he inspected all the medical installations of the 6th Command as well as several prisoner-of-war camps. He also had the opportunity of seeing the military installations protecting the Sault St. Marie, and visited other installations in Illinois, Wisconsin, and Michigan. He has now taken up his duties at Atlanta.

As Medical Consultant for that Command, Lt. Colonel Adams replaces Col. Henry M. Thomas, Jr., (*WM* 1917), who has been appointed Consultant in Medicine in the Southwest Pacific. Colonel Thomas recently received this promotion in rank. He had served in the Medical Corps during the first World War, and re-entered the Army in March 1941. At that time he was on the staff of the Johns Hopkins Hospital and associate professor of medicine in the Medical School.

* * *

Although recent news on Major Tracy B. Mallory (*c. P*) is not at hand, these details of his first Army experiences, as reported to Dr. Faxon, will be enjoyed:

> As you may have noted in the papers, I successfully graduated from Carlisle. I also dropped ten pounds—not from physical exertion, which was minimal, so much as from nervous tension and perhaps the constant heat and humidity. We had just one clear, snappy day in six weeks.
>
> It was an amusing experience to become a student again and to find all the old high school and college reactions reappearing just as strongly at 46 as they ever had at 16-20. We had so many facts poured into us that during the last couple of weeks I began to wonder if my brain had not become a supersaturated solution and whether some day one crystal would be added that would precipitate everything else out of solution simultaneously.
>
> The ten pounds has unquestionably produced a more military figure but gave me some moments of mental torture. I was advised on all sides to have my cotton uniforms cut generously to allow for shrinkage. Unfortunately such shrinkage as did occur was all in the longitudinal rather than the transverse diameter. During our final parade, as we were standing at attention, a bug flew up my nose. An uncontrollable involuntary sneeze tensed the muscles of the abdomen, and the pants started to slip! They caught again, however, and the Hospital was not disgraced.

Major Mallory is now with the 15th Medical General Laboratory—and still has everything under control, we trust.

Capt. Howard C. Coggeshall (*WM* 1935) writes to the War Records from the Station Hospital at Camp Carson, Colorado Springs:

> One year, no chance of change. I am one of the few men left here; many have come and gone but I still remain. I have served in several capacities, the principal one is Chief of the Rheumatic Section. In addition to my other duties I am Registrar.
>
> Dr. Means would be interested to know about the epidemic of acute rheumatic fever we had here this year. Since last November we have had 225 cases. I have had charge of these cases, and hope to write a small article later. Other than this, nothing seems to happen.

Dominic W. Cervizzi, employed for eight years in the Out-Patient Pharmacy, left on March 3, 1941, for military service. After preliminary training at Camp Edwards, he was sent to Australia with the 101st Medical Regiment, 26th Division, as a Pharmacist with rating of Sergeant Technician. With that task force he saw service for eight and a half months in New Caledonia, and later was in action on Guadalcanal. After transfer in April 1943 to the 52nd Field Hospital, he is now assigned to the Officers Candidate School at Camp Barkeley, Texas, for four months' training in the Medical Administration Corps.

Sergeant Cervizzi reports that Cyril Fitzgibbons, also employed in the Pharmacy, has seen an equally long service with infantry in the Solomons and is now in the Fiji Islands.

Capt. William E. Eaton, MC, USN, (*D* 1907) has held this rank since February 1937. His post is the U.S. Naval Hospital at Great Lakes, Illinois:

> I have been Commanding Officer of this hospital, planned and developed it to 3300 beds, since the first of June 1939. I am still here. Several Harvard and Massachusetts General men have passed through en route to the War. Dr. Whitham is still here, as Chief of my Orthopedic Service.

Comdr. Roy H. Whitham (*WS* 1926) was called to active duty at Great Lakes on July 28, 1941 and received this rank on August 20, 1942. He writes:

> Although a long way from salt water, this activity is very busy making and repairing sailors. After over two years I am an old-timer here and very busy as Chief of Orthopedic Service.

Capt. John C. Wilcox, MC, AAF (*CM* 1937) was commissioned on October 16, 1942 and went into service on that date. He received special training in epidemiology at the University of North Carolina, and from February to June of this year was stationed at Bozeman, Montana, where he organized cadet training groups and prepared a manual on the Organization of Hospital Units in Colleges. He is now head of the new Convalescent Hospital at the Santa Ana Army Air Base, Calif.

Lt. William L. Holt, MC, USNR (*r.p. N* 1937) reports on medical matters at a Naval Air Station in Puerto Rico.

> Contrary to Army experience, acute appendicitis here outnumbers ruptured intervertebral discs 20 to 1. Tell Dr. Viets that lymphocytic choriomeningitis is as common on this tropical island as skull fractures, and about as common as malaria and far more so than scarlet fever.
>
> Besides directing the medical service here, I see all neurological and psychiatric problems of the Coast Guard, Marines, and Naval personnel in this fairly large area of coral-rimmed crowded Garden of Eden.

Lt. Wayne Hobbs, MC, USNR, (*Asst. in M.* 1941-2) has been in service since December 1942. He was first stationed at USN Hospital at Sampson, N. Y.

> Four months ago I was sent to Trinidad, B. W. I., where I have since been administering to the minor ills of the Navy. Just as I was despairing of ever again getting my teeth into some good tough medical problems, I was detached to the Naval Hospital at Philadelphia—a most welcome change.

Lt. Comdr. William E. Shedden (*ES* 1920) reports to the War Records on a form of his own devising. It reads:

Promotions, etc.—0; Jan. 6, '42 to date.

Casualties, dates and places—Mislaid Pay Account. Last seen in Nicaragua when departing on leave for the States six weeks ago. If it does not turn up soon, I shall have to go to work.

Present Address—Navy Yard, Boston.

Remarks—My oldest son Dick has received the Army Air Medal "for gallantry" in sinking a submarine. He was first pilot of an Army bomber.

Second son Bob has been recommended for the Distinguished Flying Cross for work in the South Pacific. "I don't know why," he writes.

I, as *pater familias*, bask in the reflected glory from these two. A request for sea duty in the Pacific has brought me shore duty on the Atlantic Coast. Therefore, would a request—etc.?

Promoted to 1st Lieutenant, CWS, AUS, in June 1943, Donald J. Emery (*res.fel. D* 1941) gives interesting news from this branch of military service.

After enlistment, basic training, duty as technician, assignment to officers' candidate school, final commission, and temporary duties in widely separated areas, Lieutenant Emery became Post Chemical Officer at the Air Depot Training School at Albuquerque, N. M. From there he reported: "Extensive chemical defense training is accomplished for all units at this base." He is now Group Chemical Officer with the 66th Service Group at Barkesdale Field, La.:

> The Chemical Warfare Service, with only a few officers and men, is doing a great job in training and educating all units of the Army in defense against chemical attack. The American Army won't be caught unprepared if the Axis nations decide to use gas.

Another notation on his War Records blank is optimistic: "Casualties: Not yet."

A note from Capt. John R. McDaniel, MC, AUS (*ES* 1940) is headed "Somewhere in Sicily" and is dated August 17. He is assigned to a regiment of engineers:

> I am in the Amphibious Forces and up to now have been in on two invasions, North Africa on November 8, and Sicily on July 10. On the trip had the pleasure of the company of Lt. Fred Gevalt, another alumnus. During travels in North Africa I visited the M.G.H. unit soon after its arrival there. A few months later saw Lt. Walter Crandell for a brief chat.

Lieutenant Crandell (*r.s.* PH 1941) joined the 9th Evacuation Hospital and reached Africa late in 1942. Further word of him would be welcome.

Early in 1943, Lt. Frederick C. Gevalt, Jr., MC, USNR, (*r.p.* 1943) reported from the Amphibious Forces training at Norfolk, Va. He has now been overseas for some months, and took part in the first invasion of Sicily. He is at present assigned to duty in North Africa.

The following plain statements were not written for publication. THE NEWS is glad, however, to have them brought to its attention and to publish them here as the frank and pertinent reaction of an M.G.H. nurse on unmistakeably active duty, in mind and heart as well as body:

> August 23, 1943
>
> Having just re-read your letter about the nursing situation at home I try to wonder how it feels to get upset about situations like that. I also just read of the race riots in Detroit. Why can't people at home behave with civilized Christian dignity, at least until these men over here get through the ghastly ordeals they are putting up with. Well, the campaign is over in Sicily; more men are dead and wounded, and the Allies have another mob of hungry people on their hands. What a mad thing this war is!
>
> We arrived in Sicily five days after the invasion. Each time we make a move we are deprived of a few more of the comforts of life. This time we slept on the ground for two weeks, ate cold rations from those awful little cans for days, and generally lived with nothing but our toothbrushes. We came over on small landing boats and waded in on a beach. True to my usual custom of gazing around I got lost from the rest of the outfit with another girl (we were the first girls to arrive in these parts) and by the time seven excited M. P.'s on motorcycles got us located we had a following of some few hundred civilians. I guess they thought the Red Cross brassard on our arms meant that Mrs. Roosevelt's mercy ship was in and that free food would soon be distributed.
>
> Things here are deplorable. I don't know whether they are worse off than the Arabs or whether there are just more of them, but I never would have believed I would "get rough" with hungry children to clear a path for myself. It is really dreadful—but what can we do. Their hospitals are in such condition that if we possibly can we operate on the most seriously injured accidents and send them to their homes after a short time. We can't possibly do as much for them as we did in Africa because they come to us in such crowds that we would have no room for soldiers. While we were waiting for our equipment to be unloaded about a dozen of us were sent up to help a medical battalion which had been acting as an evacuation hospital until we got organized. They had been very busy, but by the time we got there about all I could find to do for the war effort was to donate my sunglasses to a sad little 19-year-old soldier from Tennessee whom I found sitting forlorn under a tree with a bad case of measles.
>
> When our own stuff arrived we promptly started toward the front, and really had a lot of work. The roads are awful. The country is just a mass of steep hills and of course the bridges were all blown out. We saw a little air activity in one place, but when the end of the war came we were nearly across the Island—had moved up completely into three different locations in order to be near the wounded and had taken care of a lot of wounded. I am still amazed at the speed with which we get around. We wake up some morning with a couple of hundred patients; noon finds them all evacuated (except a few non-transportables whom we usually leave with a medical battalion company), the whole hospital loaded on trucks, and night may find us somewhere else—set up again and operating like mad as they pour in from the front. We have good equipment and plenty of it but taking down and putting up all these tents is a lot of work—not to mention all the packing.
>
> Sometimes our location is already covered with soldiers on litters. In that case we go around immediately with morphine—blood pressures and give plasmas where we need to, by tieing the bottles to the trees until we get our tents up. That blood plasma is wonderful stuff. It has saved many a life already. Also the sulfa drugs. An infected wound is a rare thing in spite of the conditions under which they are received and the length of time until they are cleaned up.
>
> All this may give you some idea why petty bickering seems so remote. We all work until the patients stop coming in or else until we almost drop, and then grab a bit of sleep and begin again. I think that is what I like most about this kind of nursing—and one does feel as though one is of some importance, especially as the boys are *so* glad to see us. I wouldn't have believed how much they appreciate the sight of an American girl, and they are so perfectly sure they will recover as soon as they hear nurses are in the vicinity. Right now we are set up at a swell beach and have a lot of malaria and sand fly fever cases but little surgery. It is more like station hospitals in the States in that they aren't so sick and we keep them until they can go back to their outfits. I am on night duty, so spend every afternoon in the water. I am as tanned as an Indian and never felt better in my life. All of which goes to show that one can get along without lace curtains and flush toilets.
>
> It is 3 a.m.—time for coffee—I'll break my neck on a tent peg in the blackout yet, I know. Either that or fall in a fox hole!

At his desk in North Africa: Colonel Thomas R. Goethals, MC, AUS. (ES 1917), Commanding the 6th General Hospital—and guarding the colors presented by Base Hospital No. 6.

Word of the 6th General Hospital comes from Colonel Goethals:

> We held our Hospital Day celebration on the 1st, which makes our observance of same 100 per cent covered in two years. We are nothing if not consistent.

This is supplemented by the receipt from Captain Doris Knights, ANC, in charge of the nurses of the unit, of a letter enclosing a menu from the dinner on that occasion. Only lack of space prevents our reprinting it. But definitely it did not come out of "those little cans." It warrants her description:

> It must seem incredible that we could have such a banquet during wartime and in Africa, but our superior Mess Officer and the dietitians did accomplish what was thought impossible.

A letter from Col. Edward D. Churchill (*WS* 1922), recently received by Dr. Faxon, tells of three weeks spent in the Sicilian Campaign and a ten-day trip to the Middle East. The arrival at the North African Theater of Operations Headquarters of Major John D. Stewart (*ES* 1930) and Major Henry K. Beecher (*WS* 1934) is noted, as well as of Major James H. Townsend (*WM* 1923) and Capt. Somers H. Sturgis (*ES* 1933) from the 6th G.H., and Major Fiorindo A. Simeone (*WS* 1936) from the 5th. Likewise, the advancement of Miss Josephine Barbour to a bigger job with the Red Cross.

Colonel Churchill is concerned not only with his present task of getting good surgery under war conditions but is thinking ahead (as usual) as to how best to meet the need of post-war graduate medical education.

From halfway around the world Betty Dumaine (*MGH* 1926) writes of her present mission as an Assistant Club Director of the American Red Cross.

> Sept. 6, 1943
> Somewhere in India
>
> Dear Dr. Faxon:
>
> Here I am after many long long miles of all kinds of travelling and adventure. The censorship is very strict at present, so I can't tell you much except that since landing I've been most fortunate and have been sent to several of our already established Red Cross places. Consequently I've seen a large part of India and gone to a couple of its most distant corners. I had occasion to visit two U. S. Army Hospitals. Very nice they were, and in one I ran across four M.G.H. nurses. Two were on night duty; the others, Alice Yancey [1941], and Gladys Farren [1934], were well, loved their work and seemed very happy. Their location was too beautiful—on a lake surrounded by lovely tropical trees and flowers.
>
> This part of the world is a curious mixture of ancient Arabian Knight days, worn-out and ragged, with modern Yanks and Tommies in war gear, kidding them along in order to get things done. To really see with my own eyes wild peacocks, monkeys, panthers, tiny deer, cranes as large as ostriches and people in rickshaws seems unreal—then you bump into someone from home and know you are really alive.
>
> The Red Cross is doing a good job. I shall have lots to tell when I get back. I can only say thank Heaven for the wonderful sense of humor our American boys have. They are all good sports but homesick, and it's not an easy life. But so far I love it. I miss you all and think of dear old M.G.H. often and wish a thousand times the Sixth General were near.
>
> I shall be in this present tropical but Swiss Alpine-like scene a few weeks more and then go on to two other Red Cross places before I land back at H. Q. Please forgive this note. One never gets a second to write—so many troops who haven't seen a white woman for 15-17 months find an excuse to come to look at one. Already this note has had three interruptions—so I have to write before breakfast or travelling, and that's no good either.

THE NEWS is one year old. This is the thirteenth number, starting a new year. Twenty-two thousand copies have been distributed. The monthly edition, which has fluctuated from 1500 to 2000, has now settled at 1700. Five hundred of these go to men in service, members of the staff, or graduates scattered all over the world. Five hundred more are distributed to the remaining staff, interns, residents, Ladies' Visiting Committee, and others on the home front. One hundred fifty are listed as complimentary or exchange copies; two hundred fifty are sold each month by the General Store and in the Phillips House, Baker Memorial and Out-Patient Department. The remainder just disappear somehow so that each month sees only a small number left on hand for future reference.

Approximately 415 persons are listed as subscribers. Some have even thought it was worth more than the subscription price of $1.00 and have sent in larger checks, for which THE NEWS is sincerely thankful.

Not only is THE NEWS a year old, but if we can believe the letters which are received almost daily, it is successful and appreciated.

In its history the Massachusetts General Hospital has essayed three publications of this type. The first issued thirty-one numbers and was given up soon after the entrance of the United States in World War I. The second began in May 1928 and died of financial starvation during the depression. Undaunted by these experiences, the Trustees decided in September 1942 to establish a publication which should collect and print news relating to the members of the staff and graduates in the Armed Forces, items of interest about Hospital activities, and also serve as a medium for the distribution of official bulletins on policy and procedure. They authorized the employment of an editor and such assistance as was necessary and appropriated the required funds. They stipulated that THE NEWS should be sent free to all staff and graduates in service but that others should be asked to pay $1.00 per year. Financially THE NEWS has cost less than anticipated, thanks to the generous response of the subscribers. It was not expected to make a profit and it has not; that was not the main objective.

And now THE NEWS looks forward to another year of useful service. The dedication that Bill Nye wrote for one of his books seems appropriate as a motto for THE NEWS:

"Go little booklet go
Bearing an honored name,
'Till everywhere that you have went
They're glad that you have came."

N.W.F.

THE NEWS

No. 14 Boston, Mass. November 1943

THE anniversaries of Ether Day now number ninety-seven. Observance of the occasion this year was again informal, but for many reasons it seemed to be especially enjoyed by the more than 400 persons who heard and saw all or part of the exercises in the Brick Corridor.

It was a Saturday, and the hour of eleven o'clock had been selected for the ceremonies. Those who came early (and all their successors to this date), gathered eagerly around the exhibitions of photographs of Hospital members now in military service. This included many of the 6th General Hospital, kindly lent by the wives of members. These were supplemented by the timely arrival of pictures of Colonel Churchill on a camel, Major Simeone on a donkey, and Lieutenant-Commander Hunter, Colonel Bauer, Major Thorndike, and many others in similarly interesting settings.

An important exhibit was a large world map. On this, many colored pins, tiny ships, and flags for units showed the widespread geographical areas in which MGH men, to the number of over 500, are or have been serving. The research for this information in the War Records, and the placing of the pins, a long and formidable task, was planned and accomplished by Mrs. Faxon.

Mementos of Ether Day were exhibited in the case presented to the Hospital by Dr. J. Collins Warren. Among these was a recent acquisition: A copy of the newly issued "Harper's Thirteenth Edition, Improved and Enlarged: Lexicon Medicum; or Medical Dictionary by Robert Hooper, M. D., F. L. S.", autographed and dated "May 3d, 1845, Dr. W. T. G. Morton", and with his pencilled notations under the entry on "Aether". This book was recently presented to Dr. Washburn by Mrs. William J. Morton; he has presented it to the Archives. It has been called to the attention of the Archives that this book, under this date of purchase, is among those listed by Morton in his statement to the Congress as evidence of his early research on anaesthesia.

Dr. Faxon opened the exercises with the following effective statement of the significance of Ether Day:

> "Ninety-seven years ago today an event took place in this hospital that profoundly affected the entire world. On October 16, 1846, Dr. William T. G. Morton successfully administered ether vapor to produce unconsciousness in order that a surgical operation could be performed without pain. It was witnessed by many competent observers who were impressed—and convinced.
>
> "Seldom has a scientific achievement been so spectacularly demonstrated. Galileo looking through his telescope, Leeuwenhoek through his microscope, Roentgen developing his photographic plate were all individual observers of epoch-making developments. But here was demonstrated, publicly and before a large and probably sceptical audience, one of the greatest discoveries of all time. Let us disregard the matter of priority of discovery; this demonstration marked the acceptance of its usefulness. Is there not something beyond mere chance that this, the first anesthetic, still remains the safest and most universal?
>
> "This event has also profoundly influenced this hospital and those who work within it. It is well that we continue to remember it, and annually, by occasions such as this, recall it and use the remembrance to spur us on toward new conquests of disease."

Beside the "desk" from which Dr. Faxon spoke stood an American and a Hospital flag, new and handsome in glistening silk and gilt standard. The Hospital had, until this date, possessed no flags to be used for indoor ceremonies. This fact became known to the Ladies' Visiting Committee in arranging for Ether Day. The new flags were presented to the Hospital on behalf of the Ladies by Mrs. David B. Arnold, Chairman of the Committee, and were formally accepted by Mr. John R. Macomber.

Dr. Faxon then introduced Bishop Sherrill, who had consented to give Hospital listeners a brief account of his recent trip by air to Alaska and the Aleutian Islands. Those who have heard Bishop Sherrill on any occasion will know that his account was both enjoyable and significant. What he said was of special interest at this time, but he spoke extemporaneously and no record is at hand.

While coffee and doughnuts were circulating, Mr. Lown showed colored movies of the 6th General Hospital and those of the recent 6th G. H. picnic. Later, through the courtesy of Mrs. John B. McKittrick, films showing activities of the 6th General at Camp Blanding were shown in the Ether Dome, and the Day closed there with the Ether Film.

The monthly Medical Staff meetings were resumed on October 18. Dr. Maxwell Finland was the speaker; his subject was virus pneumonia.

Dr. Means has sent to the Staff the following announcement of the meeting to be held on November 15:

> We are planning to hear from Dr. George R. Minot, who will give a historical sketch of his ancestor, Dr. James Jackson. At the same time a portrait of Dr. Jackson, which has just been painted by Dr. Fritz Talbot, will be unveiled and placed upon the walls of the Staff Room.

GENERAL newspaper publicity was given on August 1 to the following announcement of the Massachusetts Blue Cross concerning additional benefits for its 553,000 members:

> We, the undersigned 144 hospitals in Massachusetts, are pleased to announce that, due to the remarkable growth and success of the Blue Cross, increased benefits for subscribers become effective with all hospital admissions on and after August 1, 1943.
>
> We are resolved to make the finest type of hospitalization available to all, on a non-profit voluntary basis, and heartily welcome this broadening of the scope of hospital service at no additional cost to subscribers.
>
> Your membership now provides the following services for 30 *days each admission* instead of 21 days each year—plus 50 per cent of the cost for an additional 90 *days each admission* instead of 60 days each year:—
>
> Room (semi-private or ward).
>
> Meals and Special Dietary Service.
>
> General Nursing Service.
>
> Operating Room.
>
> Anaesthesia—when administered by a salaried employee of the hospital.
>
> All Medications including intravenous Solutions.
>
> All Dressings, including Bender bandages, Casts, Crutches, Slings, etc.
>
> All Drugs.
>
> Oxygen, Oxygen Tent or Face Mask and Helium.
>
> All Serums.
>
> All Laboratory Examinations done in the hospital, including Blood Chemistry and Cultures.
>
> Electrocardiograms and Electroencephalograms done in the hospital.

Enrollment in the Cadet Nurse Corps during October proceeded at a rapid pace. Of students now in the School, 379 were eligible. Of these, 301 (or 79+ per cent) have signed membership blanks, thereby pledging themselves to remain in some essential branch of nursing for the duration of the war. The Massachusetts General Hospital may truly say that it now has a small standing army of its own.

An error in the October notice of the Cadet Nurse Corps, relative to the allowances per month for members, is here corrected:

$15—first 9 months
20—10th through 30th months
30—last 6 months

At the October meetings of the Trustees it was voted:

That the official name of Dr. Aub's Laboratory shall be the Medical Laboratory of the Collis P. Huntington Memorial Hospital.

To release Dr. Robert K. Brown from his position as Assistant in Surgery, effective as of November 1, 1943, for service in the Armed Forces.

To accept the resignation of Dr. Benjamin S. Wood from the position of Assistant in Surgery.

Appointments, effective November 1, 1943, were also made:

Dr. Francis D. Moore, as Assistant in Surgery.

Dr. Oscar de Figueiredo Barretto as Intern in Anesthesia.

Dr. Barretto, a graduate of the Medical School at Rio de Janeiro, comes from Sao Paulo, Brazil, where he held an appointment as an assistant in surgery at the University of Sao Paulo and its hospital. Upon his return he will act as chief anesthetist of the surgical clinic and will teach at the University.

Another graduate of the same medical school, Dr. Paul F. Albuquerque, is a resident on the Urology Service. He worked for two years on the Public Health Service in Rio, and came to this hospital as a research fellow under the Rockefeller Foundation.

The General Executive Committee has appointed the following Graduate Assistants:

Dr. Howard Milton Rogers, in Medicine and Pathology.

Dr. John Lewis Langohr, in Surgery.

Dr. R. Ronald Wyman, in Dental Surgery.

Dr. Charles G. Mixter (*WS* 1907) has been appointed a member of the Administrative Board of the Harvard Medical School for the academic year 1943-4, in place of Dr. Henry K. Beecher (*WS* 1934) now on leave.

Dr. Eunice M. Moore, who has been in charge of the Chemistry Laboratory since November 1939, has taken a position in Chicago as research chemist with the Bauer and Black Company—"to produce more and better sutures and adhesive tapes for the MGH."

On September 24, Mr. Wilbour C. Lown, who has been in charge of the Photography Laboratory since December 1930, received his commission as Lieutenant, MC, H-V(S), USNR. He is to report on November 1 at the National Naval Medical Center at Bethesda, Md., and will do medical movies there in the Audio-Visual Section.

Medical and dental personnel in the U.S. Coast Guard are supplied by the U.S. Public Health Service. Dr. George M. Noss, recently appointed a Graduate Assistant in Dentistry, reports to the War Records that he is an Assistant Dental Surgeon (R), assigned to the District Medical Office, 1st Naval District, US Coast Guard.

OFFICIAL NOTICE

In the interest of increasing the efficiency of the Chemistry Laboratory and the accuracy of analyses requested of it, a revision of several procedures is essential. With the present personnel such an introduction of new methods is possible only by reducing the number of analyses requested daily by the Hospital. In order to accomplish the necessary reduction during this period of revision, the following determinations will be performed only when indispensable to the immediate care of the patient and only after consultation with Dr. Butler, the Staff Member in charge of the Chemistry Laboratory:

Cholesterol
Uric Acid
Vitamin C
Albumin—Globulin Ratio
Prothrombin
CO_2
Van den Bergh
Sodium
Acid Phosphatase

The duration of this period of revision and limited service by the Chemistry Laboratory will be shortened by reducing the requests for other types of determinations. It is, therefore, to the best interest of the hospital services to cut temporarily all requests for chemical determinations to the greatest possible extent.

N. W. Faxon, M.D.,
Director

The rotation of teams of staff members and interns on the Surgical Services, begun about a year ago, continues with success. In giving an earlier schedule for these teams, the following comment was quoted from Dr. Arthur W. Allen to explain the purposes for which this arrangement had been made.

"One-year interns are rotating through the private wards for three months of their service under a tutorial system. They are assigned to various teams, in such order that the work is equally distributed. At the end of six weeks the men are shifted to different teams." To this Dr. Allen now adds:

"Adjustments will be necessary after the new 9-months period of internship becomes effective. It is hoped this tutorial phase of the training can be continued with slight modifications."

The present schedule lists team, intern, and staff members as follows:

1. A. B. Watts: Drs. A. W. Allen, R. H. Wallace, G. A. Donaldson, Phillips House Courtesy Staff
2. A. B. Vial: Drs. J. V. Meigs, E. P. Hayden, F. A. Simmons, F. M. Ingersoll
3. T. E. Lilly: Drs. L. S. McKittrick, V. H. Kazanjian, H. K. Sowles, J. W. Spellman, G. S. Speare, Blood Bank
4. W. S. Kerr: Drs. R. H. Sweet, H. C. Marble, C. C. Miller, C. C. Simmons, R. K. Brown
5. A. C. Guyton: Drs. R. H. Smithwick, C. G. Mixter, S. G. Jones, I. T. Nathanson, E. B. Benedict, Obstetrics.
6. R. D. Bush: Drs. R. R. Linton, R. H. Miller, E. L. Young, E. M. Daland, E. Hamlin.

(Dr. Oliver Cope's patients are to be covered by the House Officers assigned to White 12—Infections.)

It is known to most readers of The NEWS that in February 1942 the Vincent Memorial Hospital moved to the Massachusetts General Hospital and its activities were taken over as a Gynaecological Service here, under Dr. Joe V. Meigs (*ES* 1921) as Chief of Service. They also know that the erection of the new building planned for its occupancy must await the time when hospital building again becomes possible. The service is now accommodated in the White Building.

An extract from the 52nd annual report of the Vincent Memorial Hospital comments on its first year of affiliation here.

> To use a modern expression, the Vincent before its affiliation with the Massachusetts General Hospital had reached a definite "ceiling" in its usefulness. Now with every modern facility at its command for diagnosis, treatment and research, with an out-patient department keeping our beds filled, and with the able leadership of our Chief of Staff, we have passed beyond the limitations of any ceiling. With the continued support of the Vincent Club and other friends, we can look forward confidently to a future unlimited in its possibilities for rendering an ever finer hospital service to women.

The General Store was opened in March 1942, under the auspices of the Ladies' Visiting Committee, to provide an opportunity to purchase "small wares" within the Hospital. It took only days, not weeks or months, to show that the Hospital "family" as well as patients and visitors welcomed this opportunity. The Store is well known, and has always been well patronized, but one fact should be called to the attention of its patrons.

All net profits from the Store are used by the Ladies' Visiting Committee (as are all the funds in their control) for the benefit of the patients and of the Hospital. Every purchase helps the Hospital. But many customers may have thought of the Store as a resource only in an emergency. The Hospital will benefit if all the members of its "family" will bear in mind that the Store can meet many of their regular needs. Its counter is small, but its stock is large.

The General Store Committee is confident that all prices charged are no higher than the prevailing charges outside the Hospital. Nothing is added to the cost to the customer because the Store is run in the service of the Hospital. Although the articles sold there are, for the most part, in the low-priced category, its volume of sales produces a gratifying total, so

PLEASE PATRONIZE THE STORE!

* * *

From his assignment at Camp Beale, Calif., Lieutenant F. Thomas Gephart, MC, AUS (*WS* 1941) has written to THE NEWS the following details about his training. To this is added a paragraph from an earlier letter to Dr. Arrowood:

> After leaving the Hospital, I went to Carlisle Barracks for the usual six-weeks course. Russell Baker and a share of the Boston City Hospital unit were in the class that started two weeks ahead of us. Richard Riddell, James Kreisle and I were in the 32nd Class, and Dexter Richards started two weeks later. There were a good many other Harvard Medical School graduates, but I don't believe any others from the General at the time. We finished at Carlisle on August 12, and I proceeded to my present location. I consider myself fortunate to be assigned to one of the Treatment Platoons of the Medical Battalion. We are equipped to do major surgery (if we get into action) and for the present my time is adequately filled learning "the Army way."—
>
> Are things still as busy as ever? I miss the General and everyone connected with it, but the Army certainly has kept me busy and I'm enjoying it a lot. Please give my regards to everyone—and I want to tell you and them how much I appreciate the knowledge I obtained while working with all of you there.—There is nothing G.I. that can be substituted for it!

Allied Force Headquarters
North African Theater Operations, USA
Medical Section
September 26, 1943

Dear Dr. Faxon:—

I have not for a minute regretted entry into the Army, even during low points such as the time our convoy was attacked by submarine(s) one night at dusk; or in the uncertain period when the ship broke down and our convoy disappeared over the horizon and we sat like a duck on a glassy sea waiting to be picked off. Such understandable hazards produce a reaction curiously less acute than finding your bed full of bedbugs—after you have spent a night in it.

Major John Stewart and I have just come back from a field trip with Colonel Churchill and Major Simeone. Simeone claims to have a photograph of Churchill and Stewart and me, all shaving at the same time in front of one 4-inch mirror hanging on the side of the tent. (I think the existence of any such snap-shot is unlikely, since at the hour we shaved there wasn't enough light for even a poor picture.)

We have had some weeks now both at Headquarters and in the Field. As you can guess, an astonishing number of rumors and counter rumors fill both places. I am not concerned about the political ones, for they can all be disregarded. The medical "rumors", usually called "clinical impressions", are more serious: they are misleading and even though you think you pay no attention to them, it is hard to be sure you haven't been influenced to some extent by them. The hard thing is to get facts—a point that Dr. Churchill has emphasized more than once.

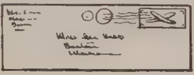
I am very keen to get to the forward areas, for it is there that the problems of shock and resuscitation and anesthesia differ from those encountered in civil life. If I get nothing else from this army experience (certainly not the case), I'll get a lot of material for the chapters on "Resuscitation" and on "Anesthesia in Warfare" in the long book I've been working on for several years.

This letter came from Major Henry K. Beecher (*WS* 1934) at the base named above.

Lt. C. Lawrence Holt, MC, AUS, (*NS* 1938), is in England. He was commissioned in March 1941, and went into active service on September 1, 1942.

> This General Hospital is the original Maine General Hospital Unit, and its medical officers are all from the State of Maine. I am serving with the Neuropsychiatric Service.

Lt. Comdr. Walter E. Garrey is at present assigned to the Naval Hospital in Chelsea. He arrived back in the States last month after two years of ship duty both in the Atlantic and the Pacific. His ship served in two major engagements, on one occasion caring for large numbers of wounded a few hours after one of the night battles. Many of the pins in the map shown on Ether Day were placed with his help, as his ship had been in many ports and he had seen many of the MGH men on duty in the South Pacific, including those in the Harvard unit. For a short time he was on temporary duty with the group under Commander Howard B. Sprague (*EM* 1924). He reports a letter from Lt. Richard E. Alt (*WS* 1933) stating that he is now on duty with a Navy Mobile unit that includes Lt. Comdr. Benjamin Tenney (*WS* 1927), Lt. John T. B. Carmody (*NS* 1934) and Lt. Joseph C. Placak (*WS* 1936).



As "Secretary of the 6th Generalettes", Mrs. James R. Lingley has written to Dr. Faxon, to thank him for the generosity of the Hospital on the occasion of the recent gathering of 6th G. H. wives and children. Mrs. Lingley adds:

Ice Cream and Cake at the Picnic
(John Ulfelder in the Background)

> Last night we had a preview of the movies to be sent to North Africa and also had an opportunity to see the pictures taken by Mr. Lown. They were all excellent and we know how much the men of the 6th will enjoy the complete set which, I understand, the Hospital is sending them as a Christmas gift.
>
> I am enclosing an account of the picnic which may be of interest to you.

Such a pleasant account of such a pleasant occasion interests us all, and it is here quoted in part. The pictures also, were much enjoyed during their exhibition in the Brick Corridor. Two are reproduced here, to suggest the quality of the occasion and Mr. Lown's skill in recording it. The movies destined for North Africa were taken, with the benefit of his advice, by Mrs. Claude E. Welch and Mrs. Alfred Kranes. (The pictures reproduced last month were from the very interesting collection sent home by Major Kranes. We neglected to express our thanks for them in that issue.)

> On October 3, the wives and children of the 6th General Hospital Unit gathered at Ibby Halstead's home for a three-fold purpose: To take movies to be sent to North Africa, make phonograph recordings, and celebrate Charlie Halstead's birthday. Although the sun failed to shine as it should have on such an auspicious occasion, at least we were able to be out-of-doors and, therefore, leave the Halstead home intact on our departure. There were 57 offspring in all. Susan Lawrence, aged 2 months, was the youngest guest; and Sam Rogers at 19 years was entitled to wear the blue ribbon for seniority.
>
> Just before noon a loud squeaking and groaning was heard by all assembled, and into the driveway turned the Ludwig Plymouth, bulging on all sides. The doors flew open and out poured a large part of the Belmont contingent—nine in all. Then from all sides of the car tumbled forth sandwiches, jackets, movie cameras and pickles. Apparently, the OPA had completely sold to Ginger the idea of "Share Your Car".
>
> Men are such rarities in our lives these days, that you can imagine how our eyes sparkled when we saw two—both over 21. One was Major MacNeil, who, with his wife, had very kindly given up one day of his furlough to be with us to explain the colored slides sent over from Africa and answer questions about the 6th, their activities, accommodations *and* behaviour. The other gentleman was Mr. Lown who, together with Mrs. Lown, came out to help us with our photographic difficulties and take some pictures on his own.
>
> From one of the next cars stepped two very snappy Generals—Billy and Dick Frazee. Lest any fond husband become concerned, I add that the Generals Frazee have now reached the ripe age of two years.
>
> When all were finally assembled and the picnic baskets unloaded we went into the back yard, spread our blankets, and attacked the hampers. There were a few casualties, as you can well imagine, such as spilled cocoa and tomatoes drooling from chins. In other words, the freshly-scrubbed children who had arrived but a short time before, now looked disheveled and much more natural.
>
> It really wasn't safe during the picnic hour to go to work too vigorously on any of the food because no sooner were the jaws fixed in a most unbecoming position than you would find yourself confronted by a camera. Had a representative from the Boston Advertiser been present, Phyllis Welch would now be signed on as their star photographer.
>
> No gathering is complete without the rougher element, and this was found when Battling Johnny Welch and Shorty Short were put together in one play yard.

George Adams Leland, Jr. ✓

May 19, 1886 — September 22, 1943

Four of us came together in the dissecting room in 1907, went through Harvard Medical School, then to the MGH on various services, overseas with Base Hospital No. 6, and afterwards produced her history.

It was through these years of association that we were fortunate in knowing Adams. Always an independent thinker, he had his own system of work, which in the medical school was to go to sleep after dinner, and then when every one else was ready to go to bed, he would come to and go to work. He was uncompromisingly thorough, and nothing was ever allowed to interfere with his job. At this time, he and I lived not far apart and often walked out to exams together. We always knew that we couldn't pass—there was so much we didn't know—but we never worried.

Adams and I were on the district together in the days of good old McLean Street, and I shall always remember the scrupulous accuracy of his technique which became so characteristic of his work throughout his life.

After graduation in 1911, he became H.O. on West Surgical at the MGH, and then Resident Surgeon for three years, determined to squeeze every possible bit of knowledge and experience out of it. He never appeared in a hurry, was never impatient, and was always ready to discuss a problem in the greatest detail. His sense of humor often took the form of withering sarcasm, but any one who could give him as good as he got was his friend forever. His devotion to his patients knew no limits, and they responded in kind. He was not only a good surgeon but a sound medical man.

Base Hospital No. 6 settled in Bordeaux and after some early growing pains and reshuffling of personnel, Adams became Company Commander. The men never knew what a good job he did for them, as they didn't understand his sense of humor, but his successor had good reason to recognize and appreciate it. Then when our C. O. and adjutant left us, Adams took over the adjutant's office which he held practically for the duration. It was here that he really shone—and it was he who, with his eternal vigilance and unfailing understanding, held that unit together in the face of shattering influences. Those of us who had a chance to watch him in action during this time, learned to know him as few others ever could. He was at his desk from early morning till late at night. Nothing went on in the hospital that he didn't know about—at least nothing worth reporting. His ability to attend to the most meticulous details was never more apparent. He was untiring and unfailing. There are many tales that could be told of those days, including one of a spittoon which had been removed when he was acting C. O. and later was not where it was expected to be.

Since the war, he had carried on the pattern already set and, in addition to the MGH, did much work at the Collis P. Huntington Hospital, the Palmer Memorial, and in Gloucester. He and Letitia G. Brookins were married on May 6, 1916, and their only child, Letitia Adams, was born on October 31, 1920.

In the last three years of his life, he deliberately chose to carry on normally, rather than as an invalid. To the last moment, he was unsparing of himself.

G. C.

In July 1917, Base Hospital No. 6 landed in Liverpool, made its way to Southampton and boarded the Australian hospital ship "Warilda", in which to cross the Channel. Base Hospital No. 17, the unit of the Harper Hospital in Detroit, crossed on the same ship at the same time. This was a pleasant contact that stands out in the memory of many in both units.

The fact is mentioned now because the Harper Hospital unit of this war, the 17th General Hospital, landed recently in Africa and found itself in the same town as the 6th General Hospital. Their contact there was but temporary, as the 17th General Hospital soon moved on, but word has come that they were happy to find "a friend at port".

The Harper Hospital provides another pleasant comment on an MGH coincidence on this continent. The following paragraphs are quoted from a recent letter to Dr. Plinn F. Morse, Pathologist of that hospital, written to him by Col. William H. Gordon, MC, USA, from Borden General Hospital at Chickasha, Okla., on September 29:

> I am enclosing to you the "Clinico-pathological Conference" sent me from the Eighth Service Command for use at this post. After each case had been presented and discussed, the final diagnosis and discussion made at the Massachusetts General Hospital was presented.
>
> Colonel Walter Bauer, Medical Consultant at the Eighth Service Command, has arranged this further medical education for all the hospitals and physicians in this command. He has secured a grant of money from the Rockefeller Foundation which also pays for visits by professors from different schools to each of the hospitals in this command. Last Friday, Saturday and Sunday, Dr. Chester Jones from Harvard was here.
>
> For your information Colonel Walter Bauer was born in Crystal Falls, Michigan, is a graduate of the University of Michigan Medical School in 1922, and is a professor in the Medical Department of Harvard University.

Major Albert G. Engelbach (*Asst. Dir.* 1929-37), after duty at Fort Devens, Mass., since early in 1943, has assumed his original assignment as Executive Officer of the 7th General Hospital (Boston City Hospital unit) which is now on service at Camp Edwards, Mass.

Major C. Fred Goeringer has been transferred from the Station Hospital at Camp Edwards to the 16th General Hospital at Fort Devens, Mass. In a letter to Dr. Smith-Petersen he writes:

> Luckily, I am to be orthopedic chief, and my C. O. is a regular army man and an orthopedic surgeon, Colonel Charles Davis. For the present I am not doing any surgery, since our program is one of field training. Last week I went through the infiltration course, and have taken a few hikes, the longest of which has been four miles. However, we are to build up to 25 miles. Our organization is well staffed, and we are up to full strength.

Major William M. Huber (*r. D&S* 1937) has been transferred from Fort Jackson, S. C., to the Oliver General Hospital in Augusta, Ga. His promotion was received on May 29.

Lt. Henry N. Russell, Jr., MC, AUS, (*CM* 1939) was commissioned on October 14, 1942, and has been on active service at the Nichols General Hospital, Louisville, Ky., since November 5, 1942.

From his assignment at Westover Field, Mass., Capt. Clarke Staples, MC, AAF, (*Gr. Asst. S* 1941-2) reports to the War Records his promotion and that of Capt. D. Crosby Greene. Captain Staples is at the Station Hospital, "on the surgical service along with Major H. H. Hamilton and Capt. D. Crosby Greene." Major Hamilton (*r.s.* 1933) has been chief of the service there since May 1942.

Capt. Ralph F. Traver, MC, AUS, (*ES* 1930) is chief of the general surgery section and executive officer of the Station Hospital at Camp Adair, Corvallis, Oregon.

In sending his forwarding address, Capt. Richard C. Carter, MC, AUS (*r.p. N* 1942) reveals his promotion to this rank. He is still with the 46th General Hospital.

Similar promotion has been received by Capt. Leon F. Ray, MC, AUS, (*r. D* 1939). He is with the 46th General Hospital, and still at Fort Riley, Kansas.

Lt. Comdr. Parker C. Carson (*r.O* 1940) reports that his promotion dates from May 1, 1943, and that his assignment continues to be Office of Naval Officer Procurement, Boston.

Another promotion, his second, is that of Lt. Comdr. John B. Stanbury, (*WM* 1941) who is now at the Naval Training Station in Newport, R. I.

After a course at the Naval Training School at Harvard University, Lt. George P. Whitelaw (*WS* 1937) was assigned to a unit at Camp Allen, Norfolk, Va.

> This very fine organization has been preparing for bigger events for some time, though when and where we are going is anybody's guess. I am in the Hospital Section. Have had temporary detached duty for one month at Camp Peary, which is a large Sea Bee training camp near Williamsburg.

Capt. Irwin F. Hermann, MC, AAF (*Gr. Asst. M* 1941-2), promoted to this rank on July 23, was assigned during July and August to the School of Aviation Medicine at Randolph Field, Texas, after transfer from Grenier Field, N. H. He is now at the Branch School of Aviation Medicine at Nashville, Tenn.

Lt. Leonard D. Rosenman (*ES* 1943), now of Company A, 30th MT Battalion, writes from Illinois—with "expressions of nostalgia for everything in the MGH."

> Since leaving the Hospital I have been here at Camp Grant. After five weeks of schooling similar to that given at Carlisle Barracks, I have spent my time in a medical training battalion awaiting orders to be sent to a permanent post. Camp Grant is a lovely place and would be very enjoyable but for my precarious day-to-day existence.

Lt. Raymond M. P. Donaghy, MC, AUS, (*NS* 1939) calls the roll at Fort Sam Houston, Texas, where he is on service with the 1st Auxiliary Surgical Group:

> George Emerson is in the Air Corps here, and Charlie Burbank is at Brooks General Hospital; so three of us who were residents at M. G. H. together find ourselves in San Antonio. Other alumni in my group are Major Leslie C. Dodson and Capt. Edwin R. Durno.

...—V...—

Recently Dr. Edward Hamlin (*WS* 1936) received a letter from Lt. Philip Giddings (*WS* 1939). Dr. Hamlin is to be thanked for sharing it. Like other letters from Lieutenant Giddings already printed here, it makes very ready reading.

Sicily,
August 23, 1943

Dear Ed.:

From here and there we all hear the same thing, that we over here are the lucky stiffs. I am sure that envy is only psychological. The theme song here, in addition to "Ain't no promotions this side of the ocean," is "Back to the States." It takes a strong mind to allow the satisfaction of doing the job to compensate for the dust, the heat, the utter impossibility of keeping clean, the lack of all the little refinements including a glass of milk, and the canned food that becomes so monotonous that at times it is impossible to face it. The fellow who said that Army life is made up of weeks of ennui for an hour of excitement was right. And of course the separation from home and family is the worst of all. But somehow we get dulled to all those things, and acquire an amazing ability to occupy days on end with such things as Charlie Chan. Beyond that, if we told the truth, most of us would prefer not to go home until the war is finished; that would be most unsatisfactory. (We'd gladly give a dollar for a coca cola, though).

So much to squelch any statements of envy from you back there. Now I must tell you a bit about our moments of excitement, and how we have capitalized on them so as to make life really quite bearable. After many months of waiting, my first exposure to any professional work in the Army was in a general hospital back in Africa, where I found myself suddenly looking after about 60 patients, all of them 10 days to 3 weeks following injury, and about 25 of them suffering from compound femurs. Of course all of them had been treated elsewhere and were in various stages of infection and healing. By infection I mean superficial suppuration; real sepsis was rare.

Well, we worked about there for awhile, and though it was good to get back to work, we were not quite satisfied, for it seemed that things were backward: we were seeing the end results (or at least something approaching them) without having ever seen the fresh wounds. Once in awhile we heard criticism of the way the cases had been handled—criticisms based on civilian experience, and from people working in a nice, clean building with expert assistance and tiled operating rooms. Subsequently we have come to the definite conclusion that the only qualified critic is the man who has seen the wounds both in the field and later in the rear.

Then came Sicily. We were fortunate enough to hit the beach on the first day of the invasion, and to get our hospital set up soon afterward. The first few days are now only memories, but they still make good evening talk; I am sure I never again want to go through a more exciting or terrifying time; I am also sure that to have experienced it is one of the great prides of my life. But once is enough; sleeping in a foxhole is no fun, especially when fragments of flak are knocking dirt off the walls into your face. Nor is there any real pleasure to receiving the "once over lightly" two or three times a day from the Luftwaffe, in all its forms and with all its refinements.

Our first stand was in a former civilian hospital, which was reasonably satisfactory save for the fleas and mosquitoes that abounded in the place. (Flies are incidental, and life would not be complete without them). There we started getting patients before we were really organized, and for several days had a really hectic time, working almost constantly on every imaginable type of wound. Gowns were a luxury reserved for abdomens and joints. I took out my first appendix clad in O. D. pants, gloves, and mask. We felt cleaner without our shirts, having worn them continually for the better part of a month, and so operated stripped to the waist. So far as we know, the patients' progress in no way reflected the discrepancies, and they did well.

Since those first days, we have done all our work in tents. We find that one of the big ward tents can be made into a good operating room, with the help of a tarpaulin floor, sheets to line the top (they make it cleaner, cooler, and white), and mosquito netting for flyproofing. We usually have two tables—sometimes stretchers on chests—so that if necessary two teams can work at once. On occasion we have had three tables. In one end of the tent is the utilities section, with sterilizer, scrub stand, linen bags, and the like. Here also is space for doing preps. It works out well. You will be interested to know that for scrub basins we use the finest Sicilian enamel edition of bedside pottery. Most satisfactory.

Such delicacies as running water, of course, do not exist, though we do have excellent lighting, and also good X-ray facilities. Instruments are of the first quality, and ample, though now and again a bit of improvising is necessary. We are usually without suction. Plasma is to be had in abundance, and is every bit as valuable as we had hoped it would be. The question as to how much fluid is necessary to cover the plasma a patient receives is decided by the state of the patient's tongue and little else. It seems a perfectly adequate criterion.

We have plenty of all the usual intravenous solutions in the Cutter and Baxter type of package. We always save the flasks for they are most handy in many ways—for storing solutions, and particularly for setting up Wangensteen type of suction and various water seals and what have you for the chest cases. Blood chemistry determinations are usually performed after dark when we are all in bed, utilizing the methods of debate, inductive reasoning, and past experience. Judging again by the patients' progress, the determinations seem to be quite reliable. Once or twice we have had available the luxury of blood-counting apparatus, and did a few white counts on stray appendices. Those were our most refined moments.

With these facilities, what have we done, and what have we learned? The work, of course, has not been steady, but has come in rushes interspersed with periods of quiet. I think the most impressive thing of all has been a growing appreciation of the tremendous amount of punishment that can be sustained by the human body when it is tough and young and in the best physical condition. As contributing factors to this stamina, of course must be added the prompt and excellent medical care and evacuation the soldiers receive. That care, by the way, usually consists of no more than sedation, sulfanilamide dressing, and rest until he gets to the establishment that is to institute definitive treatment. The bad ones get plasma; it all reflects good sense.

We have seen that men with adequate surgical background can do work that might be thought impossible under the circumstances. The lessons of physiology, first learned in the school and later emphasized by the pink slips of the Chem. Lab. in the hospital, have become so ingrained that we can apply some of them now without aid of the lab, and probably do a reasonable job. More than those generalities we are not yet entitled to make, though of course we are full of ideas about the management of certain things. We must first see much more of the fresh trauma, and then have the opportunity to follow them after they leave us.

I am working with Jim Mason, who had 8 years in surgery at Hopkins before he hit the Army, going through the entire residency. He followed Augie Jonas immediately. To be with him is one of the most fortunate and happy associations of my life to date, for neither surgically nor personally could I ask for a better man to be with. He has taught me a great deal already, and adheres rigidly to the principle that we do the cases in rotation as they come, giving us each an equal share in the actual operating although he is the captain of the team. We also have an excellent anesthetist (pentothal and drop ether are the standbys), who has passed his boards and is a good fellow to boot.

But our enlisted men are the prizes—a former steel mill worker, a barkeep, and a mill-hand; all young, all of them educated to the eighth grade. Still they do an amazing job. You should have seen them put us through one case. . . . Two scrubbed, and the third was dirty nurse, and the assistance was as good as you could ask for. The dirty nurse also turned out to be the only one who could fix the generator when the lights went out in the middle of the splenectomy, and I think it took him 43 seconds to get to the yard, do the job, and come back. When the operation was over, one of the boys immediately donated 500 cc of blood to the victim, just to top off with.

This is too long already, but I hope it gives you a picture of what life for me has been like. I know it belies my opening remarks, but there is no getting around it that our work now, when we are busy, is fascinating, even though life is rough. I think of you all often, and have had opportunity to apply, at one time or another, some little lesson from every one. And they have stood me in good stead, you may be sure.

Yours,
PHIL

The following ranks and assignments have been received. Further details will be welcome for publication:

Lt. William B. Ayers, MC, USNR(*WS* 1943): Naval Air Station, Quonset, R. I.

Lt. Henry S. Bennett, MC, USNR, (*res. fel. An.* 1942): 1st Naval District, Boston,

Lt. Donald W. Bickley, MC, AUS, (*WM* 1936): Station Hospital, Camp Howie, Texas.

Lt. Comdr. John D. Camp, MC, USNR (*Asst. R.* 1924-27): U. S. Naval Hospital, Corona, Calif.

Capt. Arnold M. Gordon, MC, AUS (*CM* 1929): 44th Station Hospital, Camp Ord, Calif.

Capt. John S. Hathaway, MC, AAF (*r. EM* 1932): S. A. A. F., Station Hospital, Stuttgart, Ark.

Lt. John Maier, MC, AUS, (*EM* 1940): c/o Surgeon General's Office, Washington.

Lt. Robert E. Mason, MC, AUS (*r. M* 1943): 56th General Hospital, Fort Devens, Mass.

Lt. Comdr. Herbert B. Nelson, MC, USNR, (*a. obst.*): U. S. Naval Hospital, Chelsea.

Lt. John R. Paul, Jr., MC, USNR (*CM* 1943): Navy Yard, Portsmouth, N. H.

Lt. Theodore P. Robie, MC, AUS (*ES* 1943): 35th O. T. B. MFSS, Carlisle Barracks, Pa.

Lt. Arthur A. Wills, Jr., MC, USNR, (*a. Psychi* 1937): American Red Cross Blood Donor Center, 210 Pearl St., Hartford, Conn.

Lt. Comdr. Allen G. Brailey (*EM* 1930) sends this news from the USN Training Station at Sampson, N. Y., to the War Records:

I was transferred to USN Hospital, Chelsea, in the status of patient on May 10, 1943 was given a clean bill of health at last on August 2 and restored to full duty status. I report at Sampson on August 29 for my next tour of duty.

The 6th General Hospital Picnic
Held October 3 at the home of Dr. and Mrs. James A. Halstead

After the more uninteresting part of the luncheon had been eaten, the children formed in line and paraded about Charlie Halstead—and a tremendous birthday cake. There was a *quick* glance at Charlie and a *long* glance at the cake. Their patience was rewarded, however, and cake and ice cream were served to all.

After all were sated with food and innocuous drinks, Mr. Lown requested a gathering of the clan. After much wiggling about, we were presumably in position to be snapped. Then came the time for the recording, with Jim Townsend rendering valuable assistance. As one of the first family groups to stand in front of the mike, I could well understand the rather stereotyped and nonsensical remarks we all made. Perhaps the prize was that of young Ed Bland, who asked at the end of the recording, "Where's Daddy"?

The sidelights of the day were many: Dot Kranes, a haunted look in her eyes, mumbling 3.5 opening, distance 25 feet; Don Rae voluntarily carrying Johnny Welch in the parade; Molly and Tooky Ingalls in mother and daughter dresses; Millie Talbott, well disguised with sumac poisoning; the older children entering so wholeheartedly into the proceedings; Ethel Ulfelder in a never-ending chase after young John; the line in front of the first door on the left; and the hostesses, Ibby Halstead, Pat Frazee, and Barbara Bartlett looking as though they hadn't had a care in the world for the past two weeks.

As a preliminary to his address to the 6th General Hospital on September 1, 1943, Colonel Thomas R. Goethals, its Commanding Officer, made the following remarks:

> This day marks the first anniversary and second celebration of Hospital Day. One year ago we were in training for our mission. Today finds us in our overseas station after more than six months of service in the role for which we were organized. It will be my pleasure to review briefly the record of the year elapsed, to comment upon the work accomplished, to compare our history with that of our ancestor, Base Hospital No. 6, in its initial phases, and to cast a speculative glance toward the future.

Colonel Goethals then drew an interesting comparison between the experiences of the two World War units of the Massachusetts General Hospital: the first arriving at Bordeaux on July 28, 1917 and soon taking over the *Petit Lycée de Talence* just outside the city, to set about adapting and enlarging it to meet military needs; the second acquiring similar school plants at a base in North Africa, upon its arrival there on February 20, 1943, to meet the same requirements.

Both units faced problems so similar that after recounting those of the earlier Base Hospital No. 6 as recorded in Col. F. A. Washburn's words, Colonel Goethals had merely to paraphrase these to describe the experiences of the 6th General Hospital. He then presented facts and figures as to the active operation of the present unit, from the arrival of its first patient on February 27 to their wholesale receipt on March 8, the steady expansion of the Hospital thereafter until the opening of its last ward on April 18, and the later establishment of a Convalescent Camp. We lack space to reprint his address—even as received, with every figure and identification blotted out by the Censor! (None other than the C. O. himself!)

Colonel Goethals completed his account with particulars about the work of the professional and administrative sections of the unit. It will surprise no one that his report for each expressed only commendation, not for the heads of the sections or for individuals but for every section and member of the 6th General Hospital. Nor will anyone doubt that the unit returns a like commendation to its Commanding Officer.

Early in August, Major Champ Lyons (*WS* 1933) sent to Dr. Faxon a report on his assignment at Staten Island:

> The penicillin program here at Halloran General Hospital is going along famously. We have an excellent set-up, and every coöperation and facility have been provided for us. The investigative program is now set up entirely within the confines of the Army, but we have a liaison with the CMR, which is extremely valuable. I believe this is as close a linking of CMR and the military service as has yet been achieved. During the past month the Navy has had two men assigned here on detached service for collaboration in the studies on penicillin. This coöperation between the two services is also heartening.
>
> I have been privileged to see excellent proof that the 6th General Hospital is continuing the traditions of the MGH overseas. Lloyd Hawes, one of our former x-ray residents, is on duty here and is attempting to secure some of the duplicate portions of the records with the signatures of the G.H. #6 men, to send them on to you for the Archives. They would make an interesting record of these times.

Perhaps Lieutenant Hawes (*EM* 1939) will send The News a later report about this.

THE NEWS

No. 15 Boston, Mass. December 1943

"'Twas the night before Christmas,
And all through the ——

The quota assigned to the Massachusetts General Hospital in the United War Fund Drive was $11,650. Not only did the Hospital go over the top for that amount, it did so far ahead of schedule—and is still going! Present contributions make an informal total of $13,325, the highest-ever, and a few small "counties" are not yet included.

Shall we dwell on this gratifying figure for a moment? It speaks for itself, but the fact should also be added that the quota assigned to the Hospital was the same in amount as that of last year—and the persons to meet it were fewer by well over one hundred.

Dr. Houser was chairman of the hospitals section of the Fund, and Dr. Gorrell had charge of the drive within the Massachusetts General Hospital. Every one who worked with them should feel a special pride in the distinguished results. This was the campaign for the 1944 Fund.

The Massachusetts General Hospital wishes to report its second Medalist. A United Press despatch dated "Allied Headquarters, Algiers, October 16," appeared recently in the New York *Times.* It names eight persons who were decorated on that day with the Legion of Merit. Col. Edward D. Churchill, M.C., is one of them. Nothing more of this is known at present, but it is hoped that the citation accompanying the award may in time be drawn from the recipient. This recognition of Colonel Churchill's ability and accomplishment invites no surprise—and most pleasantly suggests a very proper connection between medals and chests!

The recent Medical Staff Meeting is here reported, for the pleasure of all, by an account received from Dr. Means:

> After attending the unveiling of portraits last June, Dr. Fritz B. Talbot, former Chief of our Children's Medical Service, whispered to Dr. Means that he had now reached the stage in his painting where he could do a passable portrait himself. Accordingly the suggestion was made that he paint one for the Medical Staff room. He graciously accepted, and during the summer months from photographs has produced a very beautiful portrait of Dr. James Jackson, the first physician to this hospital.
>
> On November 15, at a regular meeting of the Medical Staff, the portrait was unveiled. The unveiling was done by Dr. George R. Minot [*EM* 1913], a descendant of Dr. Jackson, who also gave a very interesting word portrait of his distinguished ancestor. Dr. Minot among other things mentioned the portrait of Louis, which had hung in the Staff room, and which had been given to the hospital by James Jackson, after having been brought back from France by James Jackson, Jr. Dr. Minot, failing to see the portrait upon the wall, asked what had become of it. Dr. Means informed him that the portait was quite safe; that again owing to Dr. Talbot's kindness in pointing out that it needed restoration, it was in the hands of Miss Katharine Gericke, the daughter of the second Conductor of the Boston Symphony Orchestra, who is an expert in picture restoration, and is rebacking it and putting it in good order.
>
> The meeting closed with thanks from Dr. Means on behalf of the Staff to Dr. Talbot for his beautiful painting, and to Dr. Minot for his interesting remarks.

To supplement the occasion, the Archives Room has put on display letters in Dr. Jackson's hand, photographs of him, and similar memorabilia.

Dr. Herbert B. Howard served as Resident Physician of the Massachusetts General Hospital from 1897 to 1908, and as Administrator of the General Hospital and McLean Hospital from 1904 to 1908. His administration was notable at the General Hospital for the erection of many buildings, including the Domestic Building, the Surgical Amphitheatre, and the Out-Patient Department Building.

More important than the mere physical improvement of the hospital plant was the effect upon this hospital and, in fact, hospitals throughout the United States, of Dr. Howard's conception of hospital administration and the wise application of his dynamic conception. Under his guidance hospital administration passed from a passive to an active direction of hospital affairs.

Through the generosity of his widow, Mrs. Emily P. Howard, the Massachusetts General Hospital has received a copy, by Margaret Fitzhugh Browne, of the portrait of Dr. Howard by John Lavalle, the original of which is in the Peter Bent Brigham Hospital. Simple exercises attended by members of the family and friends and former pupils of Dr. Howard marked the unveiling of this portrait on Friday, November 19, 1943.

A Liberty Ship named in honor of Dr. Harvey Cushing (*SS* 1896) was launched at the St. John's Shipyard in Jacksonville, Florida, on October 31. Names for Liberty Ships are chosen by the Committee on Launchings of the U.S. Maritime Commission, to honor deceased Americans who made distinguished contributions to the progress of our country.

The naming of the U.S. Army Hospital at Framingham, Massachusetts, does similar honor to Dr. Cushing. During the first World War, he organized Base Hospital No. 5, the Harvard Medical School and Peter Bent Brigham Hospital unit. Dr. Cushing held the rank of Colonel, and received the Distinguished Service Medal, was an officer of the Legion of Honor, and Companion of the Bath. The hospital at Framingham is to be called the Cushing General Hospital. The buildings are completed and the hospital is staffed, but no date of formal opening or list of professional personnel has yet been announced.

Like acknowledgment of public service has been given to another Massachusetts General Hospital graduate. On June 16 at Thomasville, Georgia, the Finney General Hospital was formally opened—an 1800-bed hospital of cantonment type. John M. T. Finney was graduated from the West Surgical Service in 1889, being given special leave shortly before his term was up so that he might take up his appointment at Johns Hopkins Hospital. He became one of America's most distinguished surgeons, and the Army honors him as Brigadier General Finney. He was brigade surgeon of the Maryland National Guard from 1898 to 1904, and in 1908 was commissioned in the Medical Reserve Corps. He went abroad in 1917 with Base Hospital No. 18, which he had organized, and while in France was appointed director of surgery for the American Expeditionary Forces. Dr. Finney received many civil honors, was made an officer of the Legion of Honor and of the Belgian Order of the Crown, and was awarded the Distinguished Service Medal for "the organization of surgical teams for the purpose of affording expert surgical aid to the wounded in the immediate vicinity of the battlefield." He was also a founder and first president of the American College of Surgeons.

On the occasion of the British Congress of Ophthalmology, the ETOUSA Society of Ophthalmology came into being. A preliminary meeting was held on May 1 in the London Senior Officers' Mess, and plans for bimonthly meetings and a bimonthly journal were made. The society held its first scientific meeting on July 10 at a general hospital near Oxford. Capt. F. Phinizy Calhoun (*EM* 1938), assigned to that hospital, arranged the program, and the main paper, "War Gas Injuries of the Eyes", was delivered by Lt. Comdr. Edwin B. Dunphy (*c. oph.*). Eight cases were presented, with exhibits of photographs, drawings, and movies—and the nurses gave a dinner-dance.

On November 12, the Board of Trustees made the following promotions:—

Dr. Francis F. Foldes to the position of Assistant in Anesthesia, to begin January 1, 1944;

Dr. Wade Volwiler as Assistant Resident in Medicine, to begin April 1, 1944.

Dr. Foldes, a graduate of the University of Budapest Medical School in 1934, did metabolism research in the Bio-chemical Institute of the University, served a four-year residency, and was later in private practice and did part-time research in applied pharmacology there. His first appointment at the Massachusetts General Hospital was in November 1941 as a research fellow in anesthesia; a year later he was made a resident on that service. During this time he has also taught in the Laboratory Diagnosis course at Harvard Medical School.

The Trustees also appointed the following interns:—

Stephen L. Madey, on the Children's Medical Service beginning January 1, 1944; and Howard B. Hamilton, John D. Crawford, and John C. Coolidge beginning October 1, 1944;

Dr. John H. Tucci, in Anesthesia beginning January 1, 1944;

Dr. Rosemary V. Gorman, as Assistant Resident in Medicine for one year, beginning July 1, 1944.

The General Executive Committee have appointed Dr. Samuel G. Holmes, at present an intern on the Pediatric Service, as Graduate Assistant in Dermatology, to begin January 1, 1944.

Dr. Joe V. Meigs (*ES* 1921) has been appointed surgeon in charge of gynecology at the Palmer Memorial Unit of the New England Deaconess Hospital. Dr. Meigs will also take charge of the gynecologic tumor clinic of the out-patient department at that hospital. In both these positions he succeeds the late Dr. G. Adams Leland, Jr. (*WS* 1912). The clinic had been under the direction of Dr. Leland for many years.

Dr. Fuller Albright (*WM* 1926) has been elected president of the American Society for Clinical Investigation.

Dr. Joseph C. Aub (*EM* 1915) has been made Professor of Research Medicine at the Harvard Medical School. Since 1928 he has held the appointment of Associate Professor of Medicine.

Dr. Francis D. Moore (*WS* 1940) has recently been appointed an Instructor in Surgery at the Harvard Medical School.

At a convocation of the Royal College of Physicians, held on June 10, 1943, Colonel John E. Gordon (*cons. prev. med.*) was made a Fellow of that society. Colonel Gordon's colleagues on this occasion were: "Professor McIntosh of Glasgow University; Montgomery, Chief of the Canadian Army Medical Service; McNeil, President of the Edinburgh College of Physicians." In his letter to Mrs. Gordon, mentioning his election with these companions, he adds: "I ask you to take note of that row of Scotsmen!"

OFFICIAL NOTICES

Attention of members of the Staff and graduates of the Hospital is called to the fact that there is a new outbreak of the old flim-flam game by which men representing themselves as graduates of the Hospital, or collegiate classmates of members of the Staff, call upon friends or relatives in other cities and, after introducing themselves as such, make requests upon the selected victims for advancement of funds for various reasons.

N. W. Faxon, M.D.,
Director

A DENTAL CONFERENCE

will be held on Thursday, December 9, at 8 A.M., in the Out-Patient Department lower amphitheatre. Similar conferences will be held henceforth on alternate Thursdays. The cases to be presented are posted in advance on the bulletin board in the Brick Corridor. M.G.H. members and guests are welcome.

Kurt H. Thoma, D.M.D.,
Chief of Dental Service

The Personnel Department of the Hospital is contributing actively to the war effort—as well as facing the problems created for it by the scarcity of employees outside the war industries. Under arrangement by the Department, a program of Job Relations Training is being given. This instruction is sponsored by the Training Within Industry Service of the War Manpower Commission. A streamlined program for forty of our "supervisors" of employees was opened last week. They are divided into four groups of ten each, who meet for five two-hour periods. "Supervisors" from the Nursing, Social Service, Dietary, Maintenance, and Personnel Departments are attending this first course, and the list of those who wish to be included in later courses now numbers over a hundred. Mrs. Matthew Roberts, formerly a director of the graduate course in Personnel Administration at Radcliffe College, is conducting three of the groups; Mr. John C. Ferguson, whose experience has been in the field of insurance, will conduct the fourth group. The War Manpower Commission offers these programs only to organizations listed as essential industries and activities. The aim of the course is to help establish a body of public opinion about the relationship between supervisor and worker.

✓ Karlton Goodsell Percy, M.D.

On November 15, while returning from a brief hunting trip near his home, Dr. Karlton G. Percy, of Chestnut Hill, Mass., was instantly killed by the accidental discharge of his shotgun as he stumbled over a half-sunken wire.

Dr. Percy was a graduate of Yale, and received the M.D. degree *cum laude* from the Harvard Medical School in 1911. During the following year he served his internship at the Massachusetts General Hospital as a house officer on the East Medical Service. He was a member of the staff of the Children's Hospital for a few years and later served on the services of several suburban hospitals. Dr. Percy had a large practice as a pediatrician, and was well known and highly regarded here.

✓ Edith N. Burleigh

Miss Edith N. Burleigh, one of the first social workers at the Massachusetts General Hospital, died on October 20 at Lebanon, New Hampshire, after a year's illness. Older members of the M.G.H. family will remember her delightful and vivid personality.

Miss Burleigh came to the Hospital in October 1906, as a volunteer in the work with tuberculous patients. In 1907 she was selected by Dr. James J. Putnam to assist him in the Neurology Clinic, and became a pioneer in psychiatric social work. She was also one of the prime movers in the establishment of the Judge Baker Foundation in 1916, and for several years served on its board of managers and on the board of directors of the Massachusetts Society for Mental Hygiene.

After six years' service here, Miss Burleigh became superintendent of probation at the Massachusetts Industrial School for Girls, and later was in charge of social service for the child guidance clinics of the Southern California Society for Mental Hygiene. She retired in 1939.

✓ Edward Field

On October 16, 1943, Mr. Edward Field died at the age of seventy-six years. He had been leather worker in the Orthopaedic Appliance Shop since 1910. In his death the Hospital loses one of its most faithful employees, and his fellow workers the finest of associates. "Ned" Field was known by many orthopaedic surgeons throughout this country, not merely for his ability in fine workmanship but for his coöperation and friendliness.

Mr. Field was a native of Ireland, and learned his trade through apprenticeship with a firm of harness and saddle makers in Cork, well known for their fine products. Some of the pieces he turned out there were made for royalty. After a number of years with that one firm, he decided to come to America. Upon arrival here he worked very briefly for local harness makers, and then came to the Massachusetts General Hospital as leather worker on orthopaedic appliances, to take his place at the bench where he was to work for the next thirty-three years. He brought to his work not only skill but exceptionally fine human qualities.

A series of lectures by Dr. James G. Miller (*EM* 1943) on "The Psychology of Reason and Belief", is announced in the program for this year, the 103d season of the Lowell Institute Lectures. Dr. Miller is now Resident Psychiatrist at the Hospital.

From "Somewhere in India", written on October 25, Dr. Faxon received another letter from our Travelling Trustee. Miss Dumaine reports on her Red Cross assignment there. She comments, also, on the distressing and perplexing condition of the civil population. Her graphic and compassionate description of their plight, as it appears to an eye witness, makes sober reading:

I expect to go on a new assignment as a Field Representative—which means I'll see more of India. I'm the first assigned out to do this, and I am excited and anxious to get started as communications are slow in this country and our distant spots need first-hand information and help. So this is a trial. The mountain area, which I wrote you from last, was closed on account of approaching winter. It's so hot in this city one can hardly believe it can get cold or snowy anywhere in India.

I was thrilled to read Peg Nelson's letter from Sicily. No doubt you've read about the famine and epidemics here. That's all true, too, but for different reasons—and the sentiments that pass through one as you see hundreds of starving, ragged, sick people on the streets, and stumble over the sleeping and the dead, are indescribable. The papers tell us that 50-80 people a day die here from hunger. So far, the cholera and malarial epidemics haven't hit this city as hard as the surrounding towns.

But there is so much behind all this to explain. You wonder there isn't more sickness, after you see the crowds of beggars living on the side walks, the open sewers, and the filth and stench. I don't wholly understand it. Who does! I've travelled a great deal all over this country, and there are miles and miles of fertile deserted fields—no one working the rice paddies. There are city blocks of long lines of bony, naked, starving, hungry people outside the rice-dispensing depots. Some reports say they get rice once a day, but I see them there mostly twice a day.

What makes you unsympathetic (which is hard to believe in yourself) is that the upper and middle-class Indians just pass by these people, or curse and kick them aside. These better-class, more-educated Indians are well fed, and they blame the British. The British say, some of them, that the Indians are hoarding the rice and making prices impossible. There is no doubt about this, and the whole thing is an awful mess.

The papers are making a tremendous howl about it at last, and it seems more is actually being done. Meanwhile there is this angle to the whole picture, which differs from that in any other country. These people who are starving are of such a caste and hold such belief in ancient religious customs that they won't eat anything but rice, tea, and fish. Well, there's a shortage of rice! There are other foods—wheat, corn, etc. Even here from my window I can see the garbage cans full of tidbits. These people dive into the cans, take out only what their religion says they may eat, and throw the rest on the ground. Then a huge flock of vultures descend and eat it up. The cooks try to separate the food, but the poor hungry beggars still seek through the other garbage cans and throw good bits aside.

There is another sight that gets you down. Our office is near the stock exchange of this city. There the white-cloth-draped "Wall Streeters" of this country barter and yell all day; and right outside on the street corner are 50-100 beggars, too weak to stand. Never once have I seen these rich, well-fed, hard-boiled business men give them anything. I even watched some pass by a mother with a dead two-year-old in her arms.

Another time, as we watched from our dormitory window, we saw a little beggar girl, perhaps ten years old, get run over by a trolley car. Her foot was severed to a string of skin. Hundreds of beggars and well-to-do middle-class people just looked on while the child screamed. No one moved to do first aid, or anything; they just chattered in high-pitched, excited voices. One of our girls ran down and tried to find out why they didn't call a doctor or ambulance. She herself put on a tourniquet and took the child to a hospital. The by-standers kept saying, "But who'll pay for it! Who'll pay for it!"

It's hard to believe unless you see it with your own eyes, that people, hundreds and thousands of them, will let themselves and their children starve because their religion says they may not eat other foods. Then, too, as I said before, little is done for them by their own people. Right now there is so much newspaper talk, perhaps something constructive will be done. We girls, and the American and English troops give all the change we have in our purses each day to the worst-looking beggars. But you can't go on foreever that way; and besides, it's not only not the solution to the problem but there are so many professional beggars you can't tell which are in real distress.

In the evening, however, you do know which are hungry—you can never escape the sound of the cry of children and babies who are really hungry. Sometimes (rarely) we can buy a little rice, and have it cooked and sent out to them. (Only those of us who live in apartments can do this.) But once you do it, they sleep outside your window all night and start wailing and chanting for more before daylight. You look out, and all their friends and cousins have joined them. So it goes. The brass hats are all here, as no doubt you see by the paper, and we are all hoping for more action soon. . . .

Though we do not doubt that the war will be a long one, all troops are anxious to get started and get it over with. And *all* officers and men are very homesick in this bewildering part of the world.

Miss Charlotte M. Rantoul, recently in Boston, gave a report on her war activities. Eighteen months ago she left her position here as secretary in the Surgical Service to join the Office of Strategic Services in Washington, as office manager of one of the departments. In February last she joined the Red Cross and, after training in Washington, was sent to the West Coast and eventually to Cairo to work in a Mobile Canteen unit. Comfort supplies were taken out to the men on the desert — music, books, writing paper, matches, soap, and in some districts water. The unit also conducted trips for groups of men on leave to points of interest on the Nile.

Red Cross workers act as liaison between the men on service and their homes. Personal worries relating to their families are relayed through headquarters in Washington to local chapters, and frequently problems are dealt with within five days. Miss Rantoul reports that the Red Cross has stations for enlisted men in sixteen territories throughout the world. In each of these it provides clubs, rest homes, hospital recreation, as well as the mobile canteen service. It coöperates with the Army to solve problems—not of sickness but of recreation and welfare.

Although it took Miss Rantoul two months to reach Cairo, she returned to her home in Maine in 33 hours flying-time. After special assignment here she will leave for a new destination.

This note to Dr. Meigs, here quoted in part, came from Major Langdon Parsons at the time of his transfer from the 6th General Hospital several months ago:—

Suddenly and without warning a note appeared out of the blue, suggesting as only the Army can that it would be nice if I would repair to the 52nd Station Hospital there to become the Chief of the Surgical Services. Well, here I am in a small but active 250-bed hospital. It is like living in the Emergency Ward except that the cases are a touch more violent in nature. My general staff is not exactly extensive for we total five. Seems funny not to have some one to fall back on in making decisions. There is something about the old MGH that was always very comforting: there was always some one to offer advice. I miss my friends at home—and abroad. Reserve a place for me in the annual work-horse parade.

On October 13, Colonel Goethals wrote to Dr. Faxon as to matters medical, military, and mundane with the Unit. His letter is quoted in part:

The 6th General Hospital baseball team, otherwise known as the Yankees, after winning the base section championship and a series against the league leaders in the neighboring base section, went to Algiers some ten days ago and annexed the North African championship in two straight games. The team received a trophy, suitably inscribed, and each player a baseball autographed by the Commanding General. Major Parker and I were granted a short period of detached service to accompany the team and, with Miss Knights, who was in Algiers for a conference of nurses, formed a small but enthusiastic rooting section.

During the trip I saw Churchill, John Stewart and Simeone, while Miss Knights saw Henry Beecher for a short time. We also saw Holland and Sturgis, who have been making the rounds of forward installations to investigate maxillo-facial surgery. Townsend returned to duty last month after about nine weeks' investigation of the problems of convalescence in forward areas. Ludwig is on temporary detached service at a station hospital designated for the reception and treatment of neuropsychiatric cases.

During the past two months promotions have come through for Captains Cantlon, Ellis, Burrage, Harrison, McGahey, Lawrence, and Bailey, and for 1st Lieutenants Cogswell, Hollister, and Smith of the Nursing Service. We learn also that John McKittrick, transferred from us in June, has received his Captaincy.

Housekeeping for the hospital family has become well stabilized. Despite shortages in certain items of supply, we continue in a healthy state of equipment—and our hospital mess is second to none. Gradually the weather has cooled, and the temperature now is about like that of our ideal New England September. Rains are due the end of this month, and necessary plans are being carried out for roof repairs and interior heating to combat both wet and cold.

We remain in a state of more or less suspended animation, but all professional services remain comfortably busy, despite the slack tide of admissions and dispositions. We have accumulated a sizable backlog of patients ready for the Zone of the Interior, for whom the prolonged period of waiting for transportation to the States has been very trying.

That's about the overall picture of our most recent doings. I doubt that any of us are imbued with the War-over-before-Christmas delusion, for there's still a long way to go. However, in one small way we are doing our part along with the rest of the crowd, and are not worried as to the final outcome.

Several announcements of recently published books by M.G.H. authors have appeared in the medical journals:—

Convulsive Seizures: How to Deal with Them. A Manual for Patients, Their Families and Friends. By Tracy J. Putnam, M.D. [*ES* 1923], Professor of Neurology and Neurosurgery, College of Physicians and Surgeons, Columbia University, New York. Pp. 168; 12 illustrations. J. B. Lippincott Company.

This is described as a manual written for the layman, particularly the patient afflicted with epilepsy.

Cancer Control: The What, Whither, How. Edited by Channing C. Simmons, M.D. [*ES* 1900]. Pp. 86. Massachusetts Department of Public Health, Division of Adult Hygiene.

This pamphlet has been prepared by the Department in close collaboration with the Massachusetts Medical Society. A brief description of it reads: "It deals with the cancer control program in the State, with special attention to health education and its possible contribution to the solution of the cancer problem."

Gout. By John H. Talbott, M.D. [*a.p.*], Associate in Medicine, Harvard University. Edited by Henry A. Christian, A.M., M.D., LL.D., Clinical Professor of Medicine, Tufts College Medical School, Boston. Pp. 55; 56 illustrations. Oxford University Press.

This book is a reprint from the Oxford Loose-Leaf Medicine, and retains those page numbers. The comment on it calls it "one of the best monographs on this poorly understood condition." Dr. Talbott, now Lieutenant Colonel Talbott, is readily identified by the usual parenthesis. To state Dr. Christian's association with the M.G.H., a paragraph, withheld to date for lack of space, is issued as it was originally prepared:—

The Henry Asbury Christian Prize of $100, given yearly by the Harvard Medical School to "the man who has displayed diligence and notable scholarship in his studies and offers promise for the future", was awarded this year to Dr. Allan I. Fiedlich, Jr. Dr. Friedlich recently began his service here as a medical house officer. Dr. Christian was associated with the Massachusetts General Hospital during the two academic years of 1906-7. Under the direction of Dr. Reginald H. Fitz, he instituted the system of student clinical clerking on the wards. The Johns Hopkins Hospital already had an analogous system, but this was its first development elsewhere in the United States.

From Dr. Cope's office come further facts about the recognition with which the Cocoanut Grove Monograph is meeting:—

We have heard from the publishers that the Cocoanut Grove Monograph has gone into a second printing. By the end of September 7,150 copies, including the June issue of the Annals of Surgery, have been sold. The Josiah Macy, Jr. Foundation, at the request of the Surgeon General's Office, has distributed more than 1,000 copies to various army posts in this country and abroad, and 100 copies to the Navy. The copies of the second printing forwarded to the Army contain the following acknowledgment: "This special printing is made available with the compliments of the Josiah Macy, Jr. Foundation."

So, the benefit of the Hospital's contribution to the victims of the disaster continues to spread—and early copies of this publication may even become collectors' items. The Archives hopes that its copy will eventually contain the autographs of all the authors, and those now in the Hospital are asked to come in and "sign the book".

Report on the publications of M.G.H. men cannot, it appears, confine itself to the medical field. An article by Captain Henry L. Heyl (r. *NS* 1940) brings the Hospital representation in *belles lettres,* as well. In its November issue, the *Atlantic Monthly* opens its informal department, "Accent on Living", with a sketch by Captain Heyl, entitled "Bottle Hunt in North Africa". The bottles concerned were never encountered on laboratory service—and somewhere Captain Heyl has developed a high degree of literary skill. The experience he relates was met with while on service (slightly auxiliary) with the 6th General Hospital. It is too long to reprint, unfortunately; and no retelling could convey its distinction and bouquet. In short, it is completely delightful—and thoroughly masculine. In fact, a gem. The pleasure of reading it should be achieved by every MGH-er, whatever his taste in essay or fiction—or just bottles.

"Borderlands of Psychiatry," by Dr. Stanley Cobb (*c. Psychi.*) was published two months ago by the Harvard University Press as Number 4 in its series of Harvard University Monographs in Medicine and Public Health. The volume has received an additional honor. The Scientific Book of the Month Club made it their selection for July.

Dr. Henry R. Viets (*n.*) has sent word of a pleasant M.G.H. encounter in San Francisco during the first week of October. A convention had brought together there Dr. O. H. Pearson (*WM* 1941), now medical director of the Pan-American Airways System, and Drs. Gordon E. Jones(*ES* 1939), Leonard P. Eliel (*EM* 1943), Gordon S. Myers (*WM* 1942) and J. Wister Meigs (*r.p.* 1943), all now attached to the Airways. Two other graduates, who are also working with Pan American, were unable to be present. Dr. William Parson (*r.p.* 1943) is assigned to Miami, and Dr. Robert Tucker (*WS* 1939) is in Brazil, after spending a year in Africa on malaria control work.

Major Frank L. Bauer (*P* 1941) has been transferred from Ashford General Hospital at White Sulphur Springs to the 110th Mobile Evacuation Hospital, which will be activated at Camp Swift, Texas. He received this promotion in rank, his second, on September 11.

Major Robert A. Gregory (*r. N* 1933) is serving with the Canadian Army. In September 1939 he was commissioned as Captain, and received promotion in November 1940. He is now assigned to Military Headquarters at St. John, New Brunswick, as Consulting Neuropsychiatrist for Military District No. 7.

The following word concerning Capt. Pembroke N. MacDermot (*CM* 1930) has been sent to the War Records: "Dr. MacDermot enlisted in the Canadian Army Medical Corps in October 1941 and saw service in Canada until February 1943, when he went to England. He is now working at a Canadian General Hospital there."

Major John W. Ewell (*WM* 1937) reported to the War Records from the 28th General Hospital at Camp Rucker, Ala., and discloses the dates of his promotions. He went on active duty on August 1, 1941, was made Captain six months later, and on July 1, 1943, received his present rank.

During October, Commander John H. Fay (*EM* 1929) sent word from the Naval Hospital at Norfolk, Va., of his coming assignment to Mobile Hospital No. 11.

Major Clifford C. Franseen (*WS* 1932) was commissioned on August 13 and reported at Carlisle Barracks, Pa., with later assignment to the Stark General Hospital, Charleston, S. C.

Lt. Douglas A. Farmer, MC, AUS, (*WS* 1943) reported to the War Records from Station Hospital, AAFTTC, in Chicago:

Am in the Air Force and stationed temporarily in Chicago. Recently finished a six-weeks' course (excellent) at the Medical Field Service School in Carlisle. At present I'm working on the Surgical Service, which is a stroke of luck I hadn't anticipated.

Capt. Harold E. Gregory (*CM* 1942), promoted in July, then attended the Army Medical School course in tropical medicine, following transfer from the Lovell General Hospital to the 16th General "along with Major Glendy and others."

Dr. Benjamin H. Alton (*WS* 1916) is a member of the Board of Appeals #2, and of the Procurement and Assignment Committee for Worcester and Worcester County.

In response to its request for information, Lt. Robert F. Watson, MC, USNR (*WM* 1936) recently sent THE NEWS a statement about his work:

Prior to the entry of the U.S. in World War II, a USN Research Unit was organized at the Hospital of the Rockefeller Institute. Since the spring of 1942 the Hospital has been turned over practically entirely to the Navy, and our patients are Naval personnel. My commission as Lieutenant (j.g.) dates from June 19, 1941. I was ordered to report for active duty at the Hospital on March 2, 1942, and was promoted to Lieutenant on June 15, 1942.

Of course I continue to do research, although some of my time is taken up with administrative work as executive officer for the unit. My work is very interesting, and I have been fortunate in being able to continue along the same general line as before the war.

Comdr. Charles I. Johnson (*assoc. s. Oto-Lar.*) recently sent to Dr. Faxon a pleasant report of Who-Is-Where in the South Seas:—

Our original Naval unit so kindly adopted by you all, through the efforts of Howard Sprague and because of six MGM members, has dissolved. F. Hunter and I are newcomers to this beautiful-south-seas-island, Base Hospital No. O, where we have joined Chan Swan. "Hap" Kennard is a few hundred miles above us, and Carmody a few hundred below. Syl McGinn is still in the land of milk and eggs, where we thrived for fourteen months, but he will probably get orders soon. Howard, as you know, is Chief of Medicine on the "S——".

All the boys have done excellent work, but to me Kennard's handling of burn cases has been outstanding and he has saved many boys permanent crippling by his beautiful skin grafting. He has done excellent MGH surgery wherever indicated.

I saw young Charlie Mixter and had a swim with him on October 17 in front of Ben Tenney's hospital. He and Ben are well and doing fine work, the former as air evacuation officer for casualties USA, and the latter as Chief of Surgery USN. On arrival here I was made Boarding Officer, and will board all ships and acquaint them with our facilities etc., and am told that I will be Chief of Surgery here.

If Hollywood or the travel agencies went to work on this island it might run Bali some competition. We are on a hill 500-600 ft. above sea level overlooking a beautiful harbor a few miles away, and in the distance cocoanut groves have the appearance of waving fields of corn. There are lemons, oranges, tangerines, vegetables, horses and cattle, wild boar, wild chickens and pigeons to shoot, and plenty of fishing and swimming and tennis. The work and heat prevent much participation in the sports.

Kindest regards to you and your staff.

In a letter to Dr. Paul D. White about other matters, Comdr. Howard B. Sprague (*EM* 1924) includes a few details about his recent assignment as Chief of Medicine aboard a well-known hospital ship in the South Pacific:

With only 24 hours' notice I was detached from Base Hospital No. 0, given a high travel priority, and sent off to join the USS "————". Our old outfit was beginning to be broken up anyway, and I have always requested hospital ship duty whenever I submitted the required choice of sea duty. Right now everything is quiet, but I am nearer the center of things than I have been recently.

This ship is beautifully equipped, and serves partly as a consultation center. It is probably fair to say that, so far as active overseas duty is concerned, this job is medically the most desirable in the fleet. Of course there are a lot of young fellows who want to be out on the combat ships, but I can pass up that glamour. Here I shall be back again in clinical work, and it is quite a relief.

In returning his blank, Major Charles G. Mixter, Jr. (*WS* 1940) responded also to Mrs. Means's request on behalf of the War Records for news of his service:

Dear Mrs. Means:

I reported for active duty as First Lieutenant at Rome Air Depot, N. Y., on April 23, 1942. In August I went to the School of Aviation Medicine at Randolph Field, Texas, and since graduation there have been rated as a Flight Surgeon. I reported to Bowman Field at Louisville, Ky., on November 1, 1942, and was attached to an Air Evacuation Unit.

After a flight by air I arrived at my present post on an island in the South Pacific on January 3, 1943. In February I was promoted to Captain, and have just received another promotion to Major. Since June I have been Commanding Officer of the —st Medical Air Evacuation Unit, and still hold that position. Have received no citations, decorations or wounds, but have seen a good bit of the activity in this area, having flown over 60,000 miles since I left the U. S. A.

I have been exceedingly lucky in meeting a great many of the MGH graduates, and hardly a month goes by that I don't run into another. The MGH can certainly be proud of its representation in this area, both in quantity and quality.

My work, in a new and hitherto untried field, has been extremely interesting. We have an excellent unit with many fine nurses and doctors, and through their efforts many lives have been saved and many an individual's convalescence and recovery assured. I wish I could give you more details, but censorship out here is strict. One of our doctors and one of our nurses have been decorated for outstanding acts of heroism.

I look forward with eager anticipation for each month's Bulletin, which always gives one quite a boost. It is a grand idea and serves well to keep those of us who are away posted on what is happening at Fruit Street, as well as following the careers of our many friends who are scattered all over the world.

With very best wishes to everyone at the MGH.

Sincerely,
CHARLES G. MIXTER, JR.

The News includes Major Mixter's kind remarks about this journal in order to emphasize once more that what gives interest to our pages is the news that comes from YOU.

Dr. Means transmits portions of a letter from Lt. Oglesby Paul, MC, USNR (*WM* 1943) to give word of another graduate on distant duty:

Two weeks after leaving the MGH I was detailed to duty at the Naval Receiving Station in South Boston, where I stayed for some six weeks leading a life of medical leisure with bankers' hours. Then suddenly, just four days after getting married, I was whisked off by plane to my present berth as medical officer on a destroyer.

We have been active in both the Atlantic and the Pacific, and are now situated in the latter ocean. I am very fortunate in being attached to a fine new ship, with an excellent and congenial group of officers. The medical problems are hardly overwhelming in number, but interesting cases turn up from time to time and there is a constant run of minor ailments to cope with. Additional duties such as decoding, censoring, and being mess treasurer serve to pretty well fill up my time.

There are several Harvard Medical School graduates at our present advanced base, with whom I have thoroughly enjoyed "chewing the rag", but no MGH men have turned up as yet. The News comes regularly and is one of the things I look forward to seeing most in m mail. Many thanks for sending it—it makes a lot of difference.

Lt. Frederick Sanborn, MC, USNR (*NS* 1939) has seen 18 months of foreign duty, first with a mobile unit aboard the "Fulcrum", then at a base in the South Pacific, and now with Advanced Base Hospital No. 3 where, as reported from his home, he finds at least one officer with whom he worked at the General.

Capt. Paul S. Hansen, MC, AUS (*EM* 1939), promoted to that rank on September 5, reports details of pre-war experience and present service:—

After a fellowship under Dr. O. H. Perry Pepper at the University of Pennsylvania Hospital in 1940-1, I started practicing internal medicine in Essex, Conn., a small town not far from New Haven, full of refugees from the hurley-burley of New York and ardent sailing enthusiasts. I also had an appointment as Clinical Instructor in Medicine at Yale. (I approached Yale with something of a chip on my shoulder, but rapidly learned to be most enthusiastic about it. Among the MGH men there were Russ Fuldner and Hugh Tatlock.

In June 1942, I entered the Army as a 1st Lieutenant in the Yale Unit, the 39th General Hospital. We were activated at Camp Edwards. As Russ Fuldner has written you, the MGH was well represented in the Unit. When the order came that broke down the large General Hospitals, fourteen of us were scattered to the winds. One other officer and I were transferred to the 15th Evacuation Hospital.

The 15th stayed at Fort Meade until February, when we sailed for North Africa. From October 18 to December 21, I attended the course in Tropical Medicine at the Army Medical School in Washington. Like most others, I consider it worth having spent a year in the Army for. Dan Ellis was there, and Jack Snyder, about to take off for Russia. Others seen at Walter Reed were Aubrey O. Hampton, F. Dennette Adams, and Lloyd Hawes.

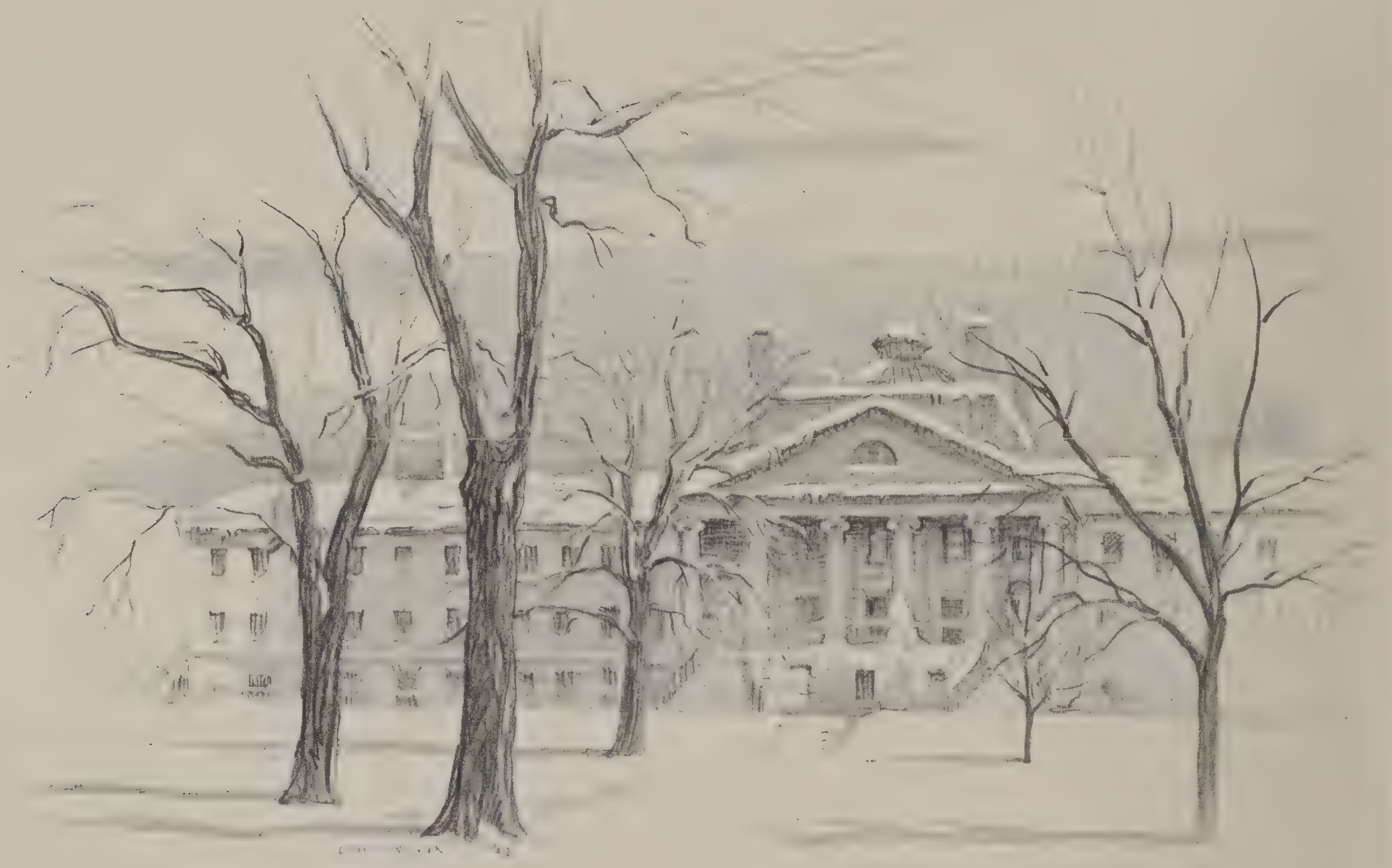
Arriving in North Africa on a cold, rainy, muddy night we spent two months in bivouac on a bare, miserable hillside near Oran. Then we went into action in the Tunisian campaign, setting up successively in Sbeitla, Beja, and Mateur. I think we still have the distinction of being set up closer to the front lines (at Beja, behind Hill 609) than any other 000-bed hospital before or since. (At Sbeitla I was suddenly transformed into a laboratory man and made chief of that service. In Tunisia there was relatively little for me to do, as our patients were almost entirely surgical.)

Four days after the invasion of Sicily we landed there, wading to the beach. Shortly afterward we set up and, with time out for a couple of moves, have been in very active operation ever since.

The big problem has been malaria. We do from 100-150 smears daily. One important subject not covered at the Army Medical School was the technique of thick preparations. So we had to learn the hard way. Fortunately, I am blessed with an excellent staff of enlisted men who have learned rapidly and been willing to work 20 hours out of 24.

I have also learned not to be dogmatic about malaria. Contrary to what the books say, the parasite may be exceedingly difficult to find, even in acute cases. I wonder if the administration of suppressive doses of atabrine contributes to our difficulty, but rather doubt it—for Italian prisoners of war, who have not received atabrine, present the same difficulties. For what it is worth, I pass on the information that examination of the sternal marrow has proved a great disappointment in the detection of parasites. Out of many tries I have found parasites only once in the sternal marrow when I could not find them in the thick smears of peripheral blood taken at the same time. Post-adrenalin smears have been far more helpful. (I don't know how this stacks up with others' experience, for so far as I know I'm the only man east of Norfolk, Va., who is doing sternal punctures. I brought my own needle with me.)

Much of the time here we have had the privilege of having attached to us Major Francis M. Findlay, who is in charge of an auxiliary surgical team. I have also run into Phil Giddings, and just missed Tom Ballantine. And of course Dr. Churchill is Surgical Consultant to the North African Forces and has visited us on several occasions.



This year the Bulfinch Building saw its first snow, on November 15 — and remained as unruffled as when Louis Novak, a Boston artist, made this and other pencil sketches of the Hospital last year.

For its exhibition on "Boston: Its Life and Its People from the Founding to the Great Fire and the New Metropolis, 1630-1872", the Hospital has lent to the Art Museum the Gilbert Stuart portrait of Hon. William Phillips, first president of the Corporation, and a Willard ("banjo") clock, the decoration on which is a painting of the Bulfinch Building. (The Archives files contain the bill for the Phillips portrait, signed by Stuart, and that for its carved frame, which was made by John Doggett, a well-known artificer of the time. The Hospital also has a second Willard clock showing the Bulfinch Building, several other presumably Willard clocks in plainer cases, and a bill signed by Simon Willard.)

The exhibition at the Museum also includes the silver coffee urn commissioned from Paul Revere for presentation to Capt. Gamaliel Bradford, a member of the first Board of Trustees, several medals presented to Dr. William T. G. Morton for his work in anesthesia—and the bronze Indian made by Deacon Drowne, which adorned the Province House when that property was granted in 1811 to the proposed Massachusetts General Hospital.

"Merry Chrismas to all,
And to all ——

...—V...—

In an attempt to hasten that victory, THE NEWS enthusiastically reprinted a sizable error as to the destroyer named for Capt. Gamaliel Bradford, our early trustee. We stand corrected (very gently) by Comdr. Paul E. Spangler (*WS* 1925). He writes:—

> Can't help but poke a little fun in connection with that super 21,000-ton destroyer USS "Bradford". I am sure Hirohito would like to know more about them. Really a lot of fuss to make over one small cipher.

Commander Spangler's Navy experience is not only pre-Pearl-Harbor but includes duty there with a mobile hospital cited for distinguished service during the attack. He writes that this unit, of which he has been chief of surgery and executive officer since its organization, is being decommissioned to become USN Base Hospital No. 8 "on this same rock" and that he hopes to be "in time to share in any excitement that may develop".

Recognition of two former Massachusetts General Hospital authors was given in the Reader's Digest for October. This magazine of the moment began one of its sections with a quotation from the late Dr. George L. Walton and closed it with one from Dr. Oliver Wendell Holmes. Dr. Walton was a member of the Neurology Staff of the Hospital from 1883 to 1907, when that service was known as the Department of Diseases of the Nervous System, and of the Board of Consultation from 1907 to 1941. Dr. Holmes served as Consulting Surgeon from 1840 to 1845, and as Visiting Physician from 1846 to 1849. They were cited as "Doctors who know human nature".

Let the General Store help you solve your Christmas list! Besides its supplies of Christmas cards and wrappings and tags for gifts, there are colognes, stationery, hosiery, pocket-size books, cigarettes, candy, etc. The Store will also fill orders for flowers to be delivered as Christmas gifts, and arrange for subscriptions for magazines—including this one, THE NEWS.

THE NEWS

No. 16 Boston, Mass. January, 1944

Captain Robert S. Hormell (*Or.* 1942), who is attached to the 27th Station Hospital in the South Pacific area, has been officially commended by Major General R. G. Breene, as follows:—

> Your performance of outstanding services has been noted by me, and the following commendation is extended in official recognition thereof:
>
> Commendation: First Lieutenant Robert S. Hormell . . . for outstanding conduct in the performance of duty. By denying himself sleep and rest did, during the month of April, save the life of a colored soldier who was severely burned and injured in a gasoline explosion on April 4, 1943. For the first 48 hours following the accident, this officer remained constantly at the side of the injured soldier, and, as a result of his personal knowledge and skill and through his perseverance when the rest of the staff despaired, this soldier's life was saved.

In Christmas week the Brick Corridor once again filled with beds and patients, and sheltered two Hospital gatherings—the grown-ups to see some "real imported" magic, the children to see Santa Claus (by proxy, House Officer Flynn), and a solid bank of all of us to see their pleasure. The gatherings disappeared, but the beautiful tree remained. Its long silver streamers, vibrant in the well-known draft, made its branches seem to stir and whisper—and it was Christmas once more, for all of us.

O.T.'s greeting card gave the week's full program, although, at the time of printing, the menu had to be made up of "Roast expectations 'n gravy," etc. Besides the usual carol groups there noted, the "M.G.H. Bell Ringers" added a new and much appreciated feature throughout the wards.

The Brick Corridor now shows a few of the photographs of individuals and groups of the 6th General Hospital, taken in North Africa by Mr. Martin Sheridan, of the *Boston Globe,* who a year ago was a patient here following the Cocoanut Grove Disaster. Water colors of the North African scene by Major Grantley W. Taylor, of the Unit, are also on display there. In the Moseley notice case are V-Mail Christmas cards received from there, from Iceland, from elsewhere.

The Massachusetts Eye and Ear Infirmary also displayed the Christmas spirit. The notice board, the entrances to the wards, and the partitions between the children's beds, through the generous expenditure of time and talent by Dr. Burton E. Lovesey (*a.s. Oto-Lar.*) proclaimed the season with angels, snowmen, Santas, and such, done in whitewash and tints.

Harry Fairbanks Hartwell

Dr. Harry F. Hartwell died on December 7, 1943, after a long illness. He graduated from Harvard College with the Class of 1895, and received his M.D. degree *cum laude* from the Harvard Medical School in 1898. During the following year he served as House Officer on the South Surgical Service at the Massachusetts General Hospital. In 1904 he was appointed Assistant Orthopedic Surgeon and in 1911 Assistant Surgical Pathologist, becoming Surgical Pathologist in 1916. He served overseas in 1915 with the first Harvard Unit, under the late Dr. E. H. Nichols.

Upon his retirement in 1938, after twenty-seven years of service in the Laboratory, Dr. Hartwell was appointed to the Board of Consultation.

As a young man in college, Harry Hartwell played enthusiastically on the varsity football squad. He never made the first team, but cheerfully took many a hard knock in developing it. In after life, for many years at the Hospital, he enthusiastically played an important though an inconspicuous part in the teamwork of the organization. His painstaking, thorough, and sound work in the Surgical Laboratory was the basis for many a successful operation. He applauded the success of others; he asked little for himself.

A fine, steadfast character, a loyal son of Harvard and the M.G.H.

L.D.

A second meeting of the Committee on Post-War Medical Service was held in Washington on October 15. Dr. Alan Gregg (*WM* 1917), Director of Medical Sciences in the Rockefeller Foundation, who acted as chairman of the first meeting, was made secretary of the committee and his brief report of its plans was published in the *Journal of the A.M.A.* for October 30. Other M.G.H. members of the committee are: Dr. Roger I. Lee, Chairman (*EM* 1907), Dr. Arthur W. Allen (*WS* 1915), Dr. Fred A. Coller (*WS* 1914), and Dr. Walter W. Palmer (*EM* 1911).

The Physical Therapy Department was reorganized in 1940 under the direction of Dr. Arthur L. Watkins (*r.p.N.* 1938). Since that time it has provided not only for the care of patients but for the training of technicians in this specialty. Dr. Watkins gives the following facts about this service:—

"The Physical Therapy Department at the M.G.H. has been functioning in the treatment of patients and the training of technicians for three years. Students taking the physical therapy courses at Boston University-Sargent College of Physical Education, Bouvé-Boston School of Physical Education, and Harvard Medical School Courses for Graduates all receive clinical training in our department under the supervision of Miss Mary E. Nesbitt, the technical director, and our staff of registered technicians. Didactic lectures are also given by Dr. Watkins and Miss Nesbitt. Graduates of these courses are eligible to take the examinations required by the American Registry of Physical Therapy Technicians.

"Because of the urgent need for physical therapy technicians in the Armed Services, the regular nine-months' training programs have been enlarged and six-months' emergency courses have been added. Graduates of these war courses serve six-months' civilian apprenticeships in Army hospitals before becoming members of the Medical Corps. Entrance requirements are being maintained on the same high level, *i.e.* at least two years of college work including courses in basic sciences. Only graduates from schools approved by the American Medical Association are accepted by the Army—or as members of our staff.

"Under the accelerated program the number of students receiving training here has been increased each year two to three times the usual number. To date the total of graduates numbers 231, including 69 this year. Of these 23 are serving in Army hospitals overseas and 46 in this country. Two are in Naval hospitals, and the remainder are in civilian hospitals—where, also, there is shortage of technicians both for giving treatments and for teaching. Physical therapy aides are commissioned in the Army on the same basis as nurses and wear the same uniforms, with PT on the caduceus instead of N.

"Of our former staff of six technicians, four are in Army hospitals. 1st Lt. Priscilla Chandler, former assistant to Miss Nesbitt, is in charge of the Physical Therapy Department of the 6th General Hospital, Lt. Louise Hills is with the 314th Station Hospital, 1st Lt. Elizabeth Dolan is in charge of the department in the Boston City Hospital unit, the 7th General Hospital. Lt. Jean Platt is attached to the Army Air Force in this country. Fortunately for our civilian patients and for our training courses, we have found replacements for three of our former staff.

"In further increasing the number of student technicians, the greatest handicap is in providing sufficient hospital instruction. Maintaining or enlarging our M.G.H. department is essential to this important training program."

Through an oversight, the votes and appointments made at the Trustees' meeting of October 29 were omitted. It was voted:—

That Dr. Francis D. Moore be given the privilege of an office on the Surgical Floor for the instruction of medical students and, further, that he be granted the privilege of seeing a limited number of private patients;

To grant leave of absence to Mr. Lown, the Hospital Photographer, because of military service, it being understood that he may resume his present position upon completion of such service.

The appointments recorded were:—

Dr. David G. Freiman as Assistant in Pathology, to begin January 1, 1944;
Dr. Norris B. Flanagan as Temporary Assistant in Psychiatry on leave of absence;
Dr. Frank J. Bacevicz as Dental Intern for the term beginning January 1, 1944.

On November 26 and December 10, the Trustees made the three following promotions, and other appointments:—

Dr. Catherine Risk Michie, to Resident in Pathology, for six months beginning January 1, 1944;
Dr. Richard H. Evans, to Assistant Resident in Pathology, January 1, 1944;
Dr. Edward P. Richardson, Jr., to Assistant Resident in Psychiatry, for nine months beginning January 1, 1944;
Dr. George Constantine Cotzias as Medical Intern, January 1, 1944;
Nicholas Cascario, Jr., D.M.D., as Intern on the Dental Service, for the term November 24, 1943 to March 5, 1944; and John Earl Goodman, March 4, 1944;
Reginald Devereux Kernan as Intern in Pathology, October 1, 1944.

On those dates the Trustees voted:—

To accept the resignation of F. George Johnson, D.M.D., as Intern on the Dental Service because of his entering the Armed Forces;

To appoint the following men as Interns in Medicine and Surgery for nine months, beginning October 1, 1944:

Medicine

Ronald C. Bishop
Harry A. Bliss
Edward A. Doisy, Jr.
Joseph A. Elliott, Jr.
Joseph W. Gardella
Richard W. Greene
Richmond Holder
Henry J. Kowalski
Homer D. Peabody, Jr.

Surgery

Benjamin A. Barnes
Francis G. Barnum, Jr.
Wallace C. Bedell
Sheridan S. Evans
George L. Nardi
William R. Richardson
Murray W. Scott, Jr.
Blair V. Thatcher
William C. Wigglesworth
Earle W. Wilkins, Jr.
John C. Wilson, Jr.
Philip D. Wilson, Jr.
Masao Yatsuhashi

Dr. Ellen B. Foot (*An.* 1940) has been made Chief of Anesthesia at the New York Hospital of the Cornell Medical Center. After completing her internship here, Dr. Foot served as resident and then as Visiting Anesthetist at the Presbyterian Hospital in New York.

Dr. Juan J. Salamanca (*An.* 1943) returned to his home in Bogotá, Colombia, in January last, after completing an internship here as an international exchange student. Dr. Salamanca is now Chief of the Anesthesia Department in the Hospital de San Juan de Dios and in the Clinica Quirigica del Dr. Pompilio Martinez. He also lectures on Anesthesia to the medical students, and has directed their work on graduate theses. Dr. Salamanca was appointed to his internship here by Dr. Henry K. Beecher in 1941, when Dr. Beecher was in Bogotá as exchange lecturer to the National University of Colombia.

OFFICIAL NOTICE

Upon recommendation of the Pharmacy Committee, Meperidine Hydrochloride (Demerol) has been placed in the Hospital Pharmacy.

This is a synthetic analgesic and antispasmodic. Adult dose is 50-100 mgm. parenterally every four hours (p.r.n.) to control pain. Oral administration is less satisfactory.

N. W. Faxon, M.D.
Director.

Dr. Allen and the Surgical Department recently had a distinguished visitor. Major General William Henage Ogilvie, on leave after three years as consultant surgeon to the British Forces in the Middle East and on his way home to London, visited the Hospital. Dr. Allen provides some interesting facts about General Ogilvie:—

General Ogilvie is one of the senior surgeons at Guy's Hospital in London, and has written much about abdominal surgery, and is an Honorary Fellow of the American College of Surgeons. He consulted with the American as well as the Canadian Research Council regarding his experiences in Mobile Warfare, and was empowered by the Royal College of Surgeons, of which he is a Councilor, to confer Honorary Fellowships on Dr. Evarts Graham, of St. Louis, and Dr. Robert B. Osgood, of Boston. This ceremony took place at the British Embassy in Washington.

General Ogilvie addressed the Boston Surgical Society on Mobile Warfare, and his address was very enthusiastically received. He was particularly interested in coming to Boston to get firsthand information on our experience with the Cocoanut Grove burns, and to discuss with the investigators of Government contracts under the Office of Scientific Research and Development the results of their study on shock, infections, and burns. Just before leaving for New York, he contributed a pint of blood at the Red Cross Blood Donor Center.

Among the lectures arranged under the auspices of the Wartime Graduate Medical Meetings are included "Amputations, Upper and Lower Extremities", by Dr. James T. Tucker (*Or.* 1930) at Camp Lee, Va., and "Treatment of Fractures (Demonstrated with X-Rays)", by Dr. Custis Lee Hall (*Or.* 1915) at Norfolk Naval Hospital, Portsmouth, Va. Dr. Frederick A. Coller is national consultant for the schedule on trauma to the abdomen.

Dr. Reginald Fitz (*EM* 1911) received the honorary degree of Doctor of Science at the celebration on October 27 of the centennial of the School of Medicine at Western Reserve University.

A special board of officers has been appointed by the Surgeon General to study the clinical treatment of malaria, and beds have been set aside for this study in Army general hospitals. Lt. Col. Francis R. Dieuaide (*p.*), who has been on duty since early in 1943 as a Consultant to the Surgeon General's Office, is one of the six members of this board.

Under Brig. Gen. Larry B. McAfee as its Commanding General, the Bruns General Hospital in Santa Fé, N. M., planned as a 1500-bed general hospital of cantonment type, was formally dedicated on September 22. General McAfee, then holding the rank of Captain, M.C., was the Regular Army officer assigned as Adjutant to Base Hospital No. 6 in 1917. He accompanied the unit overseas. Later, as Colonel, M.C., he became Surgeon, Paris District. Previous to his present assignment he was Executive Officer to Surgeon General McGee. General McAfee is well known to the personnel of Veteran Base Hospital No. 6, and universally liked and respected.

Dr. Joseph Stokes, Jr., (*WM* 1921) has been working with the Medical Committee of the Office of Foreign Relief and Rehabilitation Operations. The work of this committee is to be absorbed by the UNRRA organization of the United Nations. Dr. Stokes, who is also a Consultant to the Surgeon General, will continue his association with the Board of Investigation and Control of Influenza and other Epidemic Diseases in the Army, on its Commissions on Measles and Mumps and on Cross-Infections in Army Hospitals, and is working on certain studies with the Commission on Neurotropic Virus Diseases.

DURING July last, Col. Elliott C. Cutler (*r.s.* 1916) was a member of the British mission that paid a three weeks' visit to Soviet Russia. This mission was sponsored jointly by the British Council and the Medical Research Council, and Colonel Cutler and Lt. Col. Loyal Davis were appointed as its American representatives. The mission visited hospitals in Moscow and at the Vyazma front. Its commendation of Russian methods and personnel has been reported in British and American journals.

During the visit, the two American members, under authorization of the Board of Regents of the American College of Surgeons, conferred honorary fellowships in that society upon two distinguished Russian surgeons: Dr. Nicolai N. Burdenko, Director of the Operative Surgery Institute, Moscow University, and Surgeon General of the Russian Army; and Dr. Sergei S. Yudin, Surgeon in Chief, Surgical Clinic of the Institute Sklifassovski, Central Emergency Hospital, Moscow, and Director of the Surgical Clinic, Postgraduate Medical School.

Before reaching his destination in Russia, Colonel Cutler visited Egypt and parts of the Near East, making the journey by air and covering 15,000 miles. Unfortunately, the extremely interesting letter sent back by him after his trip must be withheld from publication for the present.

War Savings Stamps in denominations of 10c and 25c may be purchased at the Cashier's Office in the White Building. A total of $230 has been sold to date.

gainsaying that we left a steady trail of oil, together with debris washed from the hold.

I worked a good part of the afternoon on redistributing ambulatory casualties to a suite on C deck, and arranging for their evacuation in case of further emergency. The line officers made it very clear that, although the nurses should be sent up first, all healthy troops should come next. If the wounded were slowly sent up first, dozens of able-bodied might be sacrificed at their expense.

So the day passed, with good weather and speed holding, and at five o'clock we sat down to our [holiday] dinner, the menu printed in peace-time elaborateness, and a snow-white tablecloth. No greater contrast than that civilized meal, including all the unessential niceties, and the stark contest that morning. Our appetites were good and our spirits up. Sleep when it came was untroubled, for everyone in our cabin, at least, was dog-tired. The immediate emergency seemed over and the submarine menace obviously less. We had well over 24 hours at good speed to our credit, worth goodness knows how many days in a lifeboat. Likewise the continued seaworthiness of the ship seemed a good omen.

Rounds in the morning found Sturgis absent, looking over a soldier with a straightforward story of appendicitis. As the surgery was nonexistent, a steel-walled room on C deck was scrubbed down with Lysol and equipped with makeshift equipment that had been salvaged. Even the overhead lamps were reclaimed from a scrapheap. An uneventful appendectomy was performed. The moderate swell merely lent a nautical flavor and interfered not a bit. Patient's course was afebrile and uncomplicated.

The following day, Sunday, started auspiciously enough—a grey breezy day with wind from the South so that the great gash in our side was to leeward. Toward noon, however, the wind increased, to 63 m.p.h. I'm told. Though great waves thundered at her (thank goodness) undamaged side, she rode well and never slackened speed. At 3:00 P.M. I went down to the men's mess hall, which was also "church", along with perhaps 500 others. This was announced as a thanksgiving service. "For Those in Peril on the Sea" was among the hymns, and I smiled at the times I'd sung them as music rather than words. Also it was a weird and humbling sight to see such a stable institution as a church undergo a steady roll and feel the whole thing give out from under you as the ship yawed.

I suddenly noticed her list correct itself; in fact, she overshot the vertical before coming back to the upright position. I'm no nautical man but I didn't like that. Even a landlubber could notice her heavy lumbering. With each dip her bow held down a pathologically long while, and the water in her hold all went piling forward, heaped up with an audible rumbling and was slowly thrown back as though with great effort, only to repeat the process in the opposite direction. The constant battering, together with the loose contents of the hold (including a freight elevator that acted like a gigantic pendulum, I was later told) had broken through all but the last bulkhead between sea and engines. We were uninformed throughout of all details pertaining to our plight, but the ship's officers seemed conspicuously busy, with a quiet reserve, and one could figure things out clearly enough. I went on deck to inspect the jagged hole below. There was fresh oil fouling the spume regurgitated from the ship.

It was lugubrious to add up the naked facts and survey the result against the heavy seas, cold gusty wind and somber dirty sky. At supper we stuffed down what would otherwise have been a palatable meal, with smiles slightly forced and a good-natured "old college try" to appear casual, conversational, and confident. Ship and weather were both worse, and it had been necessary to cut our speed.

By the time dinner was over the storm had definitely died away. It had not been much as real storms go, but enough to cripple us severely. One thought a lot, tried not to talk too much. There were many rumors going around. One glance at the map showed the situation for a waterlogged ship, and it was obvious that if port was to the South instead of due East, the hole in our side would be in for one big lambasting when the time came to make the turn. As a last discouraging thought, the ship would undoubtedly settle fairly rapidly. We should be faced with the problem of effectively helping all the occupants of the sick bay to decks and lifeboats, to begin what would for most prove a losing game. With Major Albert, I did what little I could to organize an evacuation procedure under the guise of boat drill.

After supper the ship partially regained her list, no doubt through manipulation of the oil, and rode quite comfortably, if disturbingly deep, at her reduced speed. I played a game of chess with Sturgis in the library and, after making my rounds in the sick bay, turned in early, being more adjusted to the proposition that if things were going badly, at least there was nothing to be done about it. Once one had become more fatalistic, there was one thing he could do more comfortably than at any preceding time during the trip—lie on his bunk, for our slow speed and high water reduced roll to a minimum.

Morning found us in the same mood, controlled if not confident. The weather was still cold and windy and altogether uninviting for bathing. However, there were two thoroughly cheerful items for contemplation: a second destroyer, bringing added protection and tangible evidence of another port; and things had not worsened appreciably during the night, so far as one could make out. Breakfast was palatable, if not relished, and one patiently settled into routine duties. All the casualties were doing as well as could possibly be hoped for. No one was hovering between life and death, so to speak.

"Attention all personnel—it is expected that we will sight land by noon." Most of us were in our stateroom at 12 minutes past 10 (I looked at my watch) when the loudspeaker made this terse announcement. A spontaneous shout went up from a lot of us. We've cheered louder, but not for a closer margin of victory or over a game fought in such dead earnest. In a few minutes the Chaplain's service of thanksgiving was coming out over the loudspeaker and, after a short prayer, the "Hallelujah Chorus" came tumbling joyously over the wires to really meet one's need for expression. "America" sounded as good, and the words meant something new.

The water changed to a welcome light-greeny blue, the sun came out in full between billowy clouds, and long before noon the promontory of St. David's head rose out of the sea. Dry land may look as good again; it can never look better. By mid-afternoon we had been piloted into anchorage, and were prepared promptly to evacuate the sick bay, a duty pleasant for all concerned. This was accomplished by lighters from shore, and while the patients were being transferred to ambulances that would carry them direct to the hospitals, we slipped in along with the sick for a moment's step on dry land.

* * *

Upon request, Lt. Col. Lewis W. Hill (*WM* 1915) sends details about his assignment:—

> I entered the service in August 1942, and for four months was Chief of the Respiratory and Contagious Section at the Station Hospital, Camp Edwards, Mass. In January 1943, I was made Chief of the Medical Service and in March was promoted to Lieutenant Colonel.
>
> We have a big hospital here (2200 beds), and last winter were very busy with contagious and respiratory diseases, having had a large number of cases of measles, scarlet fever, mumps, and over a hundred of meningitis. It looks as though we might now have a quiet winter, as our hospital census at present is much below what it was last year at this time.

In a brief account of his military service, included by Lt. Col. Ralph F. MacDonald (*ES* 1922) in a recent note to Dr. Faxon, he says, "Personally, I haven't much to report." But this is it:—

> It may sound most unusual to you, but I'm commanding a Field Artillery Battalion. After a few months in the desert we moved to the Hawaiian Islands, where we are now and from which we hope to move again westward closer to the Japs. I may apply for transfer some day to the M.C.

Lt. Colonel MacDonald was inducted into the service on March 5, 1941.

Information about his activities to date came from Major Edward A. Gall (*r.p. P.* 1937) late in November, in response to request:—

> Present assignment: Chief of Laboratory Service at the Mayo General Hospital, Galesburg, Ill. Capacity, 1700 plus; structure, brick. No information as to character of patients. We're some 6 to 8 weeks away from them, I should guess.
>
> Last incumbency: Chief of Laboratory at the Station Hospital, Camp McCoy, Wisconsin—also from its inception. Cantonment-type construction; same bed capacity as this one.
>
> Pre-Army life having been concerned strictly with histopathology, I find myself now (as have so many of us) equally well versed in such exotic fields as pipe-laying, steam-fitting, and house-painting, not to speak of the various specialties germane to clinical pathology.
>
> No other Mass. General products evident in the Galesburg horizon at this writing.

Major Clifford C. Franseen (*WS* 1932), after training at Carlisle Barracks, Pa., and assignment to Stark General Hospital in Charleston, S.C., is now with the 161st Station Hospital.

Lt. James E. Conley (*WS* 1941) wrote in October:—

> During the past six months I have been assigned to a Naval hospital in the North Atlantic Area. Most of our patients are from vessels afloat, although naval personnel, Sea Bees and civilian workers at the base increase the scope of our medical service. I have been one of the four surgical men on the staff, and we are sufficiently active to keep well occupied.
>
> Best wishes to the beloved institution. I hope to return some day to roam the M.G.H. corridors again in quest of knowledge, after we get this war business settled.

A recent letter to Dr. Faxon from Major William T. S. Thorndike (*WS* 1919) describes his duties as Registrar of the 6th General Hospital in North Africa:—

> When we first arrived everything was a mad scramble and the volume of work was overwhelming, especially for my office which had previously seen only theoretical action. But gradually things straightened out and by spring were going smoothly.
>
> Besides the Registrar's Office I am in charge of the Receiving and Disposition Office and that of the Detachment of Patients, and have two officers and 25 enlisted men to do the work. We were told that the records and reports required in this theatre would be fewer and more simplified than at home, but local ground rules necessitate many not called for in the Zone of Interior.
>
> Perhaps the most interesting contribution of the Registrar's Office has been the working out of our present procedure on the admission and evacuation of large groups of patients. Due to our location and our position in the chain of evacuation we have handled such groups in numbers to the high hundreds.

A letter from Major Charles G. Mixter, Jr., (*WS* 1940) was printed recently, giving details of his training and stating his present duty as Commanding Officer of a Medical Air Evacuation Unit in the South Pacific. Some paragraphs from a later letter to his father, Dr. Charles G. Mixter (*WS* 1907), through whose permission they are quoted here, give expression to what service with the Armed Forces is and requires:—

> But seriously, Dad, I think one of the best things that could be done for the younger men in the medical profession would be to make them realize that the Army doesn't want specialists. They have enough, in fact are overloaded with them. What the Army wants is a man who can tell and treat hook worm, war neurosis, malaria, urethritis, appendicitis, and war wounds; one who can inspect a mess, see that latrines are properly built, guard against epidemics; one who can be a politician and statesman, a pencil pusher and an officer; and one who can be diplomatic, make quick decisions, and improvise on the spot, doing a good job with often a minimum of things to work with. That, to my mind, is the medical officer who is the most benefit to the Army.
>
> It's all well and good and darned important to have men in well-equipped hospitals far behind the lines, doing reconstructive work, but if there are none of the fellows I've described above farther up they won't get the work to do . . . and more important the Army, too, won't function properly. In all the destruction and real work going on today I don't think there's a man who deserves more credit than the medical department enlisted man, armed only with a red cross (and damned little good it does him out there—frankly, wearing one you're a marked man), who crawls out under fire to put on a tourniquet, splint a leg and give some M3 and then bring his wounded buddy back. These men have the respect of every one out here, but I feel the public at home are lost in the shuffle.
>
> If I were to talk to a bunch of young doctors my age, just going into the Army, those are the things I'd tell them—and above all, as the Navy says, care of the wounded is damned important but the main purpose of the medical department is "to keep as many men at as many guns, as many days of the year as possible". If they realized this, they'd be in for fewer disappointments and be of more use to the Army. Why I should sermonize this way I don't know, but, as you see, I feel very strongly about it.
>
> To turn to another subject, I feel our unit is doing a grand job and justly deserves the commendation it receives from many sources. The nurses in particular are doing a grand job and standing up under the strain well. They have flown many hours, to many places; they have been right in the thick of things and brought out many patients. They have often been in tight places, with motors on fire, cutting out, bad weather, one in a crash landing, and we've not heard one word of complaint other than that they are not doing enough. I am surprised they have stood it so well. The morale of the unit is excellent, and I am a lucky person to have command of such an outfit.

Although he feels that his activities do not merit mention, Dr. Charles G. Mixter, Sr., is Surgical Consultant to the Office of Civilian Defense in Washington and a member of the Surgical Committee of the Medical Division of the National Research Council.

Major Louis A. Goldstein (*r.s.O* 1937) is with the 19th General Hospital. Early in October, from "Somewhere in England", he wrote: "Our unit is now experiencing the rather severe growing pains of getting organized. What a task!"

From Colonel Churchill and others, word has come of Major Francis M. Findlay (*ES* 1924) in the Mediterranean theatre. The return of his War Records blank in August revealed that he was commissioned on September 27, 1942, and went on active service two weeks later. He was then with the 3d Auxiliary Surgical Group: "Am head of a surgical team. Have had nine months overseas and served in forward units in Tunisian and Sicilian campaigns. See M.G.H. people frequently." In September 1943 he wrote from Sicily: "At present attached to an Evacuation Hospital, with duty in this island. Have seen Colonel Churchill frequently on his rounds of North Africa and Sicily. Last time he was hot on the trail of gas bacillus infections."

Lt. Philip P. Thompson, Jr., (*WM* 1942) added a few details when returning his War Records form in September. His assignment then was with the 454th C.A. Battalion, A.A., "after a change of unit and five changes in A.P.O. number."

> I have been over here since May, but as for actual warfare, have seen very little of it except the bombing of a convoy. My unit captured five German aviators shot down in a raid not far away. They needed some medical attention, and I have been running an international clinic, treating British soldiers, French soldiers and sailors, and many Arabs. Like other theatres we see mostly malaria, dysentery, sand-fly fever, and some infectious jaundice.

Capt. Lemuel Bowden (*ES* 1940) has received this promotion in rank. He is with the Signal Aircraft Warning service.

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The October issue of the *Harvard Medical Alumni Bulletin* has provided the following information about the 7th General Hospital and its M.G.H. members. This unit was sponsored by the Boston City Hospital on March 15, 1940, and the officer personnel for a 1000-bed hospital was then selected. Although the unit was not activated until June 19, 1943, training for its officers and nursing corps was carried on both at the hospital and through the assignment of individuals to various military camps. After activation, the unit was assigned to Fort Devens and later transferred to Camp Edwards, Mass. Its M.G.H. members include:—

Lt. Col. Laurence B. Ellis (*EM* 1928): Chief of Medical Service
Major Richard P. Stetson (*WM* 1928): Asst. Chief
Major Albert G. Engelbach (*past a.dir.*): Executive Officer
Major Wilfred Bloomberg (*r.p. N* 1931): Chief of Neuro-psychiatry
Capt. Phillip H. Gates (*McLean*): Ward Officer
Lt. Russel L. Baker (*r.p. N* 1943): Ward Officer
Lt. George E. Heels (*a.ob.*): Mess Officer

Major Engelbach is now "somewhere in England," and in a note just received Lieutenant Heels writes:—

> At this time I am allowed to say only that I am somewhere in England. "Al" Engelbach greeted us in his usual style when we arrived.

Although this report to Dr. Faxon from Lt. Col. Augustus Thorndike, (*WS* 1923) Commanding the 105th General Hospital, was written in September, it indicates the traditional business of carrying on, war or no, Boston or Australia:—

> Where we are stationed, work continues in great volume; every one is busy and fully occupied all the time.
>
> It might interest you to know that we hold Clinical Staff Meetings twice a week (one Surgical and one Medical), and that once a month we cover some major topic. For instance, tonight Jim Borland gave a complete review of the important facts from our experience here of dysentery as found in troops at war. Last month George Marks gave a spirited talk, with statistics, on his surgical experiences in the Buna campaign. Occasionally we hold joint staff meetings with staff members from other U.S. Army units as well as United Nation Army units, particularly that one which is providing us with our location.
>
> I can personally assure you that all the members of this organization whom your hospital provided are doing their jobs excellently.

Capt. Irvin J. Cohen (*CM* 1931) finds that not only do these pages help to keep him in touch but that "One encounters an M.G.H. man more often in the C.B.I. Theatre than formerly, and then an exchange of news and ideas is always in order." He adds an interesting comment on his new area of assignment. "After these many long months in India and the heat, China is delightful. Not only is the climate refreshing but the people impress us much more than it is possible to explain."

In a note to Dr. O'Neil, Lt. Comdr. Channing S. Swan (*WS* 1925) reports from the South Pacific:—

> Am now settled as head of urology in a naval base hospital. We have an interesting service, with more major diagnostic and operative urology than I'd dared hope for; so professionally I'm very content at the moment, but I don't like being so far from my family. Others you know here include Frank Hunter, Charlie Johnson, and Ted Pratt.

Major Milton S. Thompson is in charge of the orthopaedic section of the Maine General Hospital Unit, and has been for nearly a year in England. From a day's holiday at the celebrated caves in Cheddar last summer he returned some interesting speculations on an early fracture case:

> The skeleton of the Paleolithic Man is supposed to be 12,000 years old. It was found near the entrance of the cave, which gets flooded every few years—last time in 1933, when the water flowed out the entrance and down the street. How the Prehistoric Man managed to stay there so long I can't figure out.
>
> He is said to have been found with missing finger bones inside his skull. There is a hole in the skull. Also, there is what appears to be a compression fracture of his 12th dorsal and 1st lumbar vertebrae, partly healed. If you can imagine a cave man with such a bad fracture and no treatment and probably paralyzed from the waist down, you could make up quite a story. How was he injured? By a fall while exploring the cave? By battle with a mammoth? (Some rhinoceros bones were found in the same cave.) Who took care of him and fed him during the six months or so it must have taken for that degree of healing, and what did he eat? What did he die of? Not his injury, if he lived six months after it!

•••—V•••—

Nearly a year after the event, the censor has permitted Capt. Theodore H. Ingalls (*r.p. CM* 1938) to send an account of the misadventure by sea that befell four officers and twenty-four nurses of the 6th General Hospital. An account of the first days of their journey to Africa, printed here some months ago as reported by Capt. Daniel J. Holland (*Dn.* 1938), concluded with: "Will carry on from here when I know what we are allowed to write." Later Capt. Somers H. Sturgis (*ES* 1933) added to his War Records blank a sentence that implied much but said only: "In March spent a brief, enjoyable two weeks on a beautiful island." From Capt. Alfred O. Ludwig (*EM* 1932) we have had no word.

Within our restricted space we cannot publish Captain Ingall's letter complete, and have had to take liberties in condensing it. Many incidents, equally graphic and interesting, have been omitted—to be read after "the real armistice, let's say SURRENDER DAY", to quote Captain Ingalls.

Sound asleep at 1:45 A.M., four and a half days out in the middle of the Atlantic. Suddenly a penetrating crash in the lower decks forward, accompanied by a shudder sidewise. This latter reeling, and the realization that the sound came from below rather than the gun decks, rendered me instantaneously wide awake and without the slightest doubt that we had been torpedoed. I shot out of my top berth reflexly. ("Gentlemen, this is no humbug.") Every one hit the floor at nearly the same moment. The lights were working and there proceeded an orderly, disorderly attempt to dress—warmly, as for a sea voyage in an open boat. No very careful buttoning-up, you can be sure.

Sturgis and Ludwig finished first and headed straight for the infirmary; were blocked by soldiers coming up from below, retraced their steps to the rear companionway, by which they descended and then made their way forward. By the time I was dressed both companionways were blocked, so I reached the boat deck via the emergency stairway for our portion of the ship. I found the two nurses assigned to the same boat already there.

There was no panic, no general alarm, no broadcast by the P.A. system—just the silence of a great ship "knocked out" as it were by a huge fist. The only sounds were the hustle of the exodus upwards, and on deck the subdued voices of people trying to take stock of their situation. As there was nothing further to be learned, I made my way below by a stairway from the crew quarters, and got forward to the sick bay. The first thing that met my eyes was a great hole in the ship's side—where the surgery had been. It never occurred to me that this did not represent a torpedo hit, and it was not common knowledge for at least an hour afterward that we had been rammed, not torpedoed.

The transport surgeon, Major Albert, stood outside the dispensary and I placed myself at his disposal. He handed over two wounded men just coming up from below and directed me to get them to the lifeboats. They were clad only in shorts with blankets around their shoulders. One was cut and bruised about the face, groggy from shock and cracked ribs, and needed help and support; the other, merely bruised and confused, just trailed. We stopped at the first open stateroom, to plunder an officer's wardrobe for clothing. The owner came in and accepted the trespass in good part. I led the two up without further delay, left the nurses to finish the clothing job, and went back below to B deck and the infirmary.

Its entrance was blocked by collapsed partitions and debris. Ludwig and Sturgis had already been through and made a search of the forward end, but the Major felt there might still be men trapped aft. I unhooked my flashlight and started to scramble up. The chaplain appeared at this moment and pointed out that light in the hole would offer an ideal target for submarines. The light in the companionway was a far more brilliant illumination, fully visible at sea, and we considered breaking it. As it had been shining at least fifteen minutes, and as they (if it were a sub) had already scored a perfect hit without any lights showing, we concluded one more search was in order, and I went on over.

A great crater extended straight down to the waterline. A twenty-foot strip down the ship's side was completely gone, and one could see well out to sea and hear the waves breaking against the jagged steel below. Here and there running water from broken pipes trickled down through the wreckage. There was no fog and I could see very well except for places from which steam was escaping. Careful flashlight inspection revealed only debris, so I crawled back and jumped down in the companionway just as Ludwig appeared, looking for a splint. I handed him a long strip from the wreckage.

There followed an hour of first aid to the wounded still coming up from the hold, and further attention to others collected in scattered areas throughout the ship, high up and as near the lifeboats as possible. The nurses had bunked seven men next to their quarters. These I had seen in a hurried consultation by Sturgis, the only surgeon in our group. While he went back to the infirmary, I supervised their installation in the crew quarters on the boat deck. This required several details of stretcher bearers, and a great deal of manoeuvering through narrow passageways, up narrow stairways and into narrower rooms. The tiers of bunks were so close that to move a man off a stretcher required thought and planning.

This accomplished, I learned that the library above A deck had been turned into the ship's hospital. It had been decided to centralize the care of all seriously wounded in that one room, which was large enough for this purpose and in satisfactory proximity to the lifeboats. Bookcases were hurriedly cleaned out and filled with medical supplies of all sorts. Impractical furniture was summarily dumped in the companionway. A bridge table, the site two hours before of a boisterous poker game, now covered with a clean sheet became the repository for surgical instruments. An ornate side table was insulated with papers and set up as a sterilizing unit, with an ordinary hot plate as the source of heat. Stretchers made acceptable beds; lounge chairs were available for those who could or had to sit up.

When the ground work was underway, we were able to turn our full attention to the injured. Those most seriously injured were reexamined and treated by Sturgis and Ludwig. I devoted my attention to sorting wheat from chaff, so to speak. It was as imperative to clear the library of anyone who could take adequate care of himself as it was to take care of anyone who couldn't. In all this activity the nurses played an important role, shouldering responsibilities for treatment ordinarily undertaken by a doctor. As the Troop Commander pointed out later, there was no living patient in want of medical attendance at any time during this period.

One soldier with a broken jaw provided quite a poser for Holland. Confronted with the necessity of wiring it together, he discovered that dental wire was among the casualties—much medical equipment was completely demolished in the crash, including the whole surgery, laboratory, and their contents. There was nothing to do but to scramble into the wreckage and break off a suitable length from an installation. This was done, the wire boiled up, and the jaw repaired in due time. The wire was heavy enough to staple a bale of cotton, and I'm told doctors at the hospital to which the patient was finally sent had to work like plumbers to remove it. They probably thought it had been applied by a machinist's mate!

It is unfair to single out any nurses who did more than others; they worked as a team rather than a group of individuals. Among the doctors, Sturgis must be singled out, for he was the most experienced surgeon on board and about the busiest man on the ship, with perhaps the exception of Major Albert who, as the ranking M.O. permanently assigned to the ship, was everywhere an example of coolness and dispassionate planning.

Inside a couple of hours the library was established as a functioning hospital and filled by all patients in need of hospitalization, including those who had caused us so much labor and trouble in getting them into the crew quarters on the boat deck.

The whole business had its tragic, its interesting, and its humorous sides. It was tragic for the few who were killed outright. Of the eight patients in one of my wards, none was seriously injured. The sickest, with influenza, got off with a face that looked as though a cat had tried to exercise its claws on it. He had to spend the rest of that night and the next on deck. I finally tracked him down and got him into protected quarters, but he never would have tried to get any special consideration for himself, though he still had rales in his chest and must have been plenty miserable. That's the way those boys were, stoical, uncomplaining and just plain brave. By and large, one was deeply impressed by the orderliness, discipline, and individual resourcefulness of men and officers throughout the ship. I know of no instance of cowardice, panic, or desertion of duty.

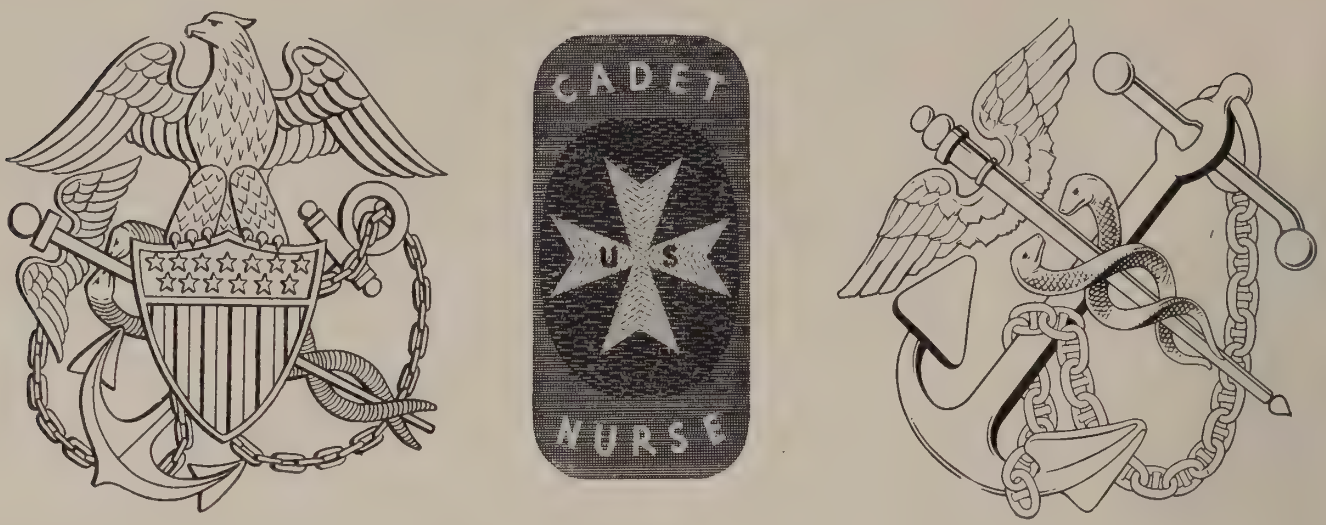
As for the ship itself, for perhaps ten minutes after the accident it held its course with the convoy. Then those on deck saw the other ships vanish in the night while the order was given to slow the engines and shift the oil enough to give a 5° list and bring the bottom of the jagged hole slightly above the waterline. The engines were intact. Here we were, then, on the broad Atlantic almost half way between the two continents, crippled but not mortally wounded, as yet anyway. Those on deck describe how the North Star slowly revolved from port to starboard after it was decided to turn about and head West, a judgment later proved excellent as we were barely seaworthy enough to crawl to the nearest port.

Until 6:00 A.M., we were busy in the library giving medications and canned plasma. We tightened old bandages, applied new ones, and finally just gave over and let everybody get a few hours of much needed rest.

In retrospect, it would have helped, if it had been planned that, in event of emergency, a hospital be established at once high up near the lifeboats (in this case, the library) to relieve the already crowded sick bay. Also, I for one missed the authoritative and informing voice of the loud speaker, although I'm told it announced—perhaps ten minutes after the crash—that we had been struck, not torpedoed. That announcement, together with general directions would have been worth disseminating (interspersed even with music!), for in our situation it was important to evacuate certain holds at once and without unnecessary crowding of passageways, although this was worked out with reasonable dispatch by officers working without centralized directions.

Also, it was not clear whether we were confronted with an emergency or an abandon-ship situation, and the two programs tended to be carried out together. I doubt whether any one knew at first what our actual plight was. An hour or more later the loud speaker did take over. Those in command were concerned with more important matters, especially the Captain and crew, to whose accurate judgment and effective action we undoubtedly owe our lives. This became increasingly evident as time went on.

It was apparent that we had survived our first trial. The weather was calm and cheerfully bright. With the slight list we shipped no more water and maintained a brisk speed comforting to contemplate. One had time to go on deck and enjoy the sun and turn his head toward the pleasant sight of our accompanying destroyer on the alert for subs. There was no



Insignia of the U. S. Cadet Nurse Corps

In brief, let us take an instance of the imminent arrival of a hospital train. To speed up the admission and minimize the discomfort of such a large group of patients, we send a team of officers and enlisted men a couple of hundred miles up the line by motor. This team boards the train; assigns the patients to available beds on the proper wards; gathers the information required for complete initiation of the necessary records; picks up Funds and Valuables; and tags each patient with name and ward number. Consequently, when the train arrives the patients are directly transported each to his proper ward and immediately put to bed and fed. On the way a complete breakdown of diagnoses and the estimated time of arrival of the train are phoned to the hospital. It is not unusual to transfer an entire trainload, litter cases and all, from station to ward bed in an hour and a quarter. The evacuation of a similar group to train or ship is much simpler except there is far more paper work in the making up of passenger list, cutting of orders, completion of records, changing of money, tagging of patients and baggage, etc.

It's been interesting to see the changes since our arrival. Many of the stores were closed then, and there was very little to buy in the ones that were open. Now there is more business activity. At first there were few people on the streets, and most of them U.S.A. Now the streets swarm with French military and civilians, and the proportion of our soldiers is at least proportionally diminished.

The city, though dirty underfoot and dusty in summer, is modern and rather beautiful and enjoys the best climate I've ever seen. It's not nearly as hot here in summer as it is in Boston. The winter is cold only because it's a damp cold and there is no central heating in the houses and little fuel for stoves and fireplaces that do exist.

Our living conditions are those of comparative luxury. My quarters consist of a good-sized room in what would be a third-class hotel at home, with hot running water, and the only disadvantage the occasional visitation of the wily bedbug.

For recreation we go to the movies; have a small officers' club where there are bridge tournaments, open-house parties, where one can get light lunches, and hold occasional officers' and nurses' dances.

We are all in good health and reasonably good spirits except for homesickness. We feel we've been here a long, long time and would give our eye teeth to get a glimpse of Boston and M.G.H. Please give my regards to all my M.G.H. friends, and accept my best wishes to you and them for as Merry a Christmas as is possible in these grim times and for a far happier New Year.

The illustration above is reproduced through the courtesy of *The Journal of the American Medical Association,* which describes them as follows:—

The official insignia of the U.S. Public Health Service will be worn by the U.S. Cadet Nurse Corps. The cap device consists of the fouled anchor (denoting distress) of the Navy Medical Corps and the caduceus of the Army Medical Corps, crossed behind the American shield and surmounted by a spread eagle. Buttons and lapel ornaments carry the crossed anchor and caduceus. These insignia were first adopted in 1798. The Maltese cross will be worn on the upper left sleeve of the uniform. The Maltese cross, historically associated with the profession of nursing since it was worn by the Knights Hospitalers in the First Crusade, is silver against a dark red background.

No uniforms have yet been received. *The Journal* states that their basic color is a soft dark grey.

As Secretary, Mrs. Lingley has kindly provided a few minutes on the latest meeting of the 6th G.H. wives:—

"Voted: To have a Christmas party at Mary Short's on December 14; *each member to bring a gift and appropriate jingle.*

From the resolution came one of the merriest meetings yet held by the 6th Generalettes. Because of the illness of one of the Short children, Mrs. Goethals entertained us. Molly McKittrick and Mary Short helped to prepare the delicious buffet supper.

"Although lacking the portly figure—and minus the flowing white beard—Mrs. King, in her bright red dress and with "dimples so merry", pinch-hitted very successfully for good old St. Nick.

Sing a song of Truro, the hub of old Cape Cod,
Where Hamiltons speak to Washburns and Washburns speak to God.
Be it Eastertime or Christmas, there Amy'd like to be,
On the lookout for her Stewart, as he flies across the sea.
There's a rumor in the Army, and we think it's prob'bly true,
That they've made a special parachute and issued it to Stew;
So when he sights the U.S., he can land on sacred sod,
And kiss his little Amy first on a sand dune on Cape Cod."

Thus spoke Santa as he presented Amy Hamilton with a package, very attractive but odoriferous of overripe codfish.

"Since it was Colonel Goethal's birthday, we think it proper to present, also, the verse tied to his wife's package:

There once was a wife—Mary Goethals;
Her husband wears steel-rimmed bi-focals.
Though his chin is a sin,
And his stomach's not thin,
His wife is a joy to us locals.

These will give you the idea.

"The evening ended as the group sang 'Happy Birthday to Tom,'—a bit familiar, perhaps, but the spirit was right."

In a recent letter an alumnus on duty in the South Pacific gave complete summary of the service of a classmate and his unit. He wrote: "I hear they did a swell job in Sicily." This brief sentence leaves nothing unsaid. So THE NEWS repeats: "We hear they did a swell job in ———" and sends its best wishes for the New Year to M.G.H. men everywhere.

THE NEWS

No. 17 Boston, Mass. February, 1944

NEARLY fifty years ago—on May 4, 1894, to be specific—a young man, Joseph Godsoe by name, began work at the Massachusetts General Hospital as a porter in the Apothecary Department. At that time Walter Dodd was the Assistant Apothecary (and Photographer). Three thousand miles away, in Germany, an event that took place the following year markedly affected the lives of these two men. Both became interested in the new miracle of X-ray and each played a part in its development.

After taking a medical degree, Dodd forsook pharmacy and went on to become one of the famous pioneer radiologists, not only of Boston but of the United States. Godsoe was forced to forego his ambition to become a doctor. After a leave granted by the Hospital for study at the Hinds Electrical Company, of Lowell, to master the technicalities of induction coils and other apparatus then used for the production of X-rays, he returned to play an important part in the development of the Radiology Department at the M.G.H. Before the dangers of exposure were understood, both Dodd and Godsoe suffered extensive X-ray burns.

In 1909, Godsoe was appointed Apothecary. He served in this position until December 1, 1943, when ill health forced his retirement. His service as Apothecary covers thirty-four years; his service with the Hospital is but five months short of fifty years. He has seen the M.G.H. grow from a small hospital of about 250 beds to a great institution, with over 900 beds and with extensive chemical and research laboratories. He has seen the erection of all its major buildings, with the exception of the Bulfinch Building. He has seen and played his part in the development of X-rays, the electrocardiogram, and electro-encephalogram; in the use of the arsenicals and bismuth; the sulfonamides; the multitude of synthetic sedatives; insulin and liver extracts; vitamin preparations; the packaging of drugs in ampules, sterile and ready for parenteral use; and many other changes.

It has all come about so gradually—one miracle at a time. Unless we stop and look back we do not comprehend what vast changes have taken place during the span of one person's association with the Hospital.

During all this time Godsoe quietly and competently attended to doing his part in the teamwork of the Hospital organization. To see always that needed drugs were on hand; that they were carefully prepared and properly labelled and dispensed; that necessary records were kept; that there was economy in purchasing as well as in use. His knowledge of the good points, as well as the weaknesses of pharmaceutical manufacturers, his careful purchasing by maintaining competition, his farsightedness in anticipating drug shortages—all have redounded to his credit as an able apothecary and to the advantage of the Hospital, both financially and in its care of patients.

He hands on the torch to one whom he has trained for many years—John T. Murphy—and so can rest assured that the structure he has built so faithfully will be carried onward and upward as he would have done. Now he may relax, review the glories of the past, enjoy the progress of the present, give sage advice gleaned from a vast experience, assist whenever possible, and rejoice in the knowledge of a good fight well fought.

Well done, thou good and faithful servant. May the Massachusetts General Hospital always be blessed with such as you, and may you enjoy now and for many years to come, health and happiness well earned.

N.W.F.

The Archives Room and the exhibition case in the Moseley Rotunda display early X-ray photographs and equipment, and records relating to the Hospital pharmacy from 1821 to 1900.

At the meetings of the Board of Trustees on December 24 and January 9, it was voted:

To appoint Dr. Marion Winford Mathews as a Research Fellow in Medicine;

To promote Dr. William P. Chapman from the position of Graduate Assistant and Research Fellow in Medicine to that of Assistant in Medicine.

IN fulfilling its function as a teaching hospital, the Massachusetts General Hospital has made the training of students possible in many departments. By accepting its first student dietitian in 1910, it was among the first to acknowledge nutrition as a science and dietitians as professional workers.

The 1943-44 class of student dietitians numbers twenty-two, and its members are graduates of colleges in seventeen states. Appointments to the course are highly competitive. The colleges encourage only selected students to apply here, and the training is post-graduate work, but there are always many more applicants than can be appointed. The degree of Bachelor of Science from a recognized college or university, with major study in foods and nutrition, is a requirement. Since 1927, hospitals offering student training have been investigated by the American Dietetic Association. Only if they meet certain standards are they placed on the approved list for such post-graduate training—and only dietitians who have graduated from these approved courses are eligible for membership in the American Dietetic Association. Such membership is required by most hospitals and for army or government appointments.

The Massachusetts General Hospital was one of the first to train dietitians, and since 1910 approximately 315 students have completed the course, at least 160 of these within the last ten years. Graduates of this hospital have become leaders in their profession. At first the course was relatively brief and indeterminate; later it became specifically six, then nine months in length, and since 1934 a full year has been required. Classes have increased from a few students to groups of twenty. To meet the present war emergency, the program at this and many other hospitals has been accelerated to release students after nine months' training and to award certificates after three months' successful experience in a staff appointment. The demand for graduates far exceeds the supply, and the present need for dietitians in civilian hospitals, in industry, the Army, and municipal work is acute.

Many hospitals must arrange for affiliated teaching and experience outside their own organizations. The Massachusetts General Hospital offers all phases of experience. Students observe and participate in the great variety of nutrition problems presented by assignments on the General Hospital wards, on the Baker Memorial floors, in the Massachusetts Eye and Ear Infirmary, in the Out-Patient Food Clinic, and on the research ward. Our three kitchens, in the White Building, the Baker Memorial, and the Infirmary, are distinct in character and administration, as are the six dining rooms, pay and non-pay, for nurses and personnel. The food store is also under the management of the Dietary Department, and in their training there the students receive excellent experience in cost accounting and the receipt and distribution of food stuffs.

The student dietitian may be identified by her white uniform, with sleeve device of a blue and white triangle lettered "M.G.H. Dietitian", and the "Student" bar beneath.

Dr. Faxon and Dr. James W. Manary, Director of the Boston City Hospital, have been asked by the First Naval District Manpower Survey Committee to assist in their review of the manpower situation as relating to hospitals.

The long brown book with the gold-lettered inscription, "Massachusetts General Hospital—House Pupils", has seen service since April 1900 as the Hospital's register for interns. But in that long term of duty it has never seen such active service as it did on December 30 and 31, 1943, and January 1, 1944. On those three days 28 men signed it as new House Officers.

The smaller but equally important volume, labelled "Residents' and House Officers' Register", saw even more use on those days. Thirty-four men signed out, and "Termination of Service" was written so often that at last it became merely "T. of S." In the following column, under the heading "Because of ——", the entries, except for three instances, read consistently "U.S. Army", "U.S. Navy", with the frequent addition, "date uncertain".

For many this date became imminent, and the new interns met most of their predecessors already resplendent in the uniforms and insignia of the Armed Forces. This show of regalia was not premature. Although their training here officially terminated on January 1, they had not expected to be called within weeks, possibly months. Some had planned to give further time at the Hospital. Instead, they received orders to proceed to assignments. Their five-day schedule for such departure involved not only preparations and reservations for journeys—but, in one case at least, included matrimony.

The Hospital's schedule has not, as yet, been reduced to a matter of days, but to reduce it to nine-months' internships has required considerable optimism. This side of the record is presented in statements from Dr. Arthur W. Allen and Dr. James H. Means. Dr. Allen states:—

> By order of the Procurement and Assignment Bureau, the service at the Hospital has been reduced from 85 to 64 interns and residents for all departments.
>
> On the Surgical Service, this allows 13 interns appointed for nine months, and 12 junior and 7 senior residents—a total of 32. One-third of the interns may be given an additional nine months of training, and one-sixth of the original number may have a total of 27 months of hospital service before going into military duty. These men with advanced experience assume the role of junior residents during their second nine-months, and senior residents during their third nine-months.
>
> This reduction in the total number, added to the relative lack of experience of the house staff, has brought about problems hitherto only imagined in assuring the proper treatment of patients. Every effort is being made to keep the standards of instruction to the resident staff, as well as the care of the sick, at the highest possible level. More supervision by the remnant of visiting staff still available is obviously necessary. Clinical judgment will frequently be relied on instead of laboratory and X-ray data.
>
> The interns will rotate through all phases of the general surgical service as well as through all the special surgical services. This will give them about six weeks on each shift. By so doing, they will have a little training in all fields of surgery, thus making them of more value to the Armed Forces, and also allowing them to round out their ideas as to the specialty they may eventually wish to pursue.
>
> By complete cooperation with all departments of the Hospital and the Medical School, this scheme will undoubtedly work out as well as can be expected under the circumstances. We believe that the interns will receive as much training as is possible in this short period, that the more likely ones can be retained to advantage for longer periods of training, and that the patients will still receive good care. We have no fear, however, that the Hospital will wish to continue with this reduced number of house staff any longer than is absolutely necessary.

OFFICIAL NOTICE

After February 1, *iso-propyl alcohol* will be substituted for *ethyl alcohol* in all preparations listed in the M.G.H. Formulary for external use.

N. W. Faxon, M.D.
Director

Dr. Means states the adjustment on the Medical Service:—

> On the medical side the quota allowed by Procurement and Assigment is now 12 interns and 4 residents, all starting January 1 and serving for 9 months. This is a drop from the peacetime quota of 16 interns and 6 residents. The curriculum designed to meet these restrictions calls for six months' service on the medical wards, during which time two mornings a week are spent in the Out-patient Department by each intern, and three months in two periods of one and one-half months each in two of three possible rotations, Baker Memorial, Neurology or Dermatology. It was necessary to cancel the rotation through the Haynes Memorial.
>
> We shall probably manage to get by with such a personnel, but obviously it is far below that necessary for optimum service to patients. The need for all interns to begin and end at once makes it impossible for them to hand on any of their experience to their successors. Also, half of them have to begin on the wards with no previous experience other than what they have had in three calendar years in the Medical School. To compensate for this situation Visiting Physicians have been asked to devote more time to instructing interns and overseeing their work in detail, particularly their orders for therapy.
>
> The four assistant residents are assigned one to each of the four medical wards, and in addition share between them such duties as Baker Memorial, care of sick nurses, medical out-patient, etc.

Invitations have been sent out for the graduation exercises of the School of Nursing on Wednesday, February 9, at 8.30 P.M. in the Rotunda. The speaker will be Dr. William Allan Neilson, President Emeritus of Smith College. Baccalaureate services will be held at 7.30 on Sunday evening, February 6, at St. Paul's Cathedral.

The graduating class numbers 83. On February 1, a class of 85 students is to be admitted.

The Ladies of the School of Nursing Committee will serve tea on February 1 to the entering class and their parents, and on February 9 to the graduating class and their families. Both teas will be in Walcott House.

The NEWS wishes to make a correction and an addition to its report on the Post-War Medical Service. Dr. Roger I. Lee (*EM* 1907) has been Chairman of the Committee since its organization; at its second meeting, Dr. Alan Gregg (*WM* 1917) was appointed Secretary. Also, to the M.G.H. members then mentioned—Dr. Arthur W. Allen (*WS* 1915), Dr. Frederick A. Coller (*WS* 1914), and Dr. Walter W. Palmer (*EM* 1911)—should be added the name of Dr. William B. Breed (*EM* 1919).

William Pearce Coues, M.D.

Dr. William P. Coues died in Brookline on January 14, at the age of 71 years.

Dr. Coues was former examining physician for Boston schools, and for 25 years served as examiner for the State Industrial Board. He was a graduate of the Harvard Medical School in 1894, and taught there during 1918-22 and at Tufts Medical School from 1924-32. Dr. Coues served his internship at the Massachusetts General Hospital in 1895 on the West Surgical Service, and his first appointment here was as an Assistant in Surgery during 1906. He returned in 1917-19 as a Temporary Assistant Surgeon in the Out-Patient Department, but continued his service from that date—after 1925 with appointment as Surgeon to Out-Patients—until his retirement in 1934.

Dr. Coues was born in Gloucester, the son of Rear Admiral Samuel F. Coues, Medical Director, U.S.N. During World War I, he held a commission as a Captain in the Army Medical Corps.

Last summer *Time* and *Life* mentioned the process by which sea water may be made safe for drinking. But THE NEWS became aware only recently that the Hospital might associate itself with the development of this aid to the shipwrecked. Upon its request, Lt. William V. Consolazio, H-V(S), USNR, mentions his share in the development of the process, and outlines his military service to date. Previous to his commission he had worked, since 1933, in the Medical Laboratory here, under Dr. [Lt. Col.] John H. Talbott (*a.p.*) on metabolic studies.

> I was commissioned as a Junior Grade Lieutenant in May of 1941, and was assigned to the Naval Medical Supply Depot in Brooklyn as Chief Chemist. In August I was transferred to the U.S. Naval Medical School in Washington. It was there that I designed and equipped the Naval Medical Research Institute at Bethesda, Md. The Institute was commissioned in October of 1942, and due to lack of competition I was honored with the position of Chief of the Division of Chemistry and Coördinator of Research for the Department of Aero-physiology. In June of 1942, I was selected for promotion to the rank of Senior Lieutenant.
>
> In conjunction with Lieutenant Spealman, I developed a two-step chemical method for demineralizing sea water. This method was later adapted to a new single-step chemical which at present has been adopted by both the Army and Navy, as well as Civil Air lines, as the method for supplying drinking water to survivors on life rafts.
>
> Am now back to my first love—acid-base balance.

Major Foster M. Matchett, in a note to Dr. Faxon, identifies himself and describes his present assignment:—

I am one of the Orthopedic Boys who was privileged to spend 8 months of my 16 months' orthopedic service at M.G.H. I was there from July 1, 1933, to February 1, 1934. Smith-Petersen, Philip Wilson, Armin Klein, and George Van Gorder and others did their best to teach me a few of the fundamentals.

On September 1, 1942 our (—) General Hospital from the University of Colorado School of Medicine was activated at Fort Meade. We were not too busy there, but always working up until we headed west and south. On November 2, 1943, we left the Golden Gate, and after a beautiful cruise of (—) days we set up as a general hospital and were in operation on December 1. Most of our nurses and doctors are from Denver and Colorado.

To date, with only 700 patients, I have 85 on the orthopedic service, of which I am Chief of Section. . . . We have no malaria on this beautiful big island in the South Pacific.

A letter has come from Capt. Lloyd S. Saltus (*CM* 1938), who was with the 662nd Clearing Company (sep.) at Camp Forrest, Tenn.

As we expected, we find ourselves "among friends" as we get acquainted with our English neighbors, and I have lately run into two old M.G.H. interns. The first was Major Woody Ewell [*WM* 1937], the receiving officer playing a benevolent St. Peter at the gates of the —— Station Hospital, which has taken root in a group of good buildings and is taking good care of some of our men. Next day I ran into Capt. F. Phinizy Calhoun [*EM* 1938] at the 2d ——, who is practically a permanent resident by this time but still has a southern accent.

He adds: "Most of what is interesting we cannot report, while we revert to the inevitable training."

In a letter to Dr. Means, Lt. Oglesby Paul, MC, USNR, (*WM* 1943) tells of his experiences as a medical officer on active sea duty:—

Starting out in the North Atlantic, our destroyer has journeyed along a devious course which has included all the principal zones in the Pacific. I am now in the South Pacific, getting my first acquaintance with tropical disease, the rainy season, and—perhaps most important of all—with the Japs. My personal contact with malaria, dysentery, etc., have fortunately been very limited so far on board ship, but I have seen a number of cases in a nearby shore dispensary, and shall see others shortly. As regards the weather, I shall take what Boston has to offer at its worst, over this moist heat. It makes one sleepy and languid much of the time.

We have had a brisk encounter with the Japs, and I had the experience of watching dive-bombers attack our ship in considerable force. I am glad to say we came through unscathed, and succeeded in shooting down two of the attacking planes, which was an excellent score under the conditions that prevailed. We now have a Japanese flag with two "hash marks" beneath it painted on our bridge.

My sick bay has on occasion been very busy with traumatic cases, but much of my time is spent in treating minor ailments of the type one meets in a boys' camp. I confess to looking forward to the time when I shall be able to take part in clinical medicine again, and sometimes think ruefully of all the things I learned at the Hospital which are slipping away one by one. I am profiting by another type of experience, however, and if I could have my choice would stick with what I am doing right now.

The first number of the Brigham Bulletin included a picture of Major Fiorindo A. Simeone (WS 1936) sitting in his office in Ireland, flanked by a bathtub. The picture here reproduced shows him "in his foxhole near Bizerte." In sending it home, Capt. Somers H. Sturgis (ES 1933) says: "As a matter of fact, that's a pine cone in his hand, and not a grenade; and his helmet is on backward to look like a Jerry." The News makes its own observation that in both pictures the smile is still the same.

Lt. Raymond M.P. Donaghy, MC, AUS, (*NS* 1939) sent to Dr. J. C. White a brief review of his military service to date:—

After leaving Boston I spent six months beneath the Texas sun, learning something about army routine but very little about medical problems. While there I saw Tracy Mallory with his unit.

I am now with Major John Scarff at the —— General Hospital. We have a very active service, though not too varied at the moment. I have not had opportunity yet to visit any of the English clinics, but have been invited to see Prof. Geoffrey Jefferson's work and expect to take advantage of that when I can.

In a note to Dr. Means, Capt. Henry H. Brewster (*WM* 1940), of the 5th General Hospital, sends word of himself and of Major John C. Snyder (*WM* 1939):—

Since last writing I have moved up in rank, as you can see from the letterhead.

Jack Snyder blew in a month ago for two hours—here, for a moment, from the Middle East. He has found much material there and has developed an effective method, I gather, to prevent the wily vector from reaching its host.

The U.S.A. Typhus Commission has been operating abroad, particularly in the Middle East, since early in 1943. As one of its members, Major Snyder has been overseas since that time.

* * *

Capt. Howard Ulfelder (*ES* 1939) went overseas with the Hospital's sub-unit eighteen months ago. He wrote to Dr. Meigs on October 15 an informing account of the unit and of his own experience of service with the Army:—

Two weeks ago we changed stations again and are now in a 750-bed hospital in the lovely Welsh foothills. We are near one large town but in general feel fairly isolated. The camp is the best we have seen, brick construction and well planned and built. In general the interiors and equipment are just as we had at L——, simple but good, and we know by now what alterations we need to run things. We found this spot more nearly finished than the last hospital we opened, and we are at present cleaning buildings and grounds, cataloguing supplies and setting up wards. There are a few essential items lacking; when they arrive we'll be ready to open up shop on much the same plan we used before.

Of course, as a 250-bed staff we know we'll not stay here permanently, but presumably will carry on until the census starts rising above our capacity. Then a larger unit will take over. You may well believe we find it disgruntling to keep moving on. Opening up hospitals for other groups to run is no amusement. However, from the Army's point of view it is good sense, and the more we open the better we do it. Moreover, we had a fine stay at L—— and have no complaint, as we've been caring for patients a larger per cent of the time we've spent in the Army than almost any other group we know.

For over three months now I've been Chief of the Surgical Service. It's been a fine job and the administrative experience well worthwhile whereas, in a group this small, I've kept my hand in the clinical side without trouble. Have had various men on my service. Lost Suby to the 5th to replace Simeone. At the moment since we are not handling patients, my service is reduced practically to myself, the anesthetist, eye and ear man, and X-ray. Sullivan was transferred to Colonel Lanman's hospital last spring. Dawes left us then, and recently Chafee went to headquarters for an administrative job. We have left now: Thorp, Zeller, Graham, Whiting, Sahler, and myself. This still gives us the professional nucleus, of course.

Our C.O. was transferred some weeks ago, and the new one is Humphreys [Major Storer P. Humphreys], who had orthopaedics and neurosurgery at the M.G.H. about 1937, came over here in 1939 with Penfield's Canadian Neurosurgical Unit and has been in our forces since we entered the war.

To give you an idea of our tenure at L——: Last May, after we'd been running a couple of months, I was fortunate in wangling a seat in the course on fractures given by Mr. Watson-Jones. It was a solidly-packed week of lectures and demonstrations and presented, in the lucid style so natural to the British, the current methods of handling orthopaedic trauma with particular reference to war injuries. I have the notes I took, and hope to find time to edit and type them and bring them home as a summary of British fracture treatment.

Immediately after the course I went to the —— General Hospital (U. of Cal.) and spent six weeks running an active orthopaedic ward under Soto-Hall as Chief of Orthopaedics and Rhodes as Chief of Surgery. This gave me a good taste of general hospital work and fixed in my mind the principles I learned at the course, with the modifications used by Soto-Hall. I met a new group of thoroughly able and likeable men, and reaped the chief advantage of establishing firm rapport with the general hospital to which we evacuated from L——, something I found repeatedly useful later on.

Late in June I returned to L——, to find my former Chief of Surgery replaced by Snow, a Harvard man who had been practicing in Salt Lake City, and both capable and pleasant. However, after an attack of pneumonitis, he was transferred to a hospital and later home. So I found myself almost at once running the service, at just about the time the 8th Air Force really got going. For three months we ran a hospital with the daily run-of-the-mill cases, plus recurrent flurries of casualties in groups as the bombers made their sorties to France and Germany. Though the majority were lesser wounds, we had a sprinkling of sucking chest wounds, penetrating thoracic and abdominals, and compound fractures.

I have learned much, probably more than I yet realize. In fact, my chief lesson was how to handle efficiently casualties in groups with the small surgical staff at my disposal. The

On December 18, 1943, the 50th Anniversary of the Army Medical School at the Walter Reed General Hospital in Washington was marked by the award of certificates to the 16th class in military and tropical medicine to be graduated there since August 1941. The certificates were presented to the 124 graduates by Col. Richard P. Strong (*Hon. Phys.*), director of tropical medicine at the School. The group included officers of the A.U.S., the Canadian and Peruvian armies, and officers of state health departments.

On October 29, Captain William E. Eaton, MC, USN, (*D* 1907) was detached as Medical Officer in Command of the Naval Hospital, Great Lakes, Ill., where he had been on duty for over four years. Captain Eaton has reported in the Bureau of Medicine and Surgery, Office of the Surgeon General of the Navy, at Washington. His duties are those of chairman of the Post-War Planning Board and head of the Washington office of the Materiel Division. These are newly created branches of the Bureau.

In a letter to Dr. Means, Lt. Comdr. Allen G. Brailey (*EM* 1930) has stated the pleasure expressed by so many upon receiving the greeting card sent to them by the Staff at Christmas, and tells of his duty "inland": —

U.S.N.T.S.
Sampson, N. Y.

Dear Doctor Means:—

I wish I could take time to send a personal acknowledgment and my good wishes to each of the MGH home-fronters who signed the Hospital Christmas card. Since I can't do that, and since the message so obviously bore the marks of your thoughtfulness and handicraft, I will ask you to share my greeting with the rest.

It has been great to read of the doings of MGH men in THE NEWS. In comparison with the accounts therein of life in all the odd corners of the globe, the naval activity of this little inland lake must appear pallid. However, I am extremely grateful to be able to contribute my two cents' worth, whether here or elsewhere.

I feel that I have again been very fortunate in my present assignment. I have charge of the so-called Medical Holdover Unit here, through which are filtered all those recruits found to have some disability that may be disqualifying. This does not involve much care of the sick for there is no sick bay in this building, but amazingly interesting diagnostic problems do present themselves. At present we have a case of hematomyelia, a retinitis pigmentosa, a boy with situs inversus,—not to mention all possible variations of rheumatic heart disease, asthma, peptic ulcer, etc. We have often had boys with thyrotoxicosis, and have had one acromegalic. Reg Smithwick would have a field day here. I could present him with a dozen young hypertensives any week. We are able here only to establish their diagnosis, discharge them by medical survey and advise them to find someone who has something of Reg's interest and ability.

Sincerely yours,
Allen Brailey,
Lt. Comdr. (MC) USNR

Dr. Russell T. Congdon (*WS* 1909) reports two sons in the service: "Gordon Congdon is Flight Surgeon, now situated in England, and Russell Congdon in training at Carlisle Barracks."

Lt. Comdr. John P. Monks (*WM* 1931), upon request, lists the varied events of his Naval assignments:—

1. Went on active duty, December 20, 1941 at the U.S. Naval Training Station, Newport, and lived in a house with Sprague, Johnson, and Barr.
2. Due to the purely chance appearance of one Mr. Haessler, who directed "The Advent of Anaesthesia" [better known as the Ether Film], in which I had a part [that of Dr. Morton], I was assigned to him in making a March of Time film on First Aid and Personal Hygiene for the Navy. I lured Joe Barr into it as a consultant, and we both eventually reached Washington. The Personal Hygiene film was shelved, but Joe continued on with First Aid, making other movies.
3. Just as I was about to move my family down to Newport, I was ordered back to help open the giant new Receiving Station at South Boston in March 1942.
4. In August 1942, I was detached and assigned to the Office of Naval Officer Procurement at Boston, under Cob Palmer. George Sturgis and "Kit" Carson (Ortho.) also there. Since August 1943, I have been Senior Medical Officer.
5. ????

From his present assignment in Boston, Lt. John L. Ward, MC, USNR, (*EM* 1935) reports:—

About August 1 was transferred from duty caring for Storekeeper-Waves to the course in venereal disease control at Johns Hopkins. Two months spent there were well worth while with clinical, laboratory, sociological, statistical, and public health studies.

On October 1 reported for duty as "Venereal Disease Control Officer attached to 1st Naval District Medical Office." It's mostly administrative and liaison work with some lectures, etc., thrown in. Also, I'm here to help station medical officers with problems in venereal disease education or up-to-date information on diagnosis, treatment, and regulations.

...—V...—

Major Milton L. Miller, MC, AAF, (*EM* 1932), formerly at the Army Air Base in Santa Ana, Cal., is now assigned to Headquarters, Army Air Forces Redistribution Station No. 1 at Atlantic City:—

Have been made Chief of Psychiatry of the Medical Section of this new project. All air force officers and enlisted men returning from overseas receive a complete physical and psychiatric exam. A program of rest camps, convalescent centers, etc., has been set up as adjuvants in treatment. The work is of great interest, since one sees "flying fatigue", "battle reactions", etc. New assignments to duty are made after re-evaluation of the men.

In reporting his promotion on November 22 to this rank, Major George B. Beaman (*a. psychi.*) writes from Jefferson Barracks, Mo.:—

Since January 1, 1943, I have been Chief of Neuropsychiatric Service at the Station Hospital. This is one of the largest station hospitals in the A.A.F., and through this Service has passed a cross section of some of the worst psychopathology cases in the country. The battle of St. Louis, therefore, has had no dull moments.

Lt. Comdr. John B. Stanbury (*WM* 1941) has been transferred from Newport to the U.S. Naval Training Station, Epidemiology Unit No. 67, at Bainbridge, Md.

From 1935, Comdr. E. Ross Mintz (*P* 1930, *r.s. U* 1932) held a commission as a Lieutenant (s.g.) in the Naval Reserve. He went on active service in November 1939, and was made a Lt. Commander in September 1940. In August 1942 he received promotion to his present rank. He has been stationed at the U.S. Naval Hospital in Portsmouth, N. H., since March 1943, and is Chief of the Urology Service there. His previous assignments were at the Boston Navy Yard, the Chelsea Naval Hospital, and the Marine Recruiting Station at Augusta, Me.

We have had few MGH men at this station. Dr. Tenney [Lt. Comdr. (*WS* 1927)] was transferred a few days before I arrived. Dick Dwight [Lt. Comdr. (*WS* 1931)] was here for six months or so and was transferred to the Southwest Pacific. Dr. Bruce Merrill [Lt. (*r.p. Psychi.* 1941)] is head of the psychiatric department at the hospital and is doing excellent work.

Recently two former house pupils have arrived for indoctrination: Sidney Ellery '43 [Lt.] and J. Robert Spencer '43 [Lt.]. Miss Barbara Monroe, a former MGH nurse is doing a fine job. She is liked by all.

Major Robert L. Mason (*WS* 1924) is Chief of Surgery at the new Cushing General Hospital in Framingham, Mass. Major Mason went on active service in October 1942. After training at Carlisle Barracks, he was assigned to the station hospital at Indiantown Gap, Pa., spent a short time at the Lovell General Hospital at Camp Devens, Mass., and then proceeded to his present assignment.

Capt. William J. Tobin (*Or.* 1939) has recently been transferred to the Cushing General Hospital from Fort Benning, Ga.

"The 244th Station Hospital has been changed to a General Hospital, the 129th. Also, I have been promoted to Captain." This from Capt. John B. Millet (*WS* 1943) at Camp Shelby, Miss.

Dr. G. Douglas Krumbhaar (*a. obst.*) has been commissioned Lt. Commander, MC, USNR, and reports for active duty on January 31. His former partner, Dr. Donald Macomber (*SS* 1911) is returning to take over the practice. Dr. Macomber served during World War I, in France with Base Hospital No. 46, as a Captain, MC.

Comdr. Charles L. Swan (*WS* 1929) recently sent in a "Memo: Subject, Report to the War Records":—

Called to active duty May 21, 1941 serving as Ward Medical Officer in Surgery, at U.S. Naval Hospital, Chelsea. Detached August 1, 1942.

Reported for duty as Senior Medical Officer on board U.S.S. "Ancon", taking part in amphibious operations in Northwest Africa (Fedala, Casablanca), November 7-15, 1942.

Detached from U.S.S. "Ancon", May 1943.

Received promotion as Commander in January 1943, to rank as of August 1, 1942.

Reported in June 1943 to Station Hospital at Camp Peary, Williamsburg, Va., as Chief of Surgery. Busy making and repairing Sea Bees.

In its issue of November 6, the Journal of the A.M.A. published a brief but most interesting account of the 4th Ferrying Group Base Hospital at Memphis, Tenn. This is a new 150-bed military hospital at the Municipal Airport there. "It was activated without the usual ceremony on February 16 and has since been quietly administering to the medical needs of the air force, ferrying group, and other military personnel." The list of medical officers of the hospital includes the name of Capt. David W. Wallwork (*ES* 1932) as Chief of Surgery. He is also Venereal Disease Control officer. Captain Wallwork had previously been Surgeon of the 8th Ferrying Group, North Atlantic Wing, Air Transport Command. Recently, as Major Wallwork (with promotion on December 17), he has sent comments on his earlier assignments:

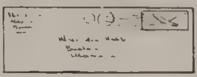
> I entered the medical side of the Air Corps, and then was shunted into the Air Transport Command, where combat service is non-existent and where overseas service is reserved for younger bloods than I—for just what reason nobody seems either to know or care.
>
> To Morrison Field the first day and then to the Medical Field Service School at Carlisle Barracks, by air that same night. Back to Morrison for two weeks, and then to Presque Isle Army Air Base in Maine for two weeks before going back to the Medical Inspectors School at Carlisle. Then back to Presque Isle to freeze and do little else until April, when finally I arrived at my present station—for the hottest summer the community has known for some time!

Capt. Victor G. Balboni (*WM* 1942) reports on his new post:—

> In October, after 16 months of duty with the (—) Station Hospital in Greenland, I received my present assignment at the Station Hospital, Fort Jay, Governor's Island, N. Y. Here we have a very active and interesting medical service headed by Harold Draper Warren, formerly of Boston and the Brigham. We care not only for the post on Governor's Island but also for various units in New York City and for all transient military personnel there. Among the latter we run into occasional patients treated at the 6th General Hospital, from whom it is grand to get first-hand information of the General unit.
>
> Nothing else of news, but you can imagine what a delightful contrast a busy medical service and New York City is to arctic Greenland.

From his new station ashore, Comdr. Howard B. Sprague (*EM* 1924) replies to a request for details on his recent assignments: —

> Sorry to have been so late in reporting formally to The News my return to the United States. The hospital ship to which I was attached was ordered to evacuate patients at sea from the transports not far from Tarawa during the final stages of the battle for the Gilbert Islands. This was an interesting and stimulating experience, as we received the most severely wounded, fresh from the action. I was detached from the ship shortly thereafter, and flew back to Boston for Christmas, a piece of good fortune I had not expected.
>
> On January 2, I reported to U.S.N. Hospital, St. Albans (12), New York, where I have been given the title of Professional Assistant to the Commanding Officer. This is a clinical executive job for which two years of active duty, almost completely surrounded with paper work, has probably trained me. As this is the second largest U.S. Naval Hospital in the world and as big as a small town, you can imagine the turmoil. I feel fortunate in my assignment, even though a Long Island winter does not resemble those in the South Pacific.



Capt. Joseph L. Campbell (*r.p. An.* 1940) went on active service in August, 1942. In September of this year he wrote to Dr. Arrowood from an Evacuation Hospital:—

> At present I am on an island "somewhere in the Southern Pacific Theatre of Operations", squatting in a tent in "Quagmire Acres" and trying to keep out of the mud. Our unit is encamped in one of Mr. Lever Brothers' cocoanut plantations. This is handy, for when we want a cocoanut to eat or to drink milk from, as a change from chlorinated water, all we have to do is get a native to climb a palm. The usual fee is two cigarettes, but one man in the outfit has a better means of paying. He removes his dentures and shows them to the Fuzzy-Wuzzies. They would give him almost anything for a sight of those store teeth. If I had an artificial leg I could buy the whole miserable island.
>
> They are interesting little people, about the size of a 12- or 14-year-old American boy but quite muscular and well built. They wear only a skirt of very dirty trade cotton, though some do with a postage stamp fore and aft. The women wear only a grass skirt,—and I wish here to dispel any illusions got from pictures of the Isle of Bali about their charms. They are about as attractive as a female chimpanzee. I can't see much incentive for a man to "go native".
>
> Most of the natives are employed by either the Australian or U.S. governments at tasks for which they are fitted, such as building native houses for the use of our troops. All they need is a good lush jungle and a machete; in a couple of days they have a very practical and attractive thatched house. God supplies the jungle, and Uncle Sam supplies the machete, and wages at about $20 a year. Whenever I get the chance I like to watch them; in fact they usually draw a gang of soldiers that would put to shame a crowd watching a steam shovel. They tie the timbers of the house together with long withes or vines, and when finished it is as strong as though nailed. They're a jolly gang, and while working sing their native tunes in a sing-song nasal voice that is curiously weak and boyish.
>
> Many of them bleach their hair with lime and, I understand, would sell their souls for a bottle of peroxide. It interests me that so many of our "civilized" customs have their counterpart among primitive peoples, or perhaps we are only trying to ape them. And as their bleached hair usually turns out a sickly orange—about like one that has become rotten and mouldy—I can assure you it gives them almost as lewd and ludicrous an appearance as our own women who obviously bleach their hair.
>
> But what I really marvel at is their use of a machete. They use one for everything from building a house, cutting down a tree or carving a toothpick. I have seen great surgeons work and have admired their technical skill, but I'm sure that if Fuzzie-Wuzzie could be taught neuro-anatomy and physiology he could do a brain operation with a yard-long machete that would put Harvey Cushing to shame. Many of them are Mission-trained and speak fair English.
>
> Had a perfectly lousy trip over here. Was on the boat a long time—censorable, of course, and a troop transport is *not* a pleasure cruise. An obliging whale would come up occasionally and spout for our amusement, or a school of flying fish go slittering across the surface. But we were so uncomfortable on the transport that even this Hell-hole is a relief and will probably continue to be so for another few days at least. We take so much atabrine we all look jaundiced. Rather a horrid sight to see dozens of one's friends get a common duct stone overnight!
>
> Best of regards to you and all my M.G.H. friends.

"World cruise" used to be synonymous with "luxury". Those made in this war will have other memories for many, among them Lt. F. Thomas Gephart, MC, AUS, (*WS* 1941), who sent these comments to Dr. Donald N. Sweeny, Jr.

> We are making a swift, uneventful trip through the Pacific, destination still unknown. Though crowded, the ship is fairly comfortable —but no luxury liner. After 7 P.M. there are no lights bright enough to read by, and no one is allowed on deck. It's getting pretty hot to sleep in our compartment: only 18 men, all their luggage, 18 lockers, and 3 wash basins and a table in a room 15′ x 15′ with no portholes. I've never sweated so much in my life! However, life's bearable and we really are living a life of ease. Sitting on the deck (and I mean deck—no chairs or cushions), reading, playing bridge, washing clothes, and taking showers constitute our only activities aside from eating—and just doing nothing but trying to keep cool.
>
> Am no longer a "filthy, slimy, detestable pollywog", but am a "shellback", and have a beautiful diploma to prove it. However, it was not bestowed without certain initiatory rites.

In former days trips to a famous opera house in a famous Italian city were not made under the conditions described by Capt. H. Thomas Ballantine, Jr., (*WS* 1939), of an auxiliary surgical group, which has seen much of the Sicilian and Italian campaigns:—

> The past couple of days have been such a contrast that I thought you might enjoy hearing about them. Sunday, having worked most of the night, Charlie Westerfield and I got up about 10 A.M., waded ankle deep in mud out to the jeep, and set off for the big city.
>
> We had lunch in one of the cafés, and then went to the Opera House for a symphony concert. We had seats in the 3d tier of boxes and listened to a most enjoyable program. Then we drove (blackout) back toward the flashes of the big guns, to the hospital.
>
> We worked until about 6 A.M. and slept until noon. The P.M. was lovely and bright for a change—and out of the sun came a Jerry plane, back from a strafing mission behind us. He flew so low over the hospital, to escape the ack-ack, that we could see the pilot clearly.
>
> That evening, while waiting to go on duty we rested a while in one of my wards, which is empty. There were a number of enlisted men sleeping there and, by the light of an oil lantern, we listened to one of them—a concert violinist from New York—play for a couple of hours. War is unreality.

Word has been received concerning Commander Harrison E. Kennard (*WS* 1934), noting his promotion in rank and stating that Commander Kennard is now Chief of Surgery at U.S.N. Base Hospital No. x in the South Pacific.

In sending a change of A.P.O. for the 2nd Auxiliary Surgical Group, Capt. Floyd H. Jergesen (*Or.* 1942) reveals his promotion in rank.

A second promotion, received last November, is reported for Major Frederick K. Poulin (*Dn.* 1942). Originally a member of the 6th General Hospital and then of the 160th Station Hospital, Major Poulin was transferred last summer to assignment (as a Captain) with an Air Force unit—first with the Surgical Section and now with the Medical Section—and has seen service over a wide geographical area.

MEMBERS OF AN AUXILIARY SURGICAL GROUP

(Right to left: Capt. Thomas Ballantine (WS 1939), Capt. Philip Giddings (WS 1939), Capt. Floyd Jergesen (Or. 1942), Major James M. Mason, III, of Johns Hopkins, and (unidentified).

system eventually evolved was so satisfactory that I have written it up in a short paper and sent it to Colonel Cutler for whatever use it might be to other units with the same problem.

We were lucky and lost no battle casualties while there. They were usually 2-4 hours old on arrival. We used plasma, blood, and oxygen freely, and found sepsis so rare we never even let it hasten our decision as to when a man was sufficiently restored to withstand operation. We used crystalline sulfanilamide in wounds and diazene by mouth or intravenously later. Foreign bodies we completely ignore, except to remove those encountered during debridement. Most wounds were packed widely open and put in plaster and the patients comfortable. Those we closed, we closed tight and none went septic. Routine tetanus toxoid and no cases of gas gangrene.

Aside from casualties we had the expected steady run of bumps and cuts, minor fractures (scaphoid and head of radius are a dime a dozen), accidental amputations, with a sprinkling of hemorrhoids and other minor electives, occasional hernias, appendices and, of course, a ruptured spleen, perforated ulcer, etc. No better group of patients than air corps personnel could be found. We enjoyed their company, visited their fields, went riding in their planes, and made many friends. In all, we spent eight pleasant and instructive months that I am sure will be remembered as the war's high spot for us.

Things gradually got busier, as you can imagine, and finally our place was taken by a 750-bed station hospital fresh from the States. They seemed able on short acquaintance, but will have to learn a lot to make the change from home to here; and it was a peculiar feeling for us to see each of our jobs taken over by anywhere from three to five of them. However, as they expand to capacity, they will need all they have.

We have no expectations that our stay here will be anything like the above. We plan to open this up and run it for a while, but what our permanent job will be, or whether we'll ever have a permanent job, cannot be surmised. Of course, our real hope is that not many more months will be needed to finish the business in this theatre, and then we want to go home. We'll stay in the Army until it's over, without doubt, but we should like to see home again before too much longer.

Our two weeks since we came here have been more of a rest than otherwise without night calls, ward work, etc. We keep plugging at setting up as we get new batches of supplies, but I've found time to get some sleep, take my bicycle completely apart and rebuild it, go hunting for walnuts or climbing the hills around us. Rather welcomed the rest and change. The weather now is quite cold at night but warms up somewhat by day.

I look forward to comparing notes with our far-flung colleagues after this is over. You can bet we'll all have some ideas. Fracture rounds of the past will seem like love feasts by comparison.

* * *

Expressions of thanks for the Christmas card have been many: typically, "It seemed so good to see all those very familiar signatures once again." In fact, receipt of it stirred many, hitherto silent, not only to write their thanks to Dr. Faxon and the Hospital but inadvertently to provide bits of news for The News:—

The M.G.H. Christmas card was greatly appreciated. It was a kind and warmhearted message to send, and what a host of pleasant memories and friendships the signatures brought back. I am sure the card carried good cheer literally all over the world.

We are very busy and there has been slow but steady progress in our working conditions since we opened. Pete Churchill's visits are always most welcome and profitable occasions. I know you realize what great work he is doing over here.

With kindest regards and best wishes for the New Year to yourself and all my old friends on the Staff, I am,

Yours sincerely,
Monroe McIver [*r.p.* 1922]

Major McIver (*r.p.* 1922) trained with the 33d General Hospital at Fort Eustis, Va., and Fort Jackson, S. C.

Lt. Col. Robert G. Rae (*dn. s.*) sent to the Staff of the Dental Clinic his Christmas greetings and an account of this Service with the 6th:—

Dear Fellow Yanks:—

Was very happy to receive the Xmas card with a cheery greeting from each member of the Staff, also the two boxes full of many useful articles. We sure appreciate the thoughtful friends back in the States.

Dan Holland and Sturgis put in for detached duty to investigate the care of maxillo-facial injuries in this part of the world. They asked for ten days, but their trip extended for seven weeks. They visited French, English, and our own hospitals all over Northern Africa, making their hops by air. Valuable statistics were collected on all maxillo-facial injuries including those caused by accidents and by battle casualties, elapsed time from injury to definitive treatment, days in hospital, and percentages of those returned to duty or sent to the Zone of the Interior.

The dental clinic is always busy, as soldiers coming back to hospitals always need some dentistry done. Our prosthetic department has been doing a very fine job, but lack of some materials, right now, is interfering with the work. Since the first of March I have had only three half-days away from the clinic, but am now enjoying, or rather trying to enjoy, a week's rest at a hotel some 300 miles from the hospital. The war can't end any too soon to suit me.

Another contact made by a member of the Hospital's unit was mentioned briefly in September by Capt. S. R. Sarris (*WS* 1939): "Have gone native. I gave two lectures in French to nurses and doctors at the French civilian hospital."

A very welcome letter, mailed from the Hospital's unit abroad, was received by The News last month:—

Dear Friends;—

Enclosed are some pictures taken on Armistice Day here. Thirty of our nurses marched, and at the risk of sounding too boastful, I must say that they looked very well and received much applause.

The other snaps will give you a little idea of what beautiful horses the native troops have. Many of them looked like circus performers and kept step to the music in just the same way.

Last week there was a request for a narrative report of the nursing service since we have been in North Africa. No doubt some of it is old news, but there may be points of interest you have not heard before, and on that chance I am enclosing a copy.

Let me express again our appreciation of The News, and how much we enjoy hearing about the folks at home, as well as our friends with other organizations overseas.

Sincerely yours,
Doris Knight
Capt. A.N.C.

The nurses do look very well indeed, and the report on the Unit's nursing service gives many details of interest. The News hopes to publish both next month.

Bruno Mickeleit, whose long service in the Surgical Laboratory and whose abilities as a medical photographer are known to so many M.G.H. men, has been called for military duty. He is to report at Fort Devens, Mass.

The Hospital will observe February 22, as a holiday in honor of George Washington.

THE NEWS

No. 18 Boston, Mass. March, 1944

THE present-day medical student, as he arrives at the Hospital, is a relatively impressive military figure, even though he may be carrying a G.I. lunch box under his arm. Here is how his medical and military life combine—according to the second issue of the *Brigham Bulletin*:—

> At first the married soldiers objected strenuously to regulations requiring them to spend six nights a week in barracks; frequent blaring of the public address system interfered with studying; and weekend confinement to quarters for minor infractions of rules caused general malaise of some degree. However, these minor difficulties have now been adjusted. . . .
>
> The daily schedule of the Harvard Army medics has been revised and stabilized. Reveille sounds at 6:45 A.M. with formation by 7. This latter, which includes exercises and dismounted drill, is over by 7:30. After breakfast, Sick Call is held at 8:15. It is of interest that, under Army routine, the soldiers are gaining weight and the rate of minor illness seems to be definitely lower than in previous years. Medico-military classes are held at hours that do not interfere with regular medical work—late afternoons, evenings, and Saturday afternoon.
>
> As for time off and passes, members of the Harvard Military have all the privileges that go with a Class "A" pass and, for distances greater than fifty miles, passes are granted on weekends. Bed check is at 11 P.M. at Vanderbilt, but married men may live at home.
>
> Cold weather has brought changes in the soldier's dress. Woolen suits, wind-breakers, and overcoats have made their appearance. The Navy has finally clothed its members in Ensign uniforms, which make every fledgling sailor look like an Admiral.
>
> Scholastically, the work remains at the high pre-war levels. The men are intent on becoming Medical Officers and are rapidly acquiring the proper military background.

The recent issue of the *Harvard Medical Alumni Bulletin* contains an excellent article on "The School at War"—which supplies these lesser details:—

> The new parking lot to the northwest of Vanderbilt Hall serves as a drill field. Each Friday, to the strains of martial music amplified by a portable phonograph, the ever-inspiring spectacle of retreat is performed on the lawn in front of the School. Once desecrated by marching feet, this sacred area soon became a touch football field, a purpose for which it is ideally suited. . . .
>
> A striking change has been for the School to find a large proportion of its student body transformed from impecuniousness to relative opulence. The accelerated program, which reduced time for outside work but increased the frequency of term bills, had forced an increasing number of students to undertake remunerative work and to lean heavily on scholarship and loan funds. On becoming active members of the Army and Navy these men suddenly found themselves on Uncle Sam's payroll, with a regular income and no living expenses. By order of both services, outside work is prohibited. Although this is a hardship to our affiliated hospitals, in the way of blood donors and volunteer assistants, it is a boon to the students. Many are now able to devote full time to their studies for the first time since entering the School.

The tragedy of the Cocoanut Grove is over a year passed. News of it reached around the world and, fortunately, its corroboration of new procedures in the treatment of burns has had equally wide notice. Also, it focussed attention on the need for organized preparation, in both hospital and community, to meet similar emergencies, civil or military.

In November, Dr. Faxon and Dr. Churchill received a letter from Mr. F. F. Griffith, Treasurer of the Medical Council of the British and American Communities of Buenos Aires:—

> There appeared in the December 26, 1942, issue of the *Journal of the American Medical Association,* a special article on the Cocoanut Grove Disaster in Boston. The writer would like your authorization to print this article in pamphlet form, giving due credit to all of you. This pamphlet would be circulated here in the Argentine among members of the Medical Council of the British and American Communities, without cost.
>
> You may possibly be interested to know something about the Council.
>
> Some time back there was a naval battle between British cruisers and the Graf Spee off the Uraguayan coast. After this battle, owing to lack of preparations there was much confusion here in taking care of the wounded. British sailors could not be landed in the Argentine because Great Britain was not considered non-belligerent here. Therefore, when our country went into war, our American Naval Attaché, Captain William Brereton, recalling this disaster, presented the suggestion that preparations should be made to care for wounded in case of a repetition of such an affair. With this in mind, the Council was formed. It is composed of four British and four American doctors, Mr. H. C. Wheaton and the writer, as shown on the letterhead. [Drs. R. E. Halahan, W. B. Giles, Trevor Ap-Iwan, E. C. B. Brewer, L. W. Hackett, E. Herzfeld, M. J. Petty, F. L. Vassallo.]
>
> Dr. R. M. Taylor, of the Rockefeller Foundation, was made Chairman of this organization. However, as he has since been transferred to Brazil, Dr. R. E. Halahan, Dean of the British-Argentine Medical Association, was made President.
>
> We have made all preparations to care for 200 wounded. Plans have been completed for their hospitalization, transportation, medical and surgical attention. All this has been drawn up in a somewhat crude form, but nevertheless we have tried to cover every phase of any emergency that might arise here. We have made arrangements with the British Hospital in Buenos Aires for hospitalization and actually worked out plans whereby we know just where the additional beds will be placed.
>
> We have lined up a hospital train composed of five stretcher coaches, one sleeping car for doctors and nurses, one dining car, and two day-coaches, in case wounded should be landed in our southern ports, such as Mar del Plata. We have a large quantity of medicaments, bandages, blankets, etc., in store and available to move immediately. Special emergency kits are lined up for each stretcher coach. Apart from this we have worked out first-aid kits of material on the attached list. These are packed in waterproof containers with parachutes attached, and can be flown to any distressed vessel unable to reach port. We have arranged for transportation, such as ambulances, and special cars and trucks in case sufficient ambulances are not available. We have also built up a blood bank. In fact, the writer feels we are sufficiently organized to take care of an emergency should it arise.
>
> The article covering the Cocoanut Grove disaster shows that the situation was so marvellously handled that we felt every one in our organization or connected with it should have an opportunity to read the details. The writer would therefore appreciate it greatly if we could have your authorization to reprint and distribute this article.

Needless to state, permission was given to reprint the article, and a copy of the Cocoanut Grove Monograph has been sent to Mr. Griffith for the Council.

The annual meeting of the Corporation was held at the Hospital on February 1. Mr. John R. Macomber was elected to the office of President, and Mr. Phillips Ketchum to that of Vice-President. Mr. Reginald Gray was re-elected Secretary.

Mr. Macomber first became a Trustee of the Hospital in 1919, and was made Vice-President of the Corporation in 1942. Mr. Ketchum was elected a Trustee in 1928, and was also made Treasurer at that time. He resigned from the latter post in 1938. Mr. Henry R. Guild, Treasurer, with the other elected members of the Board of Trustees—Rt. Rev. Henry K. Sherrill, Chairman, Mr. Francis C. Gray, Dr. Lincoln Davis, Mr. Ralph Lowell, and Mr. Lloyd D. Brace—will continue in office.

Of the four Trustees annually appointed by the Governor of the Commonwealth, Rt. Rev. Robert P. Barry, Mr. Eben S. Draper, and Mr. Michael A. Fredo have again been reappointed by Governor Saltonstall. Mrs. Robert Homans has been named by him to replace Miss Betty Dumaine, a Trustee since 1934 and now in India on duty with the American Red Cross.

Mrs. Homans has been since 1925 a member of the Advisory Committee of the School of Nursing. It might be added that Mr. Homans was an elected Trustee, and an especially valued member of the Board from 1920 until his death in 1934 — and that Mrs. Homans' great-great-grandfather, the Honorable John Adams, presided at the first meeting of the Corporation, and that he and his son, John Quincy Adams, were among those named as the incorporators of the Massachusetts General Hospital in 1811.

At their meetings on January 21 and February 2, the Board of Trustees granted the following leaves of absence:

To Dr. Robert K. Brown, because of military service, with the understanding that he may resume his present position on the Staff upon completion of such service;
To Ferdinand Brigham, D.M.D., for a period of three months.

They voted the following promotion and appointments:

Dr. John T. Quinby from Graduate Assistant to Assistant in Medicine;
Dr. James Hitchcock as Assistant in Medicine;
Dr. Arthur J. Linenthal as Assistant in Medicine, effective January 17, 1944;
Dr. Walter Igersheimer as Research Fellow in Neuropathology;
Dr. Alfred Pope as Research Fellow to work with Dr. Aub on his OSRD contract;
Dr. Wade Volwiler as Assistant Resident in Medicine, with term advanced from April 1, 1944 to January 17, 1944;
Dr. Howard A. Hoffman as Assistant Resident Surgeon on the Urology Service for the term October 1, 1944 to July 1, 1945;
Dr. Avery D. Weisman as Assistant Resident on the Psychiatry Service from August 1 to October 1, 1944, and as Resident from October 1, 1944 to July 1, 1945;
Dr. John F. Tannheimer as Assistant Resident in Pathology for the period January 16 to October 1, 1944.

Dr. Gerardo M. Balboni (*Bd. of Cons.*) has been appointed a member of the State Board of Registration in Medicine.

The *Saturday Evening Post* for January 8, 1944, contained an article, "How We Screen Out Psychological 4-F's" by Dr. Carl A. L. Binger (*EM* 1915). Dr. Binger went abroad in 1917 with Base Hospital No. 6 as a Lieutenant.

Dr. Walter B. Cannon (*Cons. Physiol. McLean*) is to serve as Visiting Professor of Physiology at the New York University College of Medicine during January-March.

Dr. William B. Breed (EM 1919) is Secretary - Treasurer of the War - Time Graduate Medical Meetings. Many other M.G.H. men are serving on the National Faculty for these postgraduate courses, and the following are named among the National Consultants: Dr. Tracy J. Putnam (*ES* 1923), Neurology and Neurosurgery; Dr. John B. Youmans (*EM* 1921), Nutrition; and Dr. Frederick A. Coller (*WS* 1914), Traumatic Surgery of the Abdomen.

Major John L. Newell (*ES* 1932) went overseas with the SWPA Harvard Unit as chief of section of anesthesia and operating rooms. In September 1943 he was invalided home and put on inactive status. He received his honorable discharge from the Armed Forces on February 8, 1944, and has announced the reopening of his office at 330 Dartmouth Street, Boston. Dr. Newell will resume his position on the Hospital Staff as an Assistant Obstetrician.

OFFICIAL NOTICE

LOST AND FOUND

All articles found in the Hospital should be turned in at the Information Desk in the White Building. All inquiries should be made there.

Lost articles should, likewise, be reported to the same Information Desk in the White Building.

N. W. Faxon, M.D.,
Director.

Edward Peirson Richardson, M.D.

Dr. Edward P. Richardson, Honorary Surgeon of the Massachusetts General Hospital, died on January 26, 1944, at the age of sixty-two.

Dr. Richardson received his A.B. degree from Harvard in 1902, and his M.D., *cum laude,* from the Harvard Medical School in 1906. He served as East Surgical House Officer at this hospital during 1906 and 1907. After his internship he assisted his father, Dr. Maurice H. Richardson, master surgeon of his day, in private practice until the latter's death in 1912. In 1911 he had been appointed an Out-Patient Surgeon at this hospital.

During World War I, Dr. Richardson went overseas with the first Harvard Unit, and in July 1918 was commissioned Captain in the U. S. Army Medical Corps. He served in evacuation hospitals in France and Germany, with promotion to Major in September 1918. After his return from military duty he was appointed, in October 1919, as Assistant Visiting Surgeon here.

In 1922, when the Hospital established a full-time surgical teaching and research service, known as the Third Surgical Service, Dr. Richardson was made its Chief and at the same time received the appointment of John Homans Professor of Surgery at the Harvard Medical School. This special Third Service was merged in 1925 with the West Surgical Service, Dr. Richardson continuing as its Chief until 1930 when suddenly, at the height of his powers, he was stricken with an untimely and crippling illness that forced his retirement from active duty. He was appointed to the Honorary Staff.

Dr. Richardson was particularly successful in attracting to his service a group of talented young surgeons, who devoted their full time to teaching, and to investigative and clinical work at the Hospital. This group originally comprised Drs. Monroe A. McIver, Edward D. Churchill, James C. White, and Robert R. Linton. The service was soundly organized and wisely administered, and soon began to produce results. The Chief's foresight in the choice of his personnel provided an able successor who has since brilliantly carried on the work so wisely planned.

Edward Richardson was a quiet, pleasant, modest gentleman of sound judgment and deep intellect. He was a skillful and experienced general surgeon who made real contributions to surgery, especially in the fields of the thyroid and parathyroid glands.

His great contribution to the M. G. H. was undoubtedly made when he courageously broke away from the established standards of the successful surgeon of an earlier day, gave up the emoluments of the itinerant operator and devoted himself to the advancement of a full-time service of research, teaching, and clinical work at a single hospital. He founded here an organization that has flourished like the proverbial bay tree.

For fourteen years after his retirement Edward Richardson lived on, severely disabled, prevented from following the profession he loved, but calmly happy and cheerful in his restricted family life, with the occasional fishing and boating excursions of which he was so fond. On rare occasions he appeared at medical meetings and social gatherings. At such times it was a pleasure to see his face light up when old friends, of whom there were so many, greeted him.

His great interest was in his three fine sons, who bid fair to uphold the family tradition of community service set so high by their distinguished grandfathers and father.

L. D.

The new Harvard School of Dental Medicine is also coöperating in the military training program. It opened its January term with eight Navy men under the V-12 program, and two civilians. Upon graduation these present midshipmen will be commissioned in the Navy Dental Corps, with the rank of Lieutenant (jg).

The new School is under the Faculty of Medicine, and its executive head is Dr. A. LeRoy Johnson, Professor of Clinical Medicine.

A letter from Col. Elliott C. Cutler (*r. WS* 1916) to THE NEWS revives past associations fondly remembered, mentions present activities, and expresses hope for the future:—

> Busy as we are, I wish to send a line *re* Adams Leland, having just read the good note by G. C. I do this because I was WS Resident during Adams's last year as ES Resident. We shared the commodious apartment across the corridor from X-ray.
>
> Adams was in the best sense a "strong, silent man". He knew what he wanted, worked steadily, devoted himself to his patients, and was the kind of person one was happy to live with. My recollections are only those of great satisfaction that I had been privileged to be with and near him. Later, with School responsibilities, our paths crossed again. It should be noted he never let any one down, student, patient, or colleague. We are better for his having been with us.
>
> My recent visit to "Pete" was magnificent. I saw many old friends, amongst them Phil Giddings. I found the casualties unchanged from 1917-18, and I learned much that may hopefully benefit our men in the times ahead.

The following letters came to Dr. Faxon and to Dr. Castleman in the autumn, but what Major Tracy B. Mallory (*c. P.*) says has lost nothing in quality through delayed publication. Major Mallory is assigned to a Medical General Laboratory as Pathologist.

It is about two weeks since we arrived in Africa. The unit has been in bivouac since arrival, but I have been living in luxury as a patient in a general hospital staffed by Northwestern. Nothing serious—an apical tooth abscess—but transportation problems made it necessary to hospitalize me. Dick Capps turned out to be one of the staff, and I have been treated as guest rather than patient.

We do not know our permanent assignment, meanwhile I have had a delightful week in a villa overlooking the Mediterranean, with lovely gardens in the foreground and mountains in the background. The swimming is excellent, the weather has been gorgeous, and the hospitality is generous in the extreme. This afternoon I go back to a floorless tent in the midst of a field of stubble and dust, which with today's rain will undoubtedly turn into ankle deep mud. Here is hoping we move on soon.

But complications arose, and three weeks later Major Mallory wrote to Dr. Faxon:

We are actually in one spot, but by all the Army records we are in another, some 200 miles away. How a solution can be found I do not know since records are, of course, inviolate. Perhaps the entire unit will be found AWOL for the last six weeks.

Personally I am having a very good time—the most complete vacation in many years. We are camped in tents in the grounds of a convalescent hospital set up in a series of summer villas perched upon a cliff overlooking the Mediterranean. The weather is ideal, just beginning to get a little chilly at night, and ranging from 70–80 in the daytime.

This town is, for a Bostonian, the crossroads of the universe. Not a day passes without meeting a former student, a resident from one of the Boston hospitals, or some one from the MGH. Capps, Ludwig, Sturgis, Beecher, Clark have recently been through, and John Stewart is due in a day or two. I see little hope as yet of wangling a trip to Casablanca, but I do hope to get to Algiers if the local authorities can only rediscover us on paper.

In the neighborhood are General Hospitals staffed by Northwestern, Washington University and Emory—all extremely cordial. I visit around, looking at the three or four interesting specimens each of them has a week, occasionally go on ward-rounds and sometimes take part in a CPC. It is all at a very leisurely tempo. For instance Friday I drive 40 miles down to —— (taking along a towel because the hospital is built over a hot-spring and possesses the only hot tub bath in North Africa). The CPC will be from 3 to 4 P.M., which would not permit us to get back for mess, so we will spend the night and come back Saturday.

They really have some interesting material, since most of the prisoners of war who need hospitalization are sent there. The American Army is, from a pathologic point of view, distressingly healthy. The only type of pathologist badly needed here is a medical examiner.

You would find many interesting problems in hospital administration in the area. One unit occupies some 60 villas scattered up and down a half mile of cliff. Each villa has its garden, usually luxuriant. French horticulture is simple and fool-proof; all the drainage from the house runs out through the garden. The French theory in compounding perfume is that delicate scents can only be brought out by basing them upon a relatively unpleasant base such as musk or ambergris. I suppose it should be possible therefore to find just the spot in each garden where the scent of the flowers just predominates over the basic effluvia and the true acme of the perfume can be appreciated. I have been unsuccessful in locating the spot.

News of promotions to the ranks indicated has come from various sources.

Capt. Edwin C. Albright (*WM* 1942), General Hospital, South Pacific
Capt. Henry H. Brewster (*WM* 1940), General Hospital, England
Capt. Charles H. Burnett (*r.p.* 1942), Evacuation Hospital, Italy
Capt. William W. L. Glenn (*r.s.* 1941), 184th General Hospital, Fort Devens, Mass.
Comdr. Ashton Graybiel (*EM* 1932), Naval Air Station, Pensacola, Fla.
Capt. John Homans, Jr., (*WM* 1942), Station Hospital, Randolph Field, Tex.
Comdr. Francis T. Hunter (*WM* 1926), Base Hospital, South Pacific
Major Alfred Hurwitz (*gr. asst. S* 1942), Auxiliary Surgical Group, England
Lt. Col. Edward J. Ottenheimer (*ES* 1924), General Hospital, South Pacific
Major Arie C. van Ravenswaay (*P* 1934), Office of the Air Surgeon Hq. AAF, Pentagon Bldg., Washington, D. C.
Capt. Howard B. Sprague (*EM* 1924), USN Hospital, St. Albans, N. Y.
Major Howard Ulfelder (*ES* 1939), Station Hospital, England
Lt. Col. Thomas V. Urmy (*EM* 1928) Station Hospital, Camp Chaffee, Ark.
Capt. Walter E. Vest (*gr. asst. M* 1942), Station Hospital, Camp Chaffee, Ark.
Capt. James C. White (*WS* 1925), Chelsea Naval Hospital and MGH.

...—V...—

Although Capt. W. Philip Giddings (*WS* 1939) is a bit concerned about his appearance in THE NEWS, this journal asks only the opportunity to include his excellent letters as often as they may be had. Dr Edward Hamlin, Jr., (*ES* 1936) rightly felt that this one, written to him in December, should not be withheld from other MGH-ers. Captain Giddings is still with the —— Auxiliary Surgical Group. He received promotion to Captain in December.

The other day when I received myself in print in THE NEWS, I wondered how I ever had the temerity to say so much, or the rashness to put out such a composition. I shall not repudiate it at all; but we have learned and done much more now and are getting more humble by the day, as our patients develop subphrenics, or mediastinitis, or even don't pull through. For the past few weeks we have been doing nothing but the most severely wounded men; and a patient who is not in shock, so as to require a liter of blood and plasma at least, is so much gravy. Things are at times disheartening under these conditions, but never for long, and the successes are the most gratifying I have known.

The old institution is more than holding up its end here. We see the Chief [Colonel Churchill] fairly frequently—on his last visit he had [Colonel Cutler] with him, fresh from Russia, and we had quite a session. In addition we have seen Harry Beecher, John Stewart (who spent the night in our tent last week), Simmie [Major Simeone], Tom [Captain Ballantine], and Floyd Jergesen. Harry is our anesthesia consultant, John sort of consultant on abdominal surgery in Dr. Churchill's office, Jergy orthopedic consultant here in Italy, and Simmie a kind of importation to work with Jergesen on the gas gangrene problem. Simmie is working on the peripheral vascular aspect of the thing, and on that subject in general, and he and Jergensen should turn out a first-class piece of work. Jergy and Tom and I are all in this outfit, though I haven't seen Tom for a couple of months.

In addition to these, I have seen John McDaniel [*ES* 1940] who is a battalion surgeon with some engineers, getting shot at all the time. We are trying to get him out of that stuff and in with us, for he is just the kind of man we need. Stewart Seigle [*EM* 1942] is a front-line Navy surgeon, with a shore battalion. He just goes from invasion to invasion, always in the wee small hours of D-day, and has done a grand job. I bumped plumb into him on the beach at Gela, and again on the one here at Salerno. He has really seen the war.

Our team has had the particularly fortunate experience of a stay of some two months with a British Casualty Clearing Station, corresponding in the line of evacuation to our Evacuation Hospital, but smaller and less fixed. There we did a large amount of operating, and in addition had as delightful a time as one could ask. We were fortunate in landing in an outfit that is seasoned and experienced, and staffed by as fine a group of men as we have seen. We pulled up some deep roots when we left, and we still miss them.

In a note to Dr. Faxon, Captain Giddings expressed again the thanks that has come from so many—and the common pride in the institution on Fruit Street:—

I must tell you how pleased I was with the Hospital's Christmas Card, and how proudly I showed it (with full explanation) to my associates on the team. One of them is from Hopkins, and was duly impressed.

There is quite an MGH gathering hereabouts now, and we are proud of the positions our old friends and teachers hold. . . . These men are all in consultant capacities, and their help and guidance are invaluable.

A letter to his family touches upon other points:—

Christmas has come and gone, marked by a certain superficial gaiety, perhaps real good cheer for some of those here. There were little parties with wine and cake and singing, turkey dinner, and a brief but distinguished guest. The meal, I guess, was the high point, for food such as we had is more than scarce.

I wish you could have an idea of how we live here. We are in a truly beautiful valley, with a flat floor and rugged mountains all around. The towns are picturesque, and not unlike those in Sicily. There is snow on the more distant peaks, and some of the sunrises and sunsets have been gorgeous. But it requires effort to realize these things and appreciate them, for lovely though the valley is, its fields were never meant for living. You cannot know how thankful one should be for things taken entirely for granted—pavements, floors, and things like that are just as much part of the trappings of a town as are his pants to a man.

You have been told that there are rain and mud in Italy, but to know what it means one has literally to "get down to earth". We carry water to the tent in 5-gallon cans across a field—about 200 yards, and in spots up to the tops of our arctics in mud. And it is such slimy and sticky stuff—just about impossible to get off. I can't decide which is worse, the mud of winter or the dust of summer—or, for that matter, the cold or the heat. But the amazing thing is that it is so much a part of the landscape and of our existence, that although we cuss the stuff all day long, the cussing is automatic and we hardly consider it really unless we stop to think about it.

It is no longer unexpected to receive word of the assignment of MGH men to some new corner of the globe. A January letter from Capt. T. Stewart Hamilton (*a. dir.*) tells how the Hospital's unit is spreading throughout its own theatre:—

Things with us are fine. We are, at the moment, busy and most of us happy. Pete Churchill is in town today, so the surgical boys are gathering round to give him a dinner. After his last visit we lost McKittrick, Cant-

Capt. W. Beecher Scoville, MC, AUS (*r. NS* 1938) prepared "Life in an Army General Hospital on the Home Front" for the Journal of the Connecticut State Medical Society several months ago. He reports, in part:—

Most of us continue to be envious of those lucky guys expecting to winter in Southern Italy and summer in the Bavarian Alps, or those others exploring the charms of a South Sea Island. Here am I, in Walla Walla—not India, Saudi Arabia, nor Turkestan — just Walla Walla, Wash.

Few certified army neurosurgeons have been sent overseas, and all of them have gone with university hospital units. They are probably doing less operating than we, but will have more to tell their grandchildren. The rest of us are assigned to General Hospitals in this country rated as neurosurgical centers, to do that elective major surgery and reconstructive work not permitted in station or overseas hospitals. (Sad to relate, these last-mentioned hospitals think up good excuses why all surgery should be made emergency and sent to us for convalescence rather than operation.)

I have been stationed at two such hospitals, and have visited six others. They differ from civilian hospitals in these respects. (1) There are far fewer emergency and acute cases in proportion to the total census. (2) Surgery is rarely done on a lesion or disease incurred prior to induction. (3) There is a vast amount of necessary administrative and paper work. (4) Many non-combat admissions to date have had a large functional component, making surgery a procedure to be done with the greatest caution. (5) Overseas casualties are on the increase, and the combat injury cases are a fine lot, full of patience and courage.

Casualties in this hospital have been chiefly from the Northwest and North Pacific theatre of operations. Our dramatic ones, all from a single island campaign. One time we had an entire ward filled with frozen immersion foot. Due to constant shelling, the men were unable to take off their shoes and socks for six days—in slush and snow. Wholesale amputations appeared in order, but due to the painstaking care of Capt. Albert Lesser from N.Y.C., all the feet and 75% of the toes were saved. Out of 30 patients only two needed later sympathectomies because of continuing cold, blue, painful feet.

On the other hand I have done a great number of sympathectomies for Berger's Disease. I am convinced that the cold, damp northern climate brings out latent cases in men never previously above the Mason and Dixon Line. Many cases have been rapidly progressive and showed little vasospasm by skin temperature tests following a sympathetic block. Nevertheless, sympathectomy has given brilliant results, with a rise in the temperature of the involved foot to within one or two degrees centigrade of the non-involved foot. Every patient has been pleased with the result. This is in line with Smithwick's conclusions that sympathectomy is the treatment of choice in every case below the age of 45, provided there is a good femoral pulse.

For a while we had a 30-bed ward filled with real or suspect cases. They differ from civilian cases in the following: (1) Operation is less successful because of frequent functional overlay. (2) I have seen more postoperative low-back spasm. (3) Here 85% have been lumbo-sacral, 15% fourth lumbar disks, as compared to a 50-50 civilian proportion. (4) The majority of lumbo-sacral cases here give only slight asymmetry of the root sheath and no dural defect in myelogram studies, making the clinical examination of greater value. (5) Pantopaque is used instead of lipiodal. (6) I use an incision one inch lateral to the midline and strip the muscle extra periosteally.

Peripheral nerve repairs now constitute a large proportion of all neurosurgical procedures in the Army. I grow more radical in exploring all cases as early as possible but more conservative in sectioning the nerves. If at all possible I perform a lysis only. The Army now utilizes a very thin "tantalum" foil for wrapping the nerve to prevent adhesions; tantalum wire, the thickness of horsehair, for suturing the nerves; tantalum plates for covering skull defects.

* * *

Lt. William B. Ayers, MC, USNR (*WS* 1943), who went on active duty last July at the Naval Air Station at Quonset, R. I., is now assigned to sea duty aboard a destroyer.

After his training at Carlisle Barracks, Lt. Robert K. Brown (*WS* 1939) expects to be assigned to Fitzsimons General Hospital at Denver, Colo.

Capt. William S. McCune (*WS* 1937) gives his military experience to date: —

On March 27, 1943, I was commissioned as 1st Lieutenant and ordered to Walter Reed General Hospital, where I remained for three weeks in the pool, assigned to the Neurosurgical Service. From there I was sent to Columbia University Neurological Institute for a course in neuroanatomy and neurosurgery under Dr. Tracy Putnam [*ES* 1923].

Returning to Walter Reed General, I was for three months on the Neurosurgical Service under Lt. Col. R. G. Spurling, with transfer on September 1 to Woodrow Wilson General [Staunton, Va.]. There I did the neurosurgery, chiefly peripheral nerve sutures, subdural hematomas, etc. On January 12, I was promoted to Captain, and again transferred to the Walter Reed as permanent duty officer on the Neurosurgical Service. We see a good variety of problems here, there is plenty of surgery, and we are kept busy all the time.

By the way, while at Woodrow Wilson General I took a course in penicillin therapy at Halloran General for a month, and was fortunate enough to learn about penicillin from none other than Champ Lyons. There were many MGH friends there, among them Lieutenant Hawes of the X-ray Department, Captain Croce of the Surgical Service, Capt. Don Forester, Asst. Chief of the Medical Department and others. Dr. Cope came down one day for a visit.

Donald Giberson, who came to the Hospital in February 1934 as an orderly and later served as plaster man on the orthopaedic wards, recently reported in person as to his Army service. He was inducted into the Infantry in April 1942, received his basic training at Fort McClellan, Ala., and was then sent to Fort Dix, N. J., where he was assigned for a time to MP duty and then transferred to the Medical Detachment at the Tilton General Hospital. In February 1943 he was sent to Camp McCain, Miss., and on manoeuvres in Tennessee for further training as a company aide man in an infantry unit. He is now assigned to the 347th Infantry at Fort Jackson, S. C. His rating is that of Technician/5, and he wears the Army Sharpshooter Medal with bars for rifle and bayonet, also a medal for scoring third in target practice in a unit of 250.

Lt. Peter T. Brooks, MC, USNR, (*ES* 1943) wrote to Dr. Allen from the USS "——", at sea:—

How far away those wonderfully full Thursdays seem now, with all the various rounds, operating and conferences, and then the scramble in the afternoon to get caught up on the wards! Today is a typical Thursday at sea, or any one of the seven days that drag themselves through the week. Rounds consisted of viewing one case of healed epidermo-phytosis, two healing circumcisions and a dorsal slit, and one sulfonamide-fast G.C.; surgery none. Every time I stop to think of those mornings on White 3, my mouth waters.

I ran into Dr. Beecher one night, and he gave me the most recent news from home. Dr. Churchill was expected within a day or two, but as we pulled out on one of our numerous "trips", I missed seeing him. [Lt.] Burdick Clarke [*EM* 1943] came over in the same convoy with us in June, and has been back there several times since. The General Unit has been a bit too far away for me to visit, but from the numerous medical units we have carried, news of them is all most excellent, and it sounds as though they are quite busy most of the time, and happy.

My own experience so far has been extremely limited. The "——" is an attack transport of the Amphibious Command, with the task of transporting men and equipment on the various invasion landings. We were at Sicily on July—, and at Salerno on September—, and in our off moments have been either training troops or acting as a regular transport. The actual fighting in which we participated has been confined to the two assault landings mentioned; the first quite uneventful and the second quite the opposite, although we managed to get out of both encounters without any damage to the ship.

After landing our troops and cargo we took on a load of fresh casualties, and for a few days were quite busy. We are most fortunate in having a New York surgeon, St. Luke's trained, as Senior Medical Officer, and, under his guidance, I was most pleased to get some interesting surgery and excellent instruction. We were extremely conservative in all our treatment of the men, leaving perforating wounds of the abdomen and chest to the mercies of sulfonamides and rest—evidently, as shown by those cases we were able to follow, to their benefit, as they all recovered but one who had such overwhelming injuries that he died at sea. Operating was limited to hunting shrapnel that was either giving pain or causing serious functional disturbance. This work fell to me, and I soon became impressed with its ability to travel in weird and unexpected paths! We had one instance of a piece severing the brachial artery in the axilla, and the exploration, ligation, and subsequent improvement of that arm was most interesting.

Infection was extremely rare. All the cases we saw had been treated the same on the beach before being evacuated to us. They all had sulfonamide powder dusted over the surface of their wounds and a D.S.O. applied. In spite of large amounts of dirt, grease, and clothing in these wounds, if they were left alone and dressed infrequently, they did remarkably well, with their local plus p.o. drug.

In the field of medicine, we are learning quite a bit about the therapy involved in malaria and venereal disease. It is not as simple as it sounded in the text books!

And so it goes. We live in the constant hope that some day our bow will point west; and in the meantime we study some, and hope some more!

In addition to his duties as Chief of the Medical Service of the 5th General Hospital, Lt. Col. Theodore L. Badger (*EM* 1928) is Senior Consultant in Tuberculosis for the European Theatre of Operation.

To a full-quota and absorbed audience in the Bigelow Amphitheatre on February 9, at noon, Col. Augustus Thorndike (*WS* 1923), Commanding Officer of the Harvard Unit in Australia, outlined some of the problems of administration and some of the medical experiences of a General Hospital in that area. Only the 6th itself could have listened with more flattering interest. Unfortunately, the details of his remarks cannot be quoted for its benefit, but the following letter gives a brief history of this Harvard unit and of the present assignment of its former Executive Officer, Lt. Col. Charles P. Sheldon (*ES* 1931):—

Although there was a certain amount of "staging" and delay when the first Harvard Unit was activated, and although there was a certain amount of confusion and disappointment when the unit was split, we of the Pacific section were rather quickly mobilized and on our way overseas in the early stages of the war. The officer personnel for a 1000-bed General Hospital was made up at Walter Reed Hospital. The enlisted cadre joined the unit at Fort Lewis, Wash. Nurses were about equally divided between the East and West Coasts.

When the unit sailed, I was given the job of Medical Supply Officer. Being a lowly Captain at that time, I was constantly harassed by senior officers who wanted their particular pet tool, which was of course stored in the last box to be opened of the six thousand on hand. However, through great coöperation by the enlisted men and after many hours of hard work, we finally got all supplies sorted, warehoused and inventoried. Practically all the favorite tools eventually turned up, so everyone was happy and settled down to run a hospital.

About six months later I became Adjutant, and in November 1942 was promoted to Major. As Adjutant, I had an interesting experience in hospital administration which, as some of you know, is quite *something* in the Army. Further experience was gained after I was appointed Executive Officer in January 1943.

Gus Thorndike became Commanding Officer in February 1943, when Col. Raymond O. Dart, formerly of the Letterman General Hospital, moved on to Base Headquarters. Gus did a fine job in the ensuing months as the hospital grew into one of the most beautiful installations in the South West Pacific Area. It was established in a former school which had extensive lawns and gardens, with many unusual trees and shrubs, including several varieties of palms. We worked hard and cared for a large number of sick and wounded, and I consider my 16 months with the Unit an outstanding epoch in my Army and my medical career.

In September last, my promotion to Lieutenant Colonel came through, and in October I was transferred to Headquarters of the Advanced Section, USA, SOS. Again I was associated with our old Chief, Colonel Dart, and was given charge of hospitalization in the Advanced Bases. Most of my time was spent traveling to the various areas to coördinate and supervise hospitalization in them. I saw practically all the SWPA including several of the islands.

The outstanding thing on these trips was the ingenuity of American doctors in constructing and operating their hospitals in the face of great adversity. Although building materials were not always readily available, many substitutes such as native hut construction were found, and one was constantly amazed at the type of medical care given. To see all these units and appreciate their spirit, enthusiasm, and determination made me realize more than ever before how wonderful it is to be an American.

On December third I was given the opportunity to command the —th Station Hospital, which is a 500-bed unit that was activated at Fort Leonard Wood, Mo., and came overseas about six months ago. This was the type of work I had been trained for, so I quickly accepted the command, much to my pleasure and satisfaction in the short time I have been here. We are permitted to say that we are "Somewhere in New Guinea", which is not nearly the terrible place so many press accounts and letters would have you believe. Our hospital is in a lovely valley with surrounding green-clad mountains through which the ocean can be seen in the distance. The days are usually quite warm but the nights are invariably cool. Flies and mosquitoes are not serious pests, and sickness in this location is not a great problem. There is a great spirit and enthusiasm in this unit, and I know the coming months will be worthwhile for all of us.

Lt. Colonel Sheldon does not, however, hope for permanent assignment in New Guinea. He began his letter to Dr. Faxon:—

I have just received the MGH Christmas card signed by the members of the staff, and it gives me the feeling that Christmas greetings have come from each of you personally. It definitely gives one a lift to know that all the "old friends" back home do not forget, no matter how long you may be away. It seems, when I seriously think back over the past two years, that I have been away from home and friends an awful long time. However, I have fortunately had an active army career, which has helped make the months pass faster.

* * *

Promotion in rank is disclosed for Lt. Col. Harold H. Hamilton (*r.s. PH* 1933) in his reply to a request for news of his post, the Station Hospital at Westover Field, Mass., where he is Chief of Surgical Service:—

What used to be called the "War of Westover" is now more chronic in its phase—better named "The Siege of Holyoke".

Capt. Thomas Warthin [*a.M.*] is Flight Surgeon here. He recently graduated from the School of Aviation Medicine at Randolph Field, Tex.

Capt. Daniel Crosby Greene [*CM* 1940] is Squadron Surgeon of a Fighter Squadron. He left Westover on this tactical mission about three months ago, and when last heard from was on Long Island.

Capt. Clarke Staples [*gr. asst. S* 1942] is Chief of Surgical Service at Selfridge Field, Mich. He left Westover to assume this position about three months ago.

We were honored recently by a visit from Drs. Horace Sowles and Robert Brown from M.G.H., giving us an instructive afternoon and evening on "Penetrating and Non-Penetrating Wounds of the Chest and Abdomen".

Lt. Comdr. George E. Gardner (*CM* 1939) received his commission on October 22, 1943. He has been assigned as Psychiatrist at the Naval Prison and Brig, Navy Yard, Philadelphia, Pa. Previous to his internship at the General Hospital, Lt. Commander Gardner was Senior Psychiatrist at the McLean Hospital. For the past two years he has been Director of the Judge Baker Guidance Center, and an Assistant in Pediatrics at the Harvard Medical School.

First news comes from Comdr. William K. Livingston, MC, USNR, (*WS* 1922), giving his station as the U.S. Naval Hospital, Oak Knoll, Cal.

After getting his commission on April 9, 1943, Lt. Henry S. Fuller, MC, AUS (*WM* 1943) received training at Carlisle Barracks, took the course in tropical medicine in Washington, and was assigned to a field hospital in training at Camp Breckenridge, Ky., for service overseas. On New Year's Day he wrote to Dr. Means from India:—

I was very pleased and deeply touched to receive the Christmas "J.H.M." and the greetings signed by the staff members and all my other friends on the MGH home front. Such things are real morale builders.

In writing home, I can tell only of the little things that vary our everyday life, as other things are *out*. But I can tell you of our Christmas activities. Our nurses threw a party for our enlisted men on Christmas Day, and then night before last they gave the officers a party. It was a miracle of ingenuity on their part. They decorated a warehouse with fan-leafed palms and long fluffy-topped grasses tied with red ribbons. They had mounds of delicious chicken sandwiches, deviled eggs, cashews, "et al." In one corner of the room they set up a bar. They had saved all their beer ration, and had acquired some local "Fighter Brand" whiskey and gin. (These products really are fire water!) A wood fire was burning in the center of the cement floor, and each of us brought his kerosene lantern for lighting. A record player was borrowed for the occasion, and we danced, and sang Christmas carols. They also had a grab bag, from which I pulled two pairs of woolen socks. These will be put to use immediately, as we nearly freeze at night while we roast during the daytime. So in all, some Yankees in a certain obscure portion of India had a glorious Christmas celebration, and we hope to have the next one *at home*.

Fortunately I have had several opportunities to see some of the tropical diseases in which, as you may recall, I am interested. As yet I have not been able to study them from their inception to their ultimate end, but I go on ward rounds every time I have a chance. My most recent experience was with a variant of tsutsugamushi. I believe I have seen more cases than anyone else at MGH! Also, I am seeing the common things, such as amebic and bacillary dysentery, all varieties of malaria, and certain worm infections. I saw a beautiful case of destruction of the nose, dactylitis, and deformed bones of the forearm—textbook picture. So in all, this is a clinician's paradise. I hope that when this war is over, I may be able to fit into some niche at the old MGH, because I loved every minute of my stay there, and I hope to return to it. Please give my very best to all my friends.

Major Ralph F. Traver (*ES* 1930) is Commanding Officer of a Portable Surgical Hospital stationed somewhere in the South Pacific. When last reported, several months ago, he was a Captain, and Surgical Chief and Executive Officer of the Station Hospital at Camp Adair, Oregon.

Lt. Comdr. Robert S. Schwab (*r. s. N* 1935) was detached from service at the Chelsea Naval Hospital and the Brain Wave Laboratory here on November 1, 1943. He is now Neuropsychiatrist with a Naval Mobile Hospital in New Zealand. This is a new unit which recently arrived overseas. Among others from Boston he has met Lt. Comdr. John Carmody (*NS* 1934), who was on his way back to the U. S. Major Merrill Moore is at a nearby Army Hospital.

Nurses of the Hospital Unit on parade, Armistice Day in North Africa, 1943
Led by Lt. Helen J. Coughlan

Others who may be identified are: Lieutenants Wilcox, Fraser, Hewit, Brandon, MacNeill, Plant, Johnsen, Anderson, Rogers, Corcoran, Ayer

lon, and later Taylor and Townsend, so Heaven knows the result of this one. As you no doubt know from the C.O., Ludwig has gone to a N.P. hospital, and Sullivan [and Gundersen] on detached service.

It tickles me that, as these fellows get their orders, they put on the long face and pass the tale of how they've been kicked out, etc., etc. Otto Aufranc interrupted one the other day with: "Now, tell me honestly, You asked to be transferred, didn't you?" "Well, yes."

Many lament the going of these men. So do I, for the loss of the friendly contacts, yet I see the good done the Medical Corps and the Army by putting well-trained and experienced men where they can act as leavening for the smaller units. It is at times hard to believe, but I think I'm right in saying the Army doesn't revolve around the 6th —— ——! If by splitting up we can speed final Victory and can render better medical aid to our men, I'm all for it.

Shermie is doing his customary good job and running his all-important department smoothly and well. He is his usual delightful self, without a mean thought or a harsh word for a soul. Claude Welch is a major, as of a couple of months. Champ Lyons passed through a couple of days (or was it weeks?) ago, chanting the praise of penicillin. It was good to see him.

To complete the report on the Hospital's unit, we add a paragraph from Colonel Goethals' letter, of like date:—

Our environment, both internal and external, is good. We are often complimented on our mess, and on the celerity and dispatch with which we receive and evacuate convoys. Only — per cent of all the thousands of patients passing through our hands in 1943 died. While this low figure is due to a multiplicity of causes it shows at least that our admissions have been accorded care by the services of which the MGH need not be ashamed.

The following narrative report of the Nursing Service of the Hospital's Unit in North Africa was prepared by its Chief Nurse, Capt. Doris Knights, A.N.C.:—

1. The Nursing Service of the Unit started with the opening of the Officers' Ward on 3 March 1943. Seven nurses with one nurse in charge were assigned to this ward, and one nurse for night duty. The nurses, assisted by the corpsmen, made the College dormitory suitable for the adequate care of patients. Other nurses were assigned to duty daily, as the hospital took form and was made ready for further reception of patients.

2. The Contagious Ward opened. The nurses assigned there, where the facilities were quite inadequate, made preparations to take care of precaution cases. By trial and error they worked out a satisfactory system and trained the corpsmen how to practice precautions with the setup as it was.

3. When the Moroccan Ward was opened, to accommodate approximately 450 patients, it presented many problems; how to store supplies; what to do with patients' small personal belongings; how to keep beds dry under a leaky roof, and last but not least, how to supervise such a vast area. Nurses assigned there did an excellent piece of organization, improving gradually in detail until they had an unusually satisfactory arrangement. The Moroccan Ward eventually became one of the better run departments. Many of the wards were opened under almost impossible circumstances. For weeks the workmen were still finishing construction, and noise and confusion were rife.

4. The Operating Rooms were unfinished when the operating schedule went into effect. The nurse in charge, with twelve others, made supplies and transported them to another unit for sterilizing until our own sterilizers were set up. For eight months this department has functioned smoothly, and nurses have been trained both in operating-room technique and also in anesthesia. One nurse, with no previous experience in anesthesia, was given a comprehensive preparation and has recently been transferred to another unit for the express purpose of administering anesthesia. The Chief Nurse, with fifteen years' experience giving and teaching anesthesia in civilian life and formerly in charge of the nurse anesthetists at this hospital, has also been transferred to an organization wthout sufficient anesthetists.

5. The Nursing Service in Psychiatry has been in charge of a nurse, recently promoted to 1st Lieutenant, who had some experience in Neuro-psychiatry at an Army post in the United States. She has had only three nurses with previous experience. The others have been instructed by her, and the service they have performed has been commended by the officer in charge of that section.

6. In the Eye, Ear, Nose and Throat Clinics one nurse is kept busy all the time assisting the officers there, making visits with them on the wards, and preparing sterile supplies.

7. Approximately 15 nurses are assigned to night duty, with one acting as supervisor.

8. All seven Chief Nurses were promoted to 1st Lieutenants since arrival in North Africa; one has been transferred. Our present permanent strength is 100 nurses, with one nurse from another hospital on temporary duty to attend a refresher course in anesthesia.

9. Since the Unit has been in this Theater of Operation our patient census has fluctuated considerably. At times we have been very busy, but even when the number of patients was reduced we have had sufficient work to keep all the nurses occupied and enthusiastic.

THE NEWS

No. 19 Boston, Mass. April, 1944

THE MONTREAL GENERAL HOSPITAL
FOUNDED IN 1821
PRESENTS THIS PLAQUE
THROUGH ITS GYNAECOLOGICAL SERVICE
IN APPRECIATION OF THE SIGNAL ADVANCES
IN THE ART AND SCIENCES OF MEDICINE
MADE BY THE
MASSACHUSETTS GENERAL HOSPITAL
SINCE ITS FOUNDING IN 1811
ON ITS ESTABLISHING A DEPARTMENT
OF GYNAECOLOGY IN THE
VINCENT MEMORIAL HOSPITAL
FEBRUARY 1942

This is the inscription on the bronze plaque received on the first anniversary of the Gynaecology Department established here to take over the former activities of the Vincent Memorial Hospital.

On February 15, 1944, at an informal ceremony in the Trustees' Room, this memorial was presented to the Hospital by Dr. Archibald Campbell, Associate Professor of Gynaecology and Obstetrics at McGill University and Chief of the Gynaecology Service at the Montreal General Hospital. It was accepted by Mr. Henry C. Everett, as President of the Vincent Memorial Hospital, and by Dr. Faxon as Director of the Massachusetts General Hospital. Dr. Campbell, noted in his field, has been for many years a personal and professional friend of Dr. Joe V. Meigs (*ES* 1921), head of the service established here.

The Trustees of the Vincent Memorial Hospital and of the Massachusetts General Hospital, members of the Obstetrical Staff, and other guests were present on this occasion. The plaque will eventually be placed in the new building planned for the Gynaecology and Children's Medical Services, to be constructed here on the Hospital grounds when conditions permit. It is engraved with the seal of the Montreal General Hospital and at each corner shows the Canadian emblem of the maple leaf.

Only brief portions of Dr. Campbell's speech can be quoted here. In presenting the plaque, he said:—

> On behalf of the Montreal General Hospital, let me thank you for the privilege of meeting the Trustees of this—another M.G.H. They were the first hospitals, and for years the only hospitals, in their respective seaport cities. Now, mellow with age, enriched by the experience of a century, they are steeped in similar traditions. . . .
>
> In this new building I can envisage a new epoch in our special branch of medicine. The present incumbents will see to it that new laurels are added to this great institution, in the corridors of which one is conscious of noble traditions, of high purpose, and great achievement. . . .
>
> When this war ceases, we must not forget the ideals we are today protecting. If we are to keep faith with those who built our traditions, and with those who today have gone forth as crusaders in their defence, a stout link must be forged between all worthy institutions. It is a propitious time to plant the roots of peace by mutual understanding and good will. It is, therefore, my unique privilege to ask the Massachusetts General Hospital to accept this plaque from the Montreal General Hospital as a token of friendship and unity.

* * *

Announcement has been made of the award of the Warren Prize for 1943. Eleven essays were submitted, and the votes concerning the award, recorded at the meeting of the General Executive Committee on March 1, are as follows:—

To award the Warren Triennial Prize to Dr. David G. Cogan and his associates, V. Everett Kinsey, Ph.D., and Erwin O. Hirsch, B.A., of the Howe Laboratory of Ophthalmology, Massachusetts Eye and Ear Infirmary, for their essay entitled "Physiological Studies on the Cornea".

To make Honorable Mention of the essay, "Studies on Traumatic Shock", by Everett I. Evans, M.D., Medical College Hospital, Richmond, Va.

Dr. Cogan is Associate Professor of Ophthalmology, Harvard Medical School. He has been associated with the Eye and Ear Infirmary since his interneship there in 1933-35. Dr. Kinsey has been Instructor in Ophthalmic Research, Harvard Medical School, since he joined the staff in 1940. Previously he was engaged in Ophthalmic Research as Fellow in Physiologic Chemistry at the University of Pittsburgh. Mr. Erwin O. Hirsch was temporarily associated with the Howe Laboratory prior to his entrance into the Harvard Medical School where he is studying at present.

Dr. Cogan comments on the subject of the thesis, as follows:

> This is the report of studies carried on at the Mass. Eye and Ear Infirmary during the past few years, dealing with physiologic and clinical mechanisms of the cornea. It is shown that the membranes on the anterior and posterior surfaces of the cornea act effectively as semi-permeable membranes and, in conjunction with hypertonic tears and aqueous humor, enable a continuous abstraction of fluid out of the cornea. This maintained state of deturgescence, which is unique for the cornea, is essential for its optical properties.

Dr. Evans, whose essay received Honorable Mention, now holds an appointment as Assistant in Surgery at the Medical College of Virginia. During 1940-41, as a Rockefeller Foundation Fellow and with appointment as a Graduate Assistant, he did research in surgery and anesthesia, working with Dr. Henry K. Beecher and Dr. Hamlin, at the Surgical Laboratory of the Harvard Medical School at the Massachusetts General Hospital.

At the meeting of the Trustees next following the annual meeting of the Corporation of the Hospital, it is their custom to appoint the members of the Visiting Staff for the current year and to announce changes in the Staff lists. At their meeting on February 18, 1944, the Trustees announced the retirement of Dr. Margaret V. Grogan, Assistant Physician, of Dr. Carlisle Reed, Assistant in Medicine, and of Dr. Henry E. Gallup, Associate Physician to the Children's Medical Service. Dr. Grogan has been a member of the Staff since 1920. Dr. Reed has served since 1929. Dr. Gallup was appointed in 1942.

The Trustees appointed to the Board of Consultation, Dr. John S. Hodgson, Visiting Neurosurgeon, and Dr. J. Herbert Young, Physician to the Children's Medical Service. Dr. Stewart H. Clifford, Associate Physician to the Children's Medical Service, was made Consultant to that department. Dr. Harold E. Dyer, Assistant Dental Surgeon, was granted leave of absence because of military service.

The Trustees announced the promotion of Dr. Marian W. Ropes from Assistant Physician to Associate Physician, and the appointment of Frederick Wyatt, Ph.D., as Assistant Psychologist. Dr. Benjamin Schneider was made Assistant Resident in the Radiology Department for one year, beginning February 15, 1944, and Dr. Eli Robins was appointed Assistant Resident on the Psychiatry Service for the term October 1, 1944 to July 1, 1945.

Dr. Thomas A. Devan, who has served as an Assistant Director since July 1, 1942, has been granted leave of absence, effective February 4, 1944. The Trustees have appointed Dr. Charles L. Clay and Dr. Ferdinand Haase, Jr., as Assistant Directors.

Dr. Clay assumed his duties at the Hospital on the date of his appointment, February 18, 1944. He is a graduate of Dartmouth College and of the Columbia University Medical School, and served his internship at the Lawrence (Mass.) General Hospital during 1921-2. Since that time he has held appointments as Physician at Danvers State Hospital, as Assistant Superintendent at the Peter Bent Brigham Hospital, Medical Director at the Long Island Hospital in Boston, Superintendent of the Jackson Memorial in Miami, Fla., and as School Physician with the Dade County Health Unit in Miami.

Dr. Ferdinand Haase will take up his duties here on April 1. He is now acting as Resident at the Children's Hospital in Buffalo, N. Y. Dr. Haase received his M.D. degree from the Harvard Medical School in 1942, and served as House Officer at the Children's Hospital in Boston. He is a graduate of Yale College.

The appointment of Allen H. Mathewson as Purchasing Agent of the Hospital was made by the Trustees at this meeting. Mr. Mathewson has been Assistant Purchasing Agent since 1940. He came to the Hospital from New Haven, where he was Assistant Dirctor of the New Haven Hospital and of the William Wirt Winchester Hospital in West Haven.

The General Executive Committee announces the resignation of Dr. A. Walter Ciani as a Graduate Assistant in Orthopaedics, and the appointment of Dr. Roy W. Layton as a Graduate Assistant in Surgery. The appointment of Dr. Marian W. Mathews was changed from that of Research Fellow to Clinical Fellow in Medicine.

GILES WALDO THOMAS

Giles Waldo Thomas whose untimely death from a type of lymphoma occurred on January 12th, 1944, was an East Medical House Officer in 1929-30, and Assistant Resident in Medicine 1930-31. Thomas was of the Harvard College class of 1924 and received his M.D. from Harvard in 1928.

Early in his medical career he developed an interest in psychiatry. After finishing his residency in 1931 he went to the Department of Nervous and Mental Diseases of the Pennsylvania Hospital in Philadelphia, where for three years he obtained training in psychiatric methods.

In October of 1934 he moved to New York and joined the psychiatric staff of the Presbyterian Hospital. For several years also he worked in the Research Division of the Metropolitan Hospital at Welfare Island psychoanalyzing patients with rheumatoid arthritis. His work in this field is probably his most important contribution to medicine. One of the staff of the Presbyterian Hospital is reported to have said that they had learned more about arthritis from Thomas than anyone else.

Thomas went on active duty as Captain in the Medical Corps of the Army on June 22, 1942 and was assigned to Fort Devens. He spent a month in the winter of 1943 at the School for Army Psychiatrists at the Lawson Hospital in Atlanta, Georgia. In May of 1943 he was transferred to Camp Sibert, Alabama, to head up a psychiatric unit and was recommended for promotion. It was en route to this duty that the disease which proved fatal first became manifest. Under x-ray treatment he made a temporary improvement. But on August 10, 1943 he was honorably discharged from the Army for physical disability. He, therefore, took up again his work at the Presbyterian Hospital and private practice in New York. Not for long, however, for toward the end of November he had to give up work and failed rapidly from that time.

Giles Thomas will be greatly missed. His training and experience in psychiatry, combined with native ability of a high order made him the kind of physician which is greatly needed in the military service and which will be even more important in the post-war era.

J.H.M.

OFFICIAL NOTICES

The Blood Bank is anxious to have additional volunteer donors for Tuesday afternoon appointments. Call the Blood Bank—Cap. 4300, Line 261—and make it Tuesday, if possible, between one and four o'clock.

The Hospital will observe April 19 as a holiday, in commemoration of the Battle of Lexington and Concord.

Under the heading, "Wartime Emergency Diabetic Coma Service", *The New England Journal of Medicine* printed the following notice in its issue of December 30, 1943. The name of Dr. Elliott P. Joslin (*WM* 1895) is universally known in connection with the treatment of diabetic patients, and this is another of the many contributions he has made to their well-being:—

> Early diagnosis and prompt treatment of diabetic coma lessen mortality and shorten the period of recovery. With this in mind, the Emergency Diabetic Coma Service has been created at the New England Deaconess Hospital.
>
> Through the co-operation of the hospital, a corps of diabetic nurses, a chemical technician and the medical staff, blood and urine analyses, as well as medical treatment and special nursing, will always be available, day and night, Sundays and holidays. Such a service would be desirable for all hospitals, but unfortunately on account of war conditions this is not feasible.
>
> Any doctor who has a case of diabetic coma in or outside a hospital and cannot secure the laboratory and medical assistance that he believes indicated can feel at liberty to call on the Emergency Diabetic Coma Service at the New England Deaconess Hospital for consultation regarding treatment or admission of the patient.
>
> WARREN F. COOK
> ELLIOTT P. JOSLIN, M.D.
>
> New England Deaconess Hospital
> Deaconess Road
> Boston

The building at No. 23 Parkman Street, to which the Hospital received title last summer, has been remodeled and is now occupied as a nurses' residence. On February 1, thirty-three student nurses took up quarters there.

The Hospital now owns the entire block fronting on Parkman Street between Blossom and North Anderson Streets. Lowell House, at No. 35 North Anderson Street, is at present occupied by various members of the Hospital personnel. No. 27 Parkman Street is a dormitory for housemen employees, and No. 25 is assigned to house officers. No. 23 Parkman Street and the four houses previously acquired east of it, with connecting passages between the units, now form a dormitory for nurses. At present it is occupied chiefly by student nurses, but a small proportion of graduates are also housed there.

In listing the MGH members of the Committee on Post War Medical Service, the name of Capt. William E. Eaton, MC, USN (*D* 1907) should have been included. The total MGH representation on the Committee now appears to be eight.

The Editors,—

This is to inform you of my whereabouts. After a week at Camp Devens (mostly on K.P. and "Dive Bombing Missions", Army slang for picking up matches and cigarettes in the company area), I was shipped to Camp Grant for my basic training.

This camp is training medical soldiers. After a period of seventeen weeks we are attached to the various fighting forces of the Army: Infantry, Artillery, Air Force, Paratroopers, Armored Force, etc. Our training is therefore as rigorous as any of the above mentioned units. My long association with the M.G.H. (14 years) comes in handy. Even though I expect to be attached to the Army Medical Museum in Washington as a photographer, this training will be to my advantage, both physically and mentally.

Our training consists of body toughening and knowledge to give emergency medical treatment to wounded soldiers at the front. We are not armed except when in the Pacific theatre of war against the Japanese. Since they were not signatories of the Geneva Red Cross pact, they therefore do not distinguish between armed and medical personnel. I'll be glad to send you more information later.

Very truly yours,

"Bruno"

The Army will, let us hope, find even half as many uses for Pvt. Bruno Mickeleit (31428529), 2d Platoon, Comp. D, 29th M.T.B., as did the Surgical Department for the accomplished fellow they knew by the signature above.

Monday, Tuesday, Wednesday, Thursday — four mornings each week, from nine until one o'clock. This is the schedule of the War Service Workroom in the solarium on the eighth floor of the White Building. Here the Workroom members perform valuable services. Rubber gloves, after careful mending, become whole again; arm boards are covered; various and complicated bandages are made; from old X-ray film, chart and medicine card cases are cut and stapled. And these are not the only tasks, by any means. The activities of the Workroom vary according to the needs of the Hospital, as determined by the Nursing Staff.

Under the expert supervision of Mrs. Paul D. White, Miss Nathalie McLean, and Mrs. Richard F. O'Neil, a group of faithful and able volunteers is giving approximately twenty-eight hours each morning. The War Service Workroom, like many other services in the Hospital, carries out its duties so efficiently and unobtrusively that the extent of its achievements may not be generally known. Its consistent service is greatly appreciated, however, by the many departments whose needs it helps to meet.

The News will be very glad to receive word from recent graduates now assigned to active duty, to supplement the list below:—

- Lt. Donald V. Baker, Jr., MC, AUS, (*ES* 1943), 18th Bombardment Maintenance Squadron, Pratt Army Air Field, Kan.
- Lt. William R. Eyler, MC, AUS (*CM* 1943), School for Medical Officers, Camp Barkeley, Tex.
- Lt. Oscar W. Hills, MC, AUS (*M* 1943), MRTC School for Medical Officers, Co. 1, Camp Barkeley, Tex.
- Lt. Terry E. Lilly, Jr., MC, USNR (*ES* 1943), Tampa Ship Bldg. Co., USS Sierra Detail, Tampa, Fla.
- Lt. Duane H. Mitchel, MC, AUS (*M* 1943), Schick General Hospital, Clinton, Iowa
- Lt. Cornelius J. Shea, MC, USNR (*ES* 1943), Amphibious Training Command, N.O.B., Norfolk, Va.

From his post as Executive Officer of the Boston City Hospital unit, now in England, Major Albert G. Engelbach (*a.dir.* 1929-37) adds a few details to our recent account of this group.

Former members who have been detached include Major Richard P. Stetson (*WM* 1928), now Chief of Medicine at the Thayer General Hospital in Nashville, Tenn.; and Lt. Col. Wilfred Bloomberg (*r.p. N* 1931) who is Psychiatrist for the 1st Service Command.

Of interest, also, is the fact that two members of the 6th Base Hospital in the last war are with us: William H. Lee, now a Captain in the Medical Administrative Corps, and Michael Gaddis, a non-commissioned officer.

We are most fortunate. A new hospital, which is as yet not fully completed (as you know hospitals never are) and still operating to care for the patients assigned to us. It is fun to watch developments and to use things to the best advantage possible.

Major R. Nelson Hatt (*Or.* 1919) sends from Britain his appreciation of the Christmas card and makes this request of Dr. Smith-Peterson: "Tell them how very pleased and grateful I am to be so well remembered in the season of renewed faith and pledges."

The Auxiliary Surgical Service has taken us into fields not usually available to the older orthopaedic surgeon, and, while I doubt the value of my presence there, it was a grand adventure. Physically I was able to slug it out with the younger fellows, and aside from a mild case of malaria in Sicily the wear*age* and tear*age* has not been great. However, forward-area surgery cannot be too involved, and the only possible excuse for placing an orthopaedic surgeon in this sector of the evacuation line would be in the capacity of consultant, to be called upon in cases of questionable amputations and to check unsatisfactory plaster technique. (Surprising how many well-trained and competent general surgeons have little ability or pride of accomplishment in plaster work!) A considerable number of evacuation hospitals have competent, well-trained young orthopaedic surgeons, while station hospitals appear to make the service one of election or appointment without respect to qualifications. The scope of surgery in the latter is fortunately limited by directive. The general hospitals (where *real* definitive surgery really begins) seem pretty well off in the matter of personnel, and I have met several of our younger friends who are doing excellent work. I still hope to make a worthwhile contribution in the rehabilitation of crippled "G. I. Joe".

Major George A. Marks (*ES* 1931) is one of the Assistant Surgical Consultants in the New Guinea area. Recent letters indicate that he has been on an inspection trip on New Britain.

•••—V•••—

Lt. Charles C. Derrick (*WM* 1942) wrote to Dr. Means from his assignment with a Naval Mobile Hospital in the South Pacific. As his companion for the preceding seven months, he reported Lt. James T. Heyl (*WM* 1939), whose first service in the War was as a member of the American Hospital in Britain under Dr. Philip D. Wilson (*ES* 1914).

I am now rounding out my ninth month here on this "beautiful tropical isle". At this moment it is raining—enough said.

To give you a rough idea on the amount of work we have had since this hospital opened I would like to quote a few figures but— . . . Our bed capacity is larger than all the General group combined and is still growing, though we are nearing the end of construction. The cases have been well diversified.

Until about a month ago I had a general medical ward. At that time Jim and I were put in charge of the malaria wards, and since then we have had quite a time. Our first assumption was that we should try out different types of treatment and see what we could find out. As a result we are using quinine, atabrine, and plasmochin in about four different combinations. It is too early to arrive at any conclusion, but we think that at least we have found out a few interesting facts. The unfortunate part is that our follow-up is not going to be very good because the men move around so fast.

We use a 72-bed ward for our more acute cases and then move them to another, when under control, to have room for the incoming cases. My own feeling is that atabrine is not working out quite as well as we had hoped. Plasmochin has given us a small number of toxic reactions, and we have a great deal of respect for it and tend to use it as sparingly as we can. Using quinine in conjunction with atabrine seems to be the choice, though the number of hospital days is a little more than when using large doses of atabrine alone.

We have had one group of cases that might interest you. They have been designated as Pneumonia, Primary Atypical, Etiology Unknown, for want of a better term as far as Navy nomenclature is concerned. They are characterized by general malaise, temp. up to 105, sometimes pain in the chest, cough, and hemoptysis. On physical finding there is anything from a clear chest to one filled with diffuse moist rales and scattered areas of dullness. An X-ray may show a small patch of diffuse mottling and patchy areas of consolidation, to the advanced picture of miliary tuberculosis. The remarkable thing is that the X-ray finding in the milder cases does not conform with physical findings, and the whole chest may clear up in 48 hours.

A few cases showed no findings either by physical examination or X-ray, and had considerable hemoptysis. The mortality rate is very low, and I know of only one death in close to 100 cases in the past month or so. At autopsy that case showed almost the same picture of lung involvement as did a series of cases of Influenzal Pneumonia I saw in Boston around 1940–1. However on section there is hemorrhagic fluid in the alveoli and that is all. No involvement of the alveolar tissue was noted.

We have used sulfonamids, penicillin, and both together, and have come to the conclusion that the ones we leave alone, and give only supportive treatment to, do just as well, if not a little better. The strange thing is the difference between how they look and feel, and the physical and X-ray findings. Cases with minimal findings will feel sick, look sick, cough a lot, have large amounts of hemoptysis, and high temperatures; and some cases with widespread findings will feel fairly well, have moderate temperatures, some cough, and a moderate amount of hemoptysis. They recover quite rapidly and feel well, and in about a week are asking to go back up and start chasing Japs again.

To report on one other former member of the Medical House Staff: Herb Moffitt was in to see me about six weeks ago. He has had a world-wide experience since he left Boston, and after an episode in our area was headed for more civilized climes. He had hopes of seeing the bridge that arches the gate but was not sure. We all dream of that chance, and as a rule need only a slight glimmer of hope to make our thoughts go berserk.

Hannibal Hamlin, who has been hereabouts for many months, is due to join our group in the very near future. Arthur Willetts is back from a very exciting time.

Lt. Herbert C. Moffitt (*EM* 1942) is the son of Dr. H. C. Moffitt (*EM* 1895). He has been serving aboard a destroyer. Lt. Comdr. Hannibal Hamlin (*r. NS* 1942) was for some time aboard a well-known hospital ship and later assigned to an Advance Base.

Lt. Arthur T. Willetts (*r.U* 1941) has been for well over a year with a Marine unit in the South Pacific. The latest word about him comes from reports in Pittsburgh newspapers about his work in charge of the dressing station on Cape Torokina at Bougainville during the first day of the battle:—

Lieutenant Willetts took the whole matter lightly. "I haven't done anything," he was quoted as saying when asked about his work. "We just landed, got shot at, and drove 'em out. . . . I never saw spirit like these boys have. . . . The credit goes to the hospital corpsmen who braved the front line fire to give first aid."

But the *Pittsburgh Press* also quotes a sergeant of Marines:

When we landed under fire on Cape Torokina the doctor worked like a Trojan to treat the wounded, see they were properly identified and returned to the safety of the transports as quickly as possible. I recall one case where his prompt treatment of a severe abdominal wound probably saved the kid's life. And the doctor was under fire all the time, too. You just can't get him away from his outfit. He stays with them in the lines when he doesn't have to.

A note from the office of his father, Dr. Ernest W. Willetts, says: "Until these notices came out in our local papers we did not know just where Dr. Willetts was. We learn from one or two men who have been invalided home, that he has been in the very hottest of the fighting; where the losses have been heaviest."

Lt. Irad B. Hardy, Jr. (*ES* 1939) has been in service since September 1942 and is Surgeon with a Marine battalion that was assigned to action in the Pacific early this year. In a family letter he gives an outline of his experience during the initial American attacks in the Marshall Islands:—

I'll tell you briefly what happened. On our way in to the beach three of our amphibious tractors tipped over in the surf. I was in one of them. I helped get the men ashore. Good gosh, the waves were 20 feet high at least. I lost all my gear I had with me, but am thankful to be alive.

Lieutenant Hardy later wrote that he is sending home his waterproof watch, which "went bad"— after three hours in the water!

Lest some readers get the impression that worms, not spirochetes, were responsible, THE NEWS hastens to state that a sentence was inadvertently left out of Lt. Henry S. Fuller's letter in the last number. It should have read:—

. . . I am seeing the common things, such as amebic and bacillary dysentery, all varieties of malaria, and certain worm infections. *So it goes. One sees tertiary manifestations of lues in any bazaar.* Yesterday I saw a beautiful case of destruction of the nose, dactylitis, and deformed bones of the forearm—textbook picture. . . .

The first list of Hospital members in military service included the name of Lt. Comdr. Harold C. Bean (*WS* 1918). A later address disclosed his assignment at Guantanamo. Request for news from that area now brings from Comdr. H. C. Bean, MC, USNR (Ret) an account of his military and medical career in the year intervening:—

Not being an imaginative soul, I have never been able to visualize anything of particular interest in my 17 months on a remote station away from War's excitement. Plenty of routine and fighting of boredom was about all I could muster.

In November 1942 I had a coronary attack and was flown out to Florida in December. Finally dunked into Chelsea five days before the record cold weather of last year, and nearly died all over again. Those super experts at the Naval Hospital in Chelsea couldn't find any excuse for retiring me, so I was assigned to duty there. After three weeks they had me shifted to Newport, and I was placed in charge of the Orthopedic Service at the Hospital. After three weeks there I had another coronary attack, and was finally relegated to the backwoods of New Hampshire to recover.

While at Lake Winnipesaukee I built over my camp, inside and out, and otherwise took care of myself with the result that once more the super experts could find nothing wrong. But the Navy retired me as of January 1, 1944, though I have been retained on active duty and HERE I AM, in Cambridge in charge of the Medical Department of the Naval Trainin~ Schools here at Harvard. Feel just as good as I ever did, but have been given a back seat in this fight, and I have many regrets on that score.

That's my story. Nothing exciting or interesting. [!] Besides doing my bit for the Navy, my greatest thrill now is to see how many years I'll be able to live on this borrowed time.

Commander Bean's service with the Navy began in World War I, when he served as a Lieutenant in the Reserve Force. Later, as an officer of the U. S. Navy, he was on special duty as Orthopedist at the Chelsea Naval Hospital from 1922-29. He then resigned, but again joined the Reserve in 1934, was commissioned a Lt. Commander, received the rank of Commander on July 1, 1940, and went on active duty April 21, 1941.

Lt. John W. Norcross, MC, USNR, (*EM* 1937) reported on January 3 at the US Naval Hospital in Chelsea, Mass., as his first assignment. He is in the Medical Department, under Comdr. Walter S. Burrage (*EM* 1927).

Lt. Charles A. Wheeler, MC, AUS, (*NS* 1935) was recently commissioned, and is to train at Carlisle Barracks.

Major John J. Sampson (*WM* 1923) replies to our request for a report on his military service:—

I was commissioned on April 3, 1943, leaving my home in San Francisco for Carlisle. That course is one of the finest examples of teaching technique I've ever encountered. My assignment was Chief Medical Service at the Station Hospital at Lowry Field near Denver, and my wife and three children joined me there in June. This is a large field, devoted to training in several schools under the Technical Training Command of the Air Forces.

There was a capable medical staff and a highly intelligent Post Surgeon, who assured me on arrival that the function of his medical officers was the best possible care of the sick soldier and that administrative and military duties were important but of secondary consequence. The majority of medical cases were acute infectious diseases, but the remarkable experience obtained at this hospital through the spring and summer was the care of a great mass of acute rheumatic fever patients. This epidemic followed a major epidemic of streptococcal respiratory tract diseases.

The life in Denver was active and interesting, and our social life very pleasant, with occasional trips into the nearby high Rockies. Our staff meetings and those of the neighboring air fields and Fitzsimons General Hospital maintained some academic atmosphere, and I was fortunate enough to be invited to participate in the Post-Graduate War-Time Medical Meetings at Denver, Albuquerque, and Tucson.

In mid-December I was assigned to the Regional Station Hospital No. 1, AAF, formerly the Biltmore Hotel, at Coral Gables, Fla., as Assistant to the Chief of Medicine. This is the largest and best equipped hospital in the Air Forces, and administratively is directly under the Air Surgeon's Office in Washington. It has a distinguished staff, who are doing a good piece of work in the care of trainees at Miami Beach, and the returnees. Rehabilitation of the latter is one of their chief projects here.

Major Sampson was granted leave from his teaching appointment as Associate Clinical Professor of Medicine at the University of California and as Chief of the Medical Service of Mt. Zion Hospital in San Francisco to join the service.

Capt. R. Gordon Brown (*P* 1942) writes: "Since leaving M.G.H., I have been an Army pathologist, and am now serving as assistant chief of service in the laboratory of Bruns General Hospital at Santa Fé, N. M. Although there are no alumni here, several of the medical men have had other Boston contacts and are glad to hear about their friends through THE NEWS."

Capt. Guy R. Sweeney, MC, AUS, (*gr. asst. M* 1942-3) has returned his War Records blank with details of his military service. He was commissioned in December 1942 and called to active service in January 1943. His promotion to Captain dates from October 20, 1943, and he is now with the 77th Division at Camp Pickett, Va.

Major Maurice M. Pike (*Or.* 1929) is at the Dibble General Hospital, Menlo Park, Cal.

From Camp Joseph T. Robinson, Ark., Major Ellsworth H. Trowbridge (*r.p. N* 1940) reports a busy year for its Neuropsychiatric Service, of which he is Chief:

Colonel Bauer visited our hospital several times. He made a number of suggestions to improve the medical service; and the Admission Ward, recommended by him, has been a big success. He has instituted a CPC in the medical program for the Eighth Service Command, and we have one or more cases each week. This new part of the educational program has been very interesting.

Lt. Eugene Wiege, formerly a graduate assistant on the Surgical Service at the General, is now assigned here.

Capt. Bradford Cannon, MC, AUS (*a.s.*) reported for active duty on April 26, 1943, as a Lieutenant, and received this promotion in rank on January 12, 1944. He writes from Valley Forge General Hospital, in answer to our inquiry:—

There is little to say about life in the Army except that I am very fortunate to have my family here in Phoenixville, Pa., in an attractive farmhouse near the hospital, and that I am associated with one of the best plastic surgeons in the country. Between us we have developed a service to which patients are referred from all over this country and from many hospitals overseas. The large number of burn cases coming to us is reminiscent of the early months of 1943 at the M.G.H. However, these are only a small fraction of the many cases that come under our care.

Dr. LeMoyne White (*EM* 1942) is a "Flight Surgeon with Contract Carrier under Army Air Transport Command". After a year with Transcontinental and Western Air Lines, Intercontinental Division, he writes:—

Everything more or less the same as last year. Interesting work, but one hankers to get out onto what appears to be more active fronts. We do have the opportunity to fly on trips from time to time. This is very gratifying, and brings us into much closer contact with the men and both their and our own problems.

Miss the M.G.H. as much as if I were 12,000 miles away instead of being based in Washington.

Major William F. Hoyt (*WS* 1932) has been transferred from the Hammond General Hospital at Modesto, Cal., where he was Assistant Chief of the Surgical Service, to new duty at the Glennan General Hospital at Okmulgee, Okla.

I have been located at this new General Hospital of 1725 beds since October 2, 1943, when I set up and organized this Surgical Service. I was made Chief of the Surgical Service shortly after I arrived.

Major Thomas W. Hodges [*Or.* 1941] is my Orthopedic Section Chief, and I was more than delighted to have another MGH man here.

We began to receive patients about December 1, and are now quite busy. I had a letter from Colonel Bauer recently, and he expects to visit here soon.

The Glennan General Hospital is of permanent construction, and was planned as a Veterans' facility after the War.

Major Ernest J. Radcliffe (*Or.* 1925), of the 310th Station Hospital sends a pleasant message to THE NEWS "Just an excited squib to say I'm being returned to the U. S. after 18 months. Don't know how long the home stay will be."

These excerpts from family letters present many phases of military life on a lively assignment. In reporting his activities over one fortnight, Lt. George Mixter, Jr., MC USNR (*WS* 1943), who is with a Marine battalion now in training, suggests the purposes and efficiency of that training. He describes his share in its routine and in treating the occasional inevitable casualty—multiplication of which the training manoeuvres are designed to prevent:—

Afraid I've been remiss lately about writing, but "these are stirrin' times!" Our C.O. has orders to another outfit overseas and is shoving off this week. He is a really great leader and a fine man, whom we shall miss. I shall in particular. Our Senior Medical Officer is leaving the same day. He has worked hard and done a lot for the Battalion, has been a good S.M.O. and a real friend. *Pro tem* I am to be Battalion Surgeon—"cook, and the captain bold, and the mate of the Nancy Brig"—until the replacement arrives. Meantime, we have two sick bays on the beach, three or four miles (no road) apart, and one in Tent Camp (25 miles away). Local law requires the Surgeon to be on deck for all firing, as well as for A.M. and P.M. sick call. If you can figure out how one man can do it, you're good! However, will work it out. . . .

Busy as the dickens, so only a short letter today. I am buzzing madly about trying to do two men's work, since we have had no replacement. Asked the Captain about it the other day, and he said," "You're the Bull Surgeon of the outfit, and I can't get another man for you for quite a while. Make out as best you can, and I have confidence you'll carry on satisfactorily."

So here I am, with 450 men in two camps at the beach 25 miles away, and some 800 men at Tent Camp. Monday they start firing and I have to be present at all firing, so will be cruising back and forth, sleeping at the beach whenever there is night firing. . . . The ward here is full, the dentist is on leave, and it is raining "cats and dogs". Just pray that an epidemic doesn't fetch loose! Have already quelled a strep throat outbreak by vigorous measures—I hope! . . .

As expected, life has become very busy and a bit complex. I take sick call at Tent Camp from 8 to 9, sign papers, etc., and drive the 25 miles to the beach for first firing at 10. Chow at 12, then over 4 miles of beach and dunes to the Special Weapons camp. Back to the 90 mm. line for afternoon firing till 5, then sick call and back for night firing, with searchlights, trackers, and gun crews all working. We generally secure the guns by 9, and I shove off in the "recon" (ambulance on a 1½ ton truck frame) for home. A full day, even when we don't have any casualties.

Yesterday we had a big landing mock-up on the beach: Special Weapons came in, 175 men. You should have seen them coming in, in two waves of eight LC-T's, LC-V's and LC-P's, firing *en route*. The beach was heavily mined with dynamite, both above and below water, hooked up to a central switchboard on the beach. I had an ambulance with stretcher and equipment back of the dunes, with two corpsmen stationed in the dunes, between mines. I was in the second row of dunes with 12 lbs. of dynamite 10 feet away buried in the sand on the right, and completely surrounded by smaller charges. Had a camera and first aid pouch.

Well, they hit the beach and the dynamite started going off. It was a shambles—water and sand and smoke flying everywhere, a racket like all the devils in hell let loose, and those poor guys struggling up the beach through it. . . . All but one *through* it, that is. That boy went *into* it. I saw him go, and lit out. Got blown onto my face by the big charge, scrambled up and got to him.

He had a badly compounded fracture of both bones of the lower leg, in addition to other things, and had most of the skin blown off his face. Splinted him while the men and guns went on up the beach past us and the dynamite kept going off all around. Got him by stretcher to the recon, and so back across the dunes (no roads), up the beach and to Naval Hospital 22 miles away. Doggone recon will go almost 70 mph. I find. He was rolling up to the operating room just 52 minutes after he was blown up. Saw him today. He's doing fine. But he won't go out with our outfit. A shame, as we so seldom have these accidents.

Our erstwhile Exec. is now the Battalion C.O., and the officer who was in charge of the Seacoast, is now Exec. All runs smoothly as before, but we miss the officers we lost. The C.O. of the 90 mm. group, with whom I spend most of my time now has a good camp out there, 400 men in tents, quite comfortable. . . . The Colonel is building a slick lash-up for his outfit and they'll start firing next week. Nice gents, all. Firing schedules go right on, Saturday and Sunday, too. But it is interesting, both the bivouacking and the firing. The AA techniques are complicated and fascinating, and I am learning something about all of it. . . .

Tonight I got home for supper—because the Special Weapons Group didn't fire tonight, and the Seacoast only moved out today and aren't ready to fire. What with the usual run of injuries and minor epidemics, administrative detail, supply accounts, preparations for embarkation, and the sanitary arrangements for 5 bivouac areas scattered over some 25 miles of sand, I am running around "quite some". Tonight we are killing the fatted calf and having T-bone steaks. Since I so often eat with the Battalion, we have plenty of points. The house is filled with the most delicious odor.

Housekeeping proceeds along its usual smooth course. We are covering boxes with material, to make a radio table and stool, and our book-ends are half-bricks covered with the same. Our curtains are lovely, being halves of bedspreads bought at a sale, green, with an "Arizona" design. . . .

Next week I plan to start firing 20 mm. AA. I know the gun fairly well, and have been watching the fire very closely the last few days. In fact, I am official observer of tracer fire for the group, and am beginning to catch on to the general idea of "shooting from the hip" with the 20's. Taking an interest in these various weapons isn't hard, when you have to be on the firing line anyway, and especially when the officers are such a swell bunch of gents. I am amazed at their youth, but pleased in that we are for the most part very congenial.

I haven't forgotten Medicine. When this is over I will start again. Meantime, hopes of learning anything useful in Medicine are small; learning about people, about administration, etc., excellent.

In returning his War Records form, Surgeon Lt. Comdr. William G. Breckenridge, RCNRV (*Or.* 1941) comments on his original assignment aboard one of the traded U. S. destroyers, and brings his record up to date in an accompanying note to Mrs. Means:—

Your "old destroyers" are admittedly something apart in their motion, etc., but have done a job of work.

I received a draft ashore early in 1943, and it required nine months of coaxing and making a nuisance of myself to secure another seagoing appointment. They gave me another "4-stacker", namely HMCS "——", formerly the USS "Mackenzie". But my recent promotion to Acting Lt. Commander will doubtless cancel any further opportunities at sea, unless perchance I could wangle one of our new cruisers now building!

Lt. Adney K. Sutphin, MC, AUS, (*WM* 1943) after expressing a reluctance that The News considers strictly subversive to its interests, sends a good account of his experiences to January 1, 1944. He is assigned to the Medical Section of a Replacement Depot.

After reading so many vivid and exciting accounts in The News from MGH alumni, I felt that my experiences were rather drab and inconsequential—therefore I resolved to wait until I felt that at last I was "doing my part". Am rather doubtful if any of us ever get the satisfaction of feeling that we're doing our best—anyhow I've now been in the Army seven months and I'm optimistic enough to think that before many more months things will clear up, at least in this theatre (ETO).

I entered the Army in May '43, and reported to Camp Pickett, Va. Ed Lambert, Brad Millet joined me there, and we attended the Officers' School together. We were soon scattered, however, Lambert going to Oklahoma, and Millet to Louisiana—I overseas. As I look back, I'm confident that I was the least-heroic-feeling individual who ever left the States. The trip, however, proved a never-to-be-forgotten pleasure. The ship's officers were grand, and the crew leaned over backward to show how glad they were to have a doctor aboard. The poor fellows had been at sea for weeks at a time without any type of medical care.

Since being in England my work has been cut out for me—though the hours are long the work is interesting, my associates the finest, and enlisted men the best. For a short while I was fortunate enough to be associated with Capt. Daniel Dawes, senior physician at the McLean Hospital and originally with the MGH unit. Many evenings were spent in reminiscence of the Hospital, you may be sure.

Lt. Col. Walter M. Bartlett (*CM* 1927) has held his present rank since last June, when he was with the 315th Station Hospital at Camp Bowie, Texas. He writes from England:—

Would like to thank the staff of M.G.H. for their thoughtful contribution to our Christmas and for the publication which brings news of our former associations that were so pleasant at M.G.H. in days gone by. Our far-flung alumni meet in the queerest places these days, and you never can tell when you will unexpectedly run into old-time M.G.H. men—and they are always doing important jobs and doing them well. The same goes for our nurses, whom I meet when I least expect it in visiting hospitals here and about.

Your Christmas greeting brings back memories of consultation blanks of yesteryear, when Walter Bauer and Fuller Albright and I were House Officers getting into trouble in the internes' quarters, while Munro was making his first inroads into the study of Geriatrics (probably stimulated by disgust with our childish behavior). We have been introduced to an allied science quite popular over here, called Geatrics—which consists of chair acrobatics but not the old rocking-chair kind. It is a combination of commando tactics and tumbling that should not be attempted by those over forty.

Commander John T. B. Carmody (*NS* 1934) has assumed his new duties in charge of neurosurgery at the US Naval Hospital at Shoemaker, Cal. He was on furlough here during February, and spoke to the Neurology Staff Meeting on his experiences in New Zealand and other South Pacific assignments. He went overseas in the summer of 1942, with five other MGH officers, attached to USN Mobile Hospital No. 6.

Capt. Somers H. Sturgis (ES 1933), *Major John D. Stewart* (ES 1930), *Major Henry K. Beecher* (WS 1934), *Col. Edward D. Churchill* (WS 1922), *Major Fiorindo A. Simeone* (WS 1936), *Capt. Daniel J. Holland* (Dn. 1938)

According to Major Simeone: The Chief calls us his Brain Trust! Others call us "CHURCHILL'S TRAVELLING MEDICINE SHOW"

Boston newspapers and the *Harvard Alumni Bulletin* provide supplementary details indicating that Lieutenant Hardy was instrumental in rescuing many men from other craft capsized in attempting to land through the heavy seas and under strafing from land and air. After swimming from his own capsized boat to an LCI, stranded on the reefs, Hardy and the other officers aboard organized a plan of rescue and saved many from drowning. After carrying one line through the surf and making it fast, he helped exhausted men to reach it. Later, with the aid of three other men, this line had to be extended and held in place, and Hardy repeatedly swam through the rollers to make further rescues. Fifty patients were cared for aboard the LCI during the two days it remained fast on the reef.

Information has come about another MGH man who has been in action and, unfortunately, been severely wounded by shell fire — Capt. W. Philip Giddings (*WS* 1939). He, with other MGH men, is a member of an Auxiliary Surgical Group which, after service in the Tunisian Campaign, landed with the first troops in Sicily last July, also with the first troops at Salerno, and presumably at Anzio. Captain Giddings' wounds, though severe, should not prove permanently incapacitating. So far as is known he is still in Italy at a General Hospital.

The following quotations are from family letters received from Major Grantley W. Taylor (*WS* 1924), who was working in the same area. They were written before the occasion on which Captain Giddings was injured, and indicate the circumstances under which the unit was carrying on:—

Still safe and sound. Terrific raids very common, and bomb fragments and flak dropping all around. Should say whizzing, because they go at terrific speed. One through my tent just over my head yesterday A.M., another through the operating tent and struck an instrument table while I was operating. Some rivalry as to whose tent has been struck most times.

Loads of operating, and some of the worst wounds I have ever seen. Have got several cases well who looked as if they were gonners, and of course lost some that were tragic. Running several operating teams. Most of the work done at night, but really 24 hour shift, and we sleep when and as we can. Last bath (in my helmet) about 2 weeks ago, but hope to get another soon. Only one raid so far today, so hope things may be letting up. We may try to move to a quieter spot but hard, because we have many non-transportables. . . .

Cold and windy here the last few days, and snow on the mountains where the poor soldiers are jockeying for positions. Renewed and very severe air attacks the last day or two. We jumped from the frying pan into the fire when we changed station—not near the port any more but the airport instead. Lots of casualties but none yet among our own at this place, for which I am very glad.

Happy with my new outfit and the feeling I am doing useful work. Filled up with patients at once, just as we had our first patients about 24 hours after the original landing. All set to go again within 30 hours after our last patient left at the former site.

We live very comfortably, the tents keep warm with a stove, and dry. We eat regular meals and sleep when we can, in periods of comparative quiet. Have been running about 6 operating teams right along. . . .

You may have encountered disquieting reports about our hospital in the newspapers. Don't know what I can tell you about our episode because of the censor. We have done a lot of reorganizing today and may be sent soon to a rest area where we can complete, re-equip and reorganize. This spot has been plenty hot, and we are not really combat troops, so it's not surprising that many are jittery and need a respite to recuperate in. . . .

Here we are camped in a flat and muddy cornfield. Still too close to bombs and shelling, and we have suffered heavy casualties considering we are a non-combat unit. We all have our foxholes to jump into when it gets bad, but can't of course when we're operating or caring for patients. Tough on the patients' nerves too, to have to go through it all again.

You ask where are Evac. Hosps. set up. We seem to be set up between the lines; i.e., they shell each other over our heads, bombing raids all the time, and dog fights in the air overhead, and the inevitable flak raining down, not to mention bombs and shells that just miss their objective and fall in our area. Wish you could see some of our tents, riddled with flak holes. We're in a group, 3 evacs. and 1 field hosp. all together. Nerves O.K. and appetite good and can sleep at any opportunity. . . .

In a letter written two weeks later to Dr. Means, Major Taylor gives a brief summary of these experiences and mentions many MGH members in Italy:—

I had no sooner joined this outfit than we were embarked on our latest amphibious adventure to the beachhead where we had a stormy and active time till we were bombed out of commission and withdrew to the south to lick our wounds, re-equip and recruit to strength.

This front medically is MGH, with lots of hospitals. Saw Pete C. on my way up here originally, traveled with Townsend, and saw Lang Parsons. Since our return from the beachhead here in this valley have seen Stewart, Townsend, Champ Lyons, Simeone, Jergesen, Bland and Gundersen (both on D.S. from VI G.H.), Dick Clark, Staples, Ludwig, Burnett, Beecher, Tom Ballantine, Phil Giddings, and Dick Chute. McDaniel was at the beachhead party with us, but I didn't see him. Jack McKittrick, Blackford (also Clement), are in this vicinity but I haven't seen them yet.

Our present location is beautiful, snow-capped peaks and magnificent valleys where spring is trying to struggle through the mud. No foxholes, no iron hats, no blackout, no C rations, a fly over the latrine — in fact all the luxuries you could ask for. We're already open for business again, but still a little crippled as to personnel and equipment.

The ranks named below indicate promotions recently received. THE NEWS hopes omissions and additions will be called promptly to its attention:—

Lt. Col. David W. Barrow, MC, AUS (*ES* 1937), Eglin Field, Fla.

Comdr. Edwin B. Dunphy, MC, USNR (*c. Oph.*), Navy 100, Fleet Post Office, New York

Comdr. Richard W. Dwight, MC, USNR (*WS* 1931), overseas

Major T. Stewart Hamilton, MC, AUS (*Asst. Dir.*), 6th General Hospital, overseas

Capt. Donald R. Hayes, MC, AUS (*ES* 1939), Lincoln Field, Neb.

Comdr. George E. May, MC, USNR (*a. obst.*), Receiving Station, Boston

Comdr. John P. Monks, MC, USNR (*WM* 1931), Office of Naval Officer Procurement, Boston

Capt. Eugene E. Record, MC, AUS (*NS* 1937), 4th Auxiliary Surgical Group, Lawson General Hospital, Atlanta, Ga.

Comdr. Robert S. Schwab, MC, USNR (*r.p. N* 1935), USN Base Hospital #6, overseas

Capt. Lamar Soutter, MC, AUS (*r.s.* 1941), 4th Auxiliary Surgical Group, Lawson General Hospital, Atlanta, Ga.

Capt. Paul E. Spangler, MC, USNR (*WS* 1925), USN Base Hospital #8, overseas

Major Alexander M. Waldron, MC, AUS (*EM* 1938), 166th Station Hospital, overseas

THE NEWS

No. 20 Boston, Mass. May, 1944

Lt. Arthur T. Willetts, USMC, (*r.U.* 1941) wears the ribbon of the Silver Star Medal, awarded to him for gallantry in attending wounded under fire while accompanying the Marine invaders of Bougainville. The official citation, as given in the *Journal of the American Medical Association* reads: "Lieutenant Willetts on last November 1, finding the beach strewn with injured men, established an aid station under cover of jungle growth and stuck to his station despite six enemy machine gun attacks." The citation, presented by Major General A. H. Turnage, is signed by Admiral W. F. Halsey.

A newspaper release recently announced the award to Major Charles G. Mixter, Jr. (*WS* 1940) of "the Air Medal and two Bronze Oak Leaf Clusters for meritorious achievement and outstanding service as Flight Surgeon in sustained combat operational missions from January 11, 1943 to November 14, 1943." The announcement came from the Headquarters of Major General Hubert R. Harmon, Commanding General of the 13th AAF operating in the South Pacific and Commander of Air of the Solomons.

A report on the use of penicillin in bacterial infections was prepared by Major Champ Lyons (*WS* 1933) for an Allied Medical Congress held on February 23 at the University of Algiers. Major Lyons is assigned as Medical Consultant to the North Africa Theatre of Operations. His paper was read by Col. Perrin H. Long, of Baltimore.

Since February 1, crude penicillin has been produced in the Bacteriology Laboratory of the Massachusetts Eye and Ear Infirmary. In connection with the meeting of the New England Oto-Laryngology Society on May 10, an exhibit showing the various stages of growth of the mold will be shown. The Hospital personnel is welcome.

So far as can be learned, this laboratory is the only one in Boston now making penicillin. The drug as made here is adaptable only for local application. The strain used is one of the original Fleming strains, and was supplied by the National Type Culture Collection in Washington.

This work is being carried on by Miss Anita Mangiaracine, formerly with Dr. Lyons in the Surgical Research Laboratory and, since April 1943, in charge of bacteriology work at the Infirmary.

INDEX TO
HISTORY OF MASSACHUSETTS GENERAL HOSPITAL
BY
NATHANIEL I. BOWDITCH
WITH CONTINUATION
BY
THE REV. GEORGE E. ELLIS
COMPILED BY
GRACE WHITING MYERS
LIBRARIAN EMERITUS
OF THE
TREADWELL LIBRARY
1943

This is the title page of a small pamphlet recently prepared by Mrs. Myers to provide a permanent guide to the interesting pages of this history of the Hospital's earliest years, 1811 to 1871. Both editions of what is known as the "Bowditch History" were printed, in the fashion of the day, with only general summaries at the chapter heads. In 1899, Mr. Francis Blake, a Trustee, prepared a small booklet entitled "Extracts from the History of the Massachusetts General Hospital," but this again provided only a general outline of the contents.

It has remained for Mrs. Myers to produce a real index covering every specific item, and to present her work in a most practical form. The Hospital is indebted to her for one more contribution, to add to those already made during her term as Treadwell Librarian, from 1896 to 1926, and since her retirement. Her continuation of the Bowditch-Ellis history, which brought the story of the Hospital up to 1900, was published in 1929—and included a complete index.

Mrs. Myers's index to the Bowditch History is contained in a small pamphlet of 12 pages. It has been printed on thin paper of a size to conform to the History itself. A gummed strip has been applied at the edge of the front page, and the pamphlet may thereby be fastened into the original Bowditch bindings. Persons who own copies of the Bowditch History and would like to complete its usefulness by adding this index may apply to the Director's Office for this pamphlet.

A report on the possibility of the return of red blood cells to plasma donors was recently made by the New York University College of Medicine and the laboratories of the U.S. Public Health Service at Sheepshead Bay, N. Y. Among the authors of the report appears the name of Dr. Frederick C. Bartter. Dr. Bartter was attached to the research group of Dr. Fuller Albright's laboratory at this hospital during 1941 and has recently been associated with its studies on wound healing and convalescence. He presented his work on blood plasma before the group at its last meeting.

A malaria unit, under the supervision of Dr. Allan M. Butler, Chief of the Children's Medical Service and Staff Member in Charge of the Chemistry Laboratory, has recently been undertaken at the Hospital.

In connection with this new unit, many will recall that from 1915 until 1928 the Hospital had a Sub-Department of Tropical Medicine under Dr. Richard P. Strong, with the late Dr. Andrew W. Sellards as an Assistant. Since the closing of that special clinic, Dr. Strong and Dr. George C. Shattuck (*EM* 1906) have continued as Consultants in Tropical Medicine. It should be remembered also that the important discovery of the parasite causing oriental sore (*Leishmania tropica*) was made at the Massachusetts General Hospital by Dr. J. Homer Wright, Pathologist of the Hospital from 1896 to 1926 and Consultant until his death in 1928.

The work of the new unit is outlined as follows:—

> In December 1943 the Office of Scientific Research and Development requested the Massachusetts General Hospital to establish a malaria unit for the clinical study of new antimalarial drugs. The investigation embraces the study of the metabolism of these drugs in normal human subjects and their antimalarial activity in patients suffering from an initial attack of malaria. . . .
>
> Dr. Butler was appointed responsible investigator of the malaria unit, and it was decided that the most effective way to pursue these studies would be to establish a unit using both the facilities of the M.G.H. and the Boston Psychopathic Hospital. Metabolic studies on normal subjects could then be conducted at this hospital, and studies on acute malarial patients could be made at the Boston Psychopathic Hospital. . . .
>
> Twenty individuals from the Civilian Public Service Camps who volunteered for these experiments have been assigned to the M.G.H. malarial unit of Camp No. 115. They are now in residence on Ward I.
>
> The metabolic studies at the Massachusetts General Hospital, the pharmacological toxicity studies at the Harvard Medical School, and the studies of the antimalarial effectiveness of new drugs in initial attacks of malaria at the Boston Psychopathic Hospital are all under way.

Participating in the work at the Boston Psychopathic Hospital are Dr. Augustus S. Rose (*EM* 1934), and Dr. Laurence D. Trevett (*r.p. N* 1934). Dr. Arthur J. Linenthal (*r.p.* 1944) is assigned to the project here.

At the annual meeting of the American Society of Tropical Medicine, Dr. Wilbur A. Sawyer (*WM* 1908) was inducted as president. In addition to his appointments under the Rockefeller Foundation, Dr. Sawyer is a member of the Committee on Tropical Diseases of the National Research Council, Consultant to the Navy, and Director of the Army Commission on Tropical Diseases.

Dr. John R. Mote (*WM* 1937), as a Director of the British Ministry of Supply Mission, holds a most important position in war service. His work in the Mission concerns primarily problems of supply and production, but when these are considered on a combined basis between the United States and Great Britain, more general interests between the two countries require consideration.

Subsequent to his graduation at this hospital, Dr. Mote was an Associate in Research at the House of the Good Samaritan and Assistant in Preventive Medicine and Epidemiology at the Harvard Medical School. He began his war work in 1940 when, at brief notice, he was selected by Dr. (now Col.) John E. Gordon (*Cons. prev. med.*) to accompany him to England and undertake the preliminary surveys and arrangements for what eventually became the American Red Cross-Harvard Field Hospital Unit. This unit, pre-fabricated and equipped in the U. S., was transported to England. There it was erected during 1941 by British workmen assigned by the British Ministry of Health, with Dr. Gerald F. Houser (*Asst. Dir.*) as Superintendent, to provide a hospital for the study and treatment of communicable diseases under wartime conditions.

Dr. Mote made his journey by sea, and reached London on the evening of the first blitz. He was in England for over nine months at that time. Since his return in April 1941, he has been associated with the British Government in Washington. His work has required frequent trips to London, as well as one trip to Africa and the Middle East, and on to Iran. He has been a Director of the British Ministry of Supply Mission since 1943.

In addition to his work with the Mission, Dr. Mote serves as British member of the Medical Committee of the Combined Production Resources Board, as Medical Advisor to the British side of the Combined Raw Materials Board, as British Member of the Medical Sub-Committee of the Munitions Assignments Committee, and as British Medical Representative to the Combined Agency for Middle East Supplies. He is also British Representative on the Standing Technical Committee on Health of UNRRA.

The American Journal of Nursing for February states that Major Kathleen Atto (*MGH* 1922) is one of the first three reserve nurses of the A.N.C. to be promoted to that rank. Major Atto, who has been consultant to Col. Florence A. Blanchfield on psychiatric nursing and public informant on nurse procurement, is now transferred to the 2nd Service Command, with headquarters at Governor's Island, N. Y.

At their meetings during March the Trustees voted:

That Dr. A. William Reggio be granted an extended leave of absence because of service in the U.S. Public Health Service, assigned to the UNRRA;

To appoint Dr. Henry C. Marble to the Social Service Advisory Committee in place of Dr. Reggio who has resigned;

To appoint Dr. Donald Macomber as Assistant Obstetrician;

To promote Dr. Dorothea Loofbourow from the position of Graduate Assistant to that of Assistant in Medicine;

To appoint Dr. Robert E. Carroll as Resident Surgeon on the Orthopedic Service, beginning April 1, 1944;

That Dr. Gertrud C. Reyersbach be reappointed to the Children's Medical Service for the term October 1, 1944 to June 30, 1945, and that the appointment of Dr. Eleanor J. Herring on this service be extended from June 30 to September 30, 1944.

The General Executive Committee appointed Dr. Volta Ross Hall, Jr., of the Ring Sanitarium, as a Graduate Assistant in Psychiatry.

The Dental Conferences, which were formerly scheduled for the 1st and 3rd Thursday mornings of the month, will be held on the 2nd Tuesday of each month at 8 P.M. in the lower OPD Amphitheatre. All Staff members are welcome, and each is privileged to bring one guest.

In the midst of a blizzard on March 20th, the Ladies' Visiting Committee celebrated its 75th Anniversary by giving a small tea in the Medical Staff Room in the Bulfinch Building. Past and present members of the Committee were joined by the Trustees, clinical heads, and others of the Hospital family with whom the L.V.C. has been associated.

In 1869 a committee was appointed by the Trustees to consider the question of "appointing female visitors to the female wards". In such manner the L.V.C. came into being. The scope of its work has grown tremendously and, although the primary interest of its members is in visiting the patients, there are now many activities under their supervision.

At this anniversary tea a paper written by Mrs. Arthur D. Hill and Mrs. Richard Hale was read by the latter, giving the history and personal reminiscences of the work of the Committee. Both Mrs. Hale and Mrs. Hill have been members for forty years.

Mention of this celebration would be incomplete without speaking of the cake with its 75 lighted candles, which was made by Mr. Becker, the Hospital baker. On it was a remarkable sepia painting of the Bulfinch Building—done in cocoa! Mrs. Lown, of the Photography Laboratory, took candid pictures of the gathering which will serve as a permanent record of the occasion.

Bishop Sherrill made a few timely remarks in conclusion—and the L.V.C. starts toward completion of a full century of service.

RALPH AUGUSTUS HATCH

May 10, 1881 - April 1, 1944

Most of us at the Massachusetts General Hospital never had a chance to know Ralph very well, he was so quiet and unassuming; but a few who were with Base Hospital No. 6 during the past war saw him in action and learned to appreciate his personality and ability.

Ralph was born in Bath, Maine and, after the death of his parents, came to Ipswich, Massachusetts, to live with his uncle who was the principal of the high school from which he graduated too young to go to college. Here his love of ships and the sea came to the front and he went for a year on the training ship "Enterprise" before going to Harvard, graduating from the Medical School in 1906. He interned at the Boston City Hospital, but general work did not appeal to him. What he required was a highly specialized field to which he could devote not only his ingenuity but his fingers. So 1908 found him at the Eye and Ear Infirmary as Ophthalmological Clinical Assistant.

In the early days of automobiles he loved to tinker with the works. He was a clever mechanic and got more fun doing fine work with his hands, as for instance making ship models, than any one else I have ever known. His work was always meticulously accurate, so his eye work fitted in perfectly with what he chose to do for fun.

When Base Hospital No. 6 was organized in 1916 he was elected and, during the 20 months or so that the unit was stationed outside Bordeaux, Ralph was one of the group who could not be spared, so that he had much less chance than many of us to go joy riding. But as time went on some of our French neighbors learned that at least one American was unlike what they had always considered the typical American, and Ralph became very much in demand at their Sunday afternoon teas and simple entertainments. His shy quiet humor completely won them. His French was unique and inimitable.

Occasionally, to celebrate some special event, the unit would have a dinner in Bordeaux, and with a few glasses of French wine under our belts, Ralph could always be counted on for some of the best stories of the evening, notably "Switch her on the mag, Bill", which became a classic.

After the war some of us, who had learned the quality of his work, became his patients, and took our families, and sent our patients, so that by 1929, due to pressure of outside work, he resigned from the Infirmary and the Hospital. But in 1942 he went back as a volunteer to cover for some of the younger men who had gone into Service.

In 1905 he married Alberta Bamfard, and had two sons, Albert Marston, now doing research for the General Electric, and Ralph Augustus, Jr., who is in the Army.

G.C.

April 5, 1944

M.G.H. News;—

Yes, it is true that Dr. T. Duckett Jones [*a.p.*], Dr. Samuel Levine, and I are scheduled to fly to Mexico on the 15th, if our priorities are any good. Leaving here in the afternoon we should arrive in time for lunch in Mexico on Sunday, the 16th.

The opening of the Cardiological Institute, with the unveiling of murals by Diego Rivera depicting the history of cardiology from the earliest days to the present, is scheduled for the 18th. Then there will be papers presented by the invited guests during the next few days. There are, I believe, some 25 or 30 physicians invited from both North and South America, half of whom are from the U.S.A. A number of us hope to present our brief communications in Spanish.

We shall be gone only about ten days, returning also by plane. We shall be guests of the Mexican Government. Professor Ignacio Chavez is to be master of ceremonies, and the President of Mexico will attend the dedication.

Sincerely yours,

PAUL D. WHITE [*WM* 1913]

Lt. Col. Henry A. Kind (*CM* 1935) has been in charge of the 4th Auxiliary Surgical Group at the Lawson General Hospital since June 1943. Other MGH men associated with this group are Capt. Eugene E. Record (*NS* 1937), Capt. Lamar Soutter (*r.s.* 1941), and Capt. Edward L. Young, III (*WS* 1942).

Lt. Comdr. G. Douglas Krumbhaar (*a. obst.*) is Health Officer for 600 V-12 Navy students at Holy Cross College. He reports that his daily routine covers such items as ice-box inspection, the recognition and care of measles, meningitis, rheumatic fever, and all the various ills to which such a body of young men is heir.

Lt. Comdr. Jesse T. Nicholson (*r.s. Or.* 1933) recently sent his address as the USN Hospital at Oakland, Cal. On an earlier assignment he had charge of orthopaedics aboard the hospital ship "Solace".

Lt. Harold E. Elrick, MC, USNR (*M* 1944) has been assigned to duty at the Boston Navy Yard.

Lt. Marcus E. Farrell, MC, USNR (*CM* 1934) is now at the Naval Medical School at Bethesda, Md.

Lt. John W. Raker, MC V(G), USNR (*ES* 1942), after training with the Amphibious Forces at Norfolk, Va., is now assigned to an LST in Pacific service.

Lt. Cornelius J. Shea, MC, USNR (*ES* 1943) wrote from the Naval Operating Base at Norfolk, Va.: "Am with the Atlantic Fleet Amphibious Force, awaiting transfer. We are taking a course in supplies, accounting, and property—which is quite a change. From here we expect to be sent to another base for training."

After assignment to Carlisle Barracks and later to maneuvres with the Infantry, Lt. Theodore P. Robie, MC, AUS (*ES* 1943) is now with Co. "A", 322nd Medical Battalion, at Fort Leonard Wood, Mo.

> This outfit is a part of an Infantry Division, which was founded on the National Guard, "New England" Division. We are in our pre-combat training, having finished the War of Louisiana (no decision on the victor), which has lasted for three months past.
>
> No MGH men in the vicinity, I am afraid.

In September 1943, Lt. John P. Gens, MC, AAF (*r.s.U.* 1943) left for training at Carlisle Barracks. He was then assigned to a camp in Mississippi, and is now at the Station Hospital at Hammer Field, Fresno, Cal., assigned to Detachment M of the 50th Base Headquarters and Air Base Squadron.

Lt. Don W. Fawcett, MC, AUS (*WS* 1943), after training at Carlisle Barracks and assignment at Fort Bliss, Tex, is now with the Medical Detachment of the 126th AAA Battalion.

After assignment to the School for Medical Officers at Camp Barkeley, Texas, and to the William Beaumont General Hospital at El Paso, Lt. Henry F. Allen, MC, AUS (*WS* 1943) is now stationed at Camp Davis as Battalion Surgeon to the 446th AAA-AW Battalion.

> 5th General Hospital
> 6 March 1944
>
> Dear "News":—
>
> I received your appeal for some account of myself. It is easier said than done, as the censor has a way of cutting the core out of interesting news. But I'll do the best I can for you.
>
> My promotion to captaincy was dated 1 December 1943. You note my method of recording the date. It is a British method, now a U.S. Army method, and a very useful trick as it leaves no room for confusion. But this does *not* mean that any of us have become Anglophiles from our life in England. Quite the contrary, we have come to worship American ways with an enthusiasm we never knew was in us. You could have no idea what central heating, a banana, a Martini, a pair of elastic garters, a fresh egg, lots of sunshine will mean to us, unless you had lived here two years. We have all grown more sentimental: a good American movie, or a Bob Hope program, or even the national anthem under given circumstances can provoke feelings that never used to exist. And this means that thoughts of home are very nostalgic these days, because although time has passed quickly there is no doubt in anyone's mind that we have been away a *long* time.
>
> As for me, I have been doing neurology and psychiatry for 18 months with Roy Swank. We have had plenty of clinical material, and have been particularly busy with a special assignment in relation to Air Corps patients. This has brought Roy and me close to some of the problems of plastering Germany from the air, as the 8th Air Force and RAF are now doing.
>
> The physiognomy of the 5th General has changed a good deal in two years. Tom Lanman and Harry Pratt are now Commanding Officers of station hospitals. When Simeone left us, Howard Suby took his place. Terry Saunders is now with the 16th Station Hospital. Rich Warren is now Assistant Chief, and Bert Dunphy Chief of the Surgical Service. Tom Cavanaugh, our ophthalmologist, became a Major on 1 January 1944. We are all pretty well agreed that there is only one really indispensable man in our unit, and he is not a Harvard man!—That is, Colonel Keeler, our Commanding Officer.
>
> Sincerely yours,
> HENRY H. BREWSTER, Capt., MC

•••— V •••—

On March 15, Lt. William B. Ayers, MC, USNR (*WS* 1943) reported from his active assignment:—

> After leaving Quonset last September, I joined the USS "———", and since then have seen quite a bit of the world in her company. The ship is a destroyer, and as such qualifies superbly as an "accident looking for somewhere to happen". We've been in the Pacific for quite a while now, and have taken part in the making of a good share of the news. More than that I am not, of course, permitted to say.
>
> Bob Hurlbut [*ES* 1939] is serving as medical officer on our sister ship and I see him fairly frequently. Also Bill Baker, my former "running mate" at the Hospital is somewhere in these regions with a Marine outfit. No others from the MGH have so far shown up, but then, the Pacific is a big place.
>
> Medical duties on board a destroyer are, for the most part, very simple and easily handled. One finds it difficult not to fall into "sloppy" habits, for the approach to ideals as taught at the M.G.H. is difficult, even impossible. Consequently, as little surgery as possible is done on board, if for nothing else than for the sake of the patient. Emergency work is another matter, of course, and it's surprising "what you can do when you have to".

Capt. Charles I. Johnson, MC, USNR (*assoc. s. Oto-Lar.*), Comdr. Francis T. Hunter (*WM* 1926), and Comdr. Harrison E. Kennard (*WS* 1934), original members of USN Mobile Hospital No. 6 who recently returned from two years in the Southwest Pacific, are now assigned to the Chelsea Naval Hospital. Capt. James M. Faulkner (*WM* 1925) has been transferred from that hospital to a Naval Hospital in England, and Comdr. Walter S. Burrage (*EM* 1927), Chief of Medicine at the Chelsea Naval Hospital, was detached from service there on March 29 and assigned to a USN Mobile Hospital for overseas duty.

In addition to the promotions given above, that of Lt. Comdr. Richard E. Alt (*WS* 1933) should be noted. A letter from Commander Kennard before his return stated: "I have heard several first-hand accounts of Dick Alt's very excellent work 'on the first ripple of the first wave' in a recent battle in the Solomons." His report of Lt. Comdr. Theodore C. Pratt (*ES* 1929) was: "Chief of surgery at a base hospital, and Chan Swan [*WS* 1925] is on his staff."

Other promotions and assignments are:

Capt. Edward C. Lambert, MC, AUS (*EM* 1943), APO 9494, New York
Major Ward I. Gregg, MC, AUS (*WS* 1935), Evacuation Hospital, overseas
Capt. Donald W. Bickley, MC, AUS (*WM* 1936), Station Hospital, Camp Barkeley, Texas
Capt. Robert S. Palmer, MC, USNR (*WM* 1927), Navy 168, FPO, San Francisco
Comdr. Robert L. Thomas, MC, USNR (*NS* 1933), on sea duty

The name of Major Harry C. Hughes (*Or.* 1937) was included in the list of MGH men in military service published in the first issue of THE NEWS. He then held the rank of Captain. A recent letter from him gives, as requested, a few details of his service:—

> My organization is an affiliated unit, sponsored by the Denver General Hospital, of whose staff I was a member. I know of no other MGH alumnus near me, at least no contemporary. We are situated on an island in the New Hebrides group, and since we have been here only a few months, the censor would probably disapprove of any details as to what we have been doing.
>
> I happen to be the chief of the orthopedic section, which section is army designation for a branch of traumatic surgery, I find. Nothing fearful or dangerous has happened to me so far, a fact which elicits no complaints, you may be sure.
>
> I have really appreciated receiving THE NEWS regularly, and hearing much of those I knew well, slightly, and by reputation in my comparatively short stay at M.G.H. The Christmas card of facsimile autographs will be a permanent keepsake.

Major Alexander M. Waldron (*EM* 1938) wrote late in January from his post, a Station Hospital in New Guinea:—

> While on leave in Sydney three weeks ago I saw Dick Cosby and Al Coombs, who were on leave, too. Also, I just had a letter from a prominent Air Corps officer whom I had advised to turn in at the 105th General Hospital. He says: "Major Myles Baker looked after me, and impressed me as being a very nice guy aside from being an excellent doctor."

Lymph Node Metastases. By Grantley W. Taylor, M.D. [*WS* 1924], and Ira T. Nathanson, M.D. [*a. Surg*]. Foreword by Shields Warren, M.D. Pp. 498; 61 illustrations and 117 tables. London: Oxford University Press, 1942.

Although this book was published some time ago, notice of it as an important contribution by MGH authors is here given in a review by Dr. Ernest M. Daland (*WS* 1918):—

> In the first book of its type ever to be published, the authors have assembled a vast amount of material on metastasizing cancer and its treatment. The material has been collected from the Massachusetts General Hospital, the Pondville Hospital (Massachusetts Department of Public Health), and the Collis P. Huntington Hospital. The authors have made detailed studies at operation of the exact position of the lymph nodes and the best operative incisions for their removal, and they have recorded them by excellent drawings of the dissections. Careful end-result studies back up the statements they have made. The reviewer insists that this is one of the most important cancer books published in a decade.
>
> Part I deals with the Anatomy of the Lymphatic Drainage Areas. Each type of cancer metastasizes along a definite lymphatic route. If the lymph nodes to which these malignant cells will spread can be identified and removed, such removal is as much a part of the operative treatment as the removal of the primary focus. Conversely, if malignant cells are found in a lymph node, it is usually possible to trace back to the primary focus. The authors have studied and described the nodes in groups as the occipital nodes, the axillary nodes, etc., and excellent diagrammatic sketches show the relationship of these nodes to the important anatomical structures.
>
> In Part II the management of these regional lymph nodes is discussed. An analysis of 5481 cases of cancer has been made, and of this group metastases were found in 48 per cent. Wherever a block dissection can be done with removal of the primary tumor and its regional nodes at the same time, this is preferable. In other cases a two-stage operation should be carried out, the regional dissection not being done until the primary lesion has been treated and the wound healed.
>
> It is not demonstrated from this study that preoperative radiation of lymph nodes is of value, but it does delay healing if surgery is to be carried out later. The writers are not convinced that postoperative radiation prevents recurrences if adequate surgery has been done. Radiation should be reserved for the time when actual recurrences are present, and then they should be treated with adequate doses.
>
> Operations on lymph node areas are described in Part III. No regional dissection should be carried out unless the primary lesion has been or can be cured. Fixation of nodes or widespread involvement are contraindications to operation. Supraomohyoid dissections are advocated for metastases from lesions of the lip, buccal mucosa and skin of the central third of the face. The operative mortality in 601 dissections at the three hospitals mentioned was 1.5 per cent. Radical neck dissections are done for curable lesions of the tongue, floor of mouth, and the parotid gland. Such dissections call for removal of all fat and nodes from the jaw to the clavicle, together with the sternomastoid muscle and the internal jugular vein. The operative mortality for 112 such dissections was 3.6 per cent.
>
> Operative mortality from axillary dissections for cancer of the breast was 2.3 per cent in 1153 operations. In inguinal dissections the mortality in 262 operations was 5 per cent. This mortality was due to poor judgment in doing bilateral dissections at one sitting, or to combining dissection with the removal of the primary lesion.
>
> E.M.D.

Mention should be made of the long service of Dr. Richard H. Miller (*ES* 1911) with the National Guard, now federalized and taken into the A.U.S., and with the State Guard organized to replace it locally. Dr. Miller, after serving as Commander of the Medical Battalion, Custodian of the Commonwealth Armory, and Division Surgeon of the Massachusetts State Guard, has been retired as Colonel, Massachusetts National Guard. Major Robert L. Goodale (*assoc. s. Oto-Lar.*) has been appointed Division Surgeon to replace Dr. Miller. Others active in the present organization, with rank as indicated, are Major Paul R. Hinchey (*a. in Surg.*), Capt. Edward Hamlin (*WS* 1936), and Lt. Col. Francis C. Gray and Col. Eben S. Draper, of the Board of Trustees. Colonel Draper is on duty as Assistant Intelligence Officer, State Staff, in the Adjutant General's Department.

A recent issue of the *Harvard Medical Alumni Bulletin* includes the following MGH graduates in a list naming officers of the US Public Health Service. Comparable ranks in the Army are indicated:

Asst. Surgeon (R) (1st Lt.) Burnet M. Davis (*r.s.* 1942)
Asst. Surgeon (R) (1st Lt.) Robert S. Grier (*EM* 1942)
Surgeon (R) (Major) Fred A. Simmons, Jr. (*WS* 1935)
Senior Surgeon (Lt. Col.) Milton V. Veldee (*EM* 1920)

The name of Senior Surgeon (R) (Lt. Col.) A. William Reggio (*WS* 1914) should be added, and word of any other omissions will be gladly received by THE NEWS.

Since November 1943 the US Public Health Service has been a branch of the Armed Forces. USPHS officers will administer the "Health Program" of the UNRRA, and the Service at present numbers 900 "Regular" officers and 1600 "Reserve" officers. Of the MGH members named above, Dr. Davis is at the National Institute of Health in Bethesda, Md.; Dr. Grier, first stationed at the Marine Hospital in Brighton, is now assigned to sea duty with the U.S. Coast Guard; Dr. Simmons was recently commissioned; and Dr. Veldee has been a member of the Service since 1921.

Dr. Reggio, recently assigned to an appointment in Washington, has been, since June 1942, first Deputy Chief then State Chief (Massachusetts) of Emergency Medical Service, and finally Regional (New England States) Medical Officer, OCD. His new position is that of "Head of Medical Care, Compensation and Medical Supplies" for UNRRA at its Headquarters. He lists his duties:

> To supervise medical supplies to be sent to regional offices in Europe, Asia, Africa, Near East and Far East, when these countries are liberated from the Axis. Some 4300 "items" in these supplies.
>
> Have responsibility of medical care of any employee of UNRRA, foreign or domestic, at home or in the field. Have to adjudicate compensation claims in case of injury of employee.
>
> Have to make short trips "into the field"—to become acquainted with requirements abroad. Am definitely looking forward to such trips as then I will run into some of our MGH "boys".
>
> This will probably be a 5-year job, as we have to clean up a terrible mess when the Axis is kicked out!

Lt. Col. R. Earle Glendy (*r.p.* 1934), after a year's service at Fort Banks, Mass., was assigned about eight months ago to a General Hospital at Fort Andrews as Chief of Medical Service. Early in February he was "Somewhere in England". His present rank dates from January 15, 1944.

> Our hospital is not yet in operation. In the meantime we are familiarizing ourselves with methods and policies in this theatre of operations. Needless to say we have encountered numerous *confrères*. Have had recent word from Ted Badger, Larry Ellis, Bob Zollinger, Ed Thorp, Garrett Sullivan, and others. Gil Hyatt is chief of our surgical service.

Lt. Col. Thomas B. Jones (*3d* S 1924) wrote to Dr. Faxon from Fort Sam Houston, Texas, after transfer from the Lovell General Hospital at Camp Devens, Mass.:—

> This assignment seems to be in the nature of advancement but entirely different from my former job as Chief of Surgical Service in a General Hospital. It carries the title of Surgical Consultant to the Third Army, Hqs. Staff—and I must say it sounds fancy. But since my arrival on January 20, haven't seen anything faintly resembling surgery, so possibly the whole thing is a snare and a delusion. However, 22 months as Chief in a General Hospital was pleasantly spent midst all the surgical material one could want, so I consider I have had an unusual and profitable Army experience to date. One approaches the future with considerable anticipation and interest, to say the least.

Carl E. Dexter, Frederick G. Munn, Walter Wood, and Arthur Decker, former employees in the Maintenance Department are now in military service with the Sea Bees. Munn was first assigned to Newfoundland, Wood has been in North Africa and Sicily, and is now in England. Dexter is in the Pacific area, and Decker is in Alaska. Dwight F. Hennessey, of the Machine Shop, holds the rating of Aviation Machinist's Mate 3/c, USNR, and is with a carrier aircraft service unit. Cpl. George Ryan, employed here in the Power House, is in Iceland with a battery of an AAA gunnery battalion. Sgt. Harry Munroe went with the Hospital's unit to Camp Blanding and North Africa. Malcolm V. McLean, known as "Red", is in the Navy. He is an Electrician's Mate 2/c, and was last met in North Africa. Simeon Gagne, a painter, is in training with a signal battalion at Camp Crowder, Mo.

Bureau of Medicine and Surgery
Navy Department, Washington, D. C.

The Editors,

In the ordinary course of events there is much "random geographic scatter" of MGH graduates. Since December 7, '41, the process has taken on an accelerated, almost explosive character. Here in brief is my dossier, as you requested.

1935—Commissioned Lt. Comdr., MC-V(S), USNR, as orthopedic surgeon to a Mobile Hospital Unit numbering among its members C. Johnson, H. Sprague, Henry Hudson (Children's Hospital) and others. Remained in inactive duty status till—

December 1941—Ordered to active duty at USN Training Station, Newport, R. I. Lived in comparative luxury in a house with Sprague, Johnson, and J. Monks.

January 1942—Assigned as technical supervisor of a First Aid film being made by March of Time for the Navy. See J. Monks for details of the experience [THE NEWS, No. 17]. This was to be a two-weeks' temporary additional duty chore—it required three months to complete it.

May 1942—Assigned to supervise the production of a series of training films in color on Battle Station First Aid. I was stationed at Third Naval District Headquarters, New York, but was "on location" most of the time—chiefly at Norfolk, Va., and Portland, Maine. When the films were complete, I was assigned (February 1943) to the USN Hospital at St. Albans, L. I., where at long last I resumed clinical work in orthopedic surgery. This lasted almost three weeks, and was a clinician's paradise—all kinds of orthopedic work, including many casualties from overseas. The first operative case at St. Albans fell into my hands.

March 1943—Transferred to Washington, where I've been ever since as Officer-in Charge, Audio-Visual Section, Division of Preventive Medicine, Bureau of Medicine and Surgery. The Navy has instituted an extensive program of training all personnel in medical matters by the use of motion pictures, slide films, posters, pamphlets, etc. So I have projects on subjects as varied as amputations, malaria, and venereal disease. Mr. Lown, now Lt. Lown, H-V(S), stationed at the National Naval Medical Center, Bethesda, Md., is producing some of our films. There can be no doubt that teaching films will play a role of increasing importance in medical education in the post-war world.

Numerous incidental duties make life here anything but monotonous. About one-fourth of my time is spent travelling—though so far I haven't been outside the Western Hemisphere. Also, in January, to my amazement, I found a promotion in rank headed my way. Two promotions in one war seem almost too much!

Yours sincerely,
JOSEPH S. BARR [Or. 1929]
Captain, MC-V(S), USNR

Lt. Col. David W. Barrow (*ES* 1937) entered service as a Captain. Early in February he sent word from Eglin Field, Fla., of his experiences to date:—

I have been stationed at the Proving Ground Command since May 1942, and have had a fascinating time watching new developments in air corps equipment and have had a small finger in the testing of medical items of supply. One can scarcely realize how much support the human body needs to operate modern aircraft, until one begins to test oxygen equipment, anti "G" devices, on through urinals for use on prolonged flights.

As Chief of the Surgical Service, I have seen a good many patients with the military big four—hernia, hemorrhoids, pilonidal cysts, and appendicitis. More advanced surgery apparently must wait for return to civilian practice. I am certain many of us would like a chance to brush up in the M.G.H., and plan a visit as soon as we can finish this particular job.

Lt. Col. John H. Talbott (a.p.) was a member of the 6th General Hospital at the time of its organization, and went into training with the unit at Camp Blanding, Fla. On the eve of its departure for North Africa, Lt. Colonel Talbott, with this promotion in rank, was assigned to the Climatic Research Laboratory at Lawrence, Mass., as its Commanding Officer. The following statement outlines the work of the Laboratory:—

The Climatic Research Laboratory at Lawrence, Mass., is an activity of the War Department, under direct control of the Quartermaster General. It tests items of clothing, equipage, and subsistence to be issued to soldiers in combat or training for combat. The test program provides for the three climatic ranges in which our soldiers may be expected to fight. In the large Cold Room temperatures as low as 80° F. below zero can be reached and maintained. Snow can be made there any day of the year, and, with the help of a large electric fan, an arctic blizzard is possible even in the warmest days of summer.

There is a Jungle Chamber of equal size, where temperatures as high as 140° F. above zero can be maintained. Here the relative humidity can be kept at a low level to simulate desert conditions, or if less severe temperatures are desired, as in the jungle, the relative humidity is raised to 85 or 90 per cent. In the Comfort Temperature Room, items designed for use in temperate climates are tested.

The test chambers can accommodate as many as twenty men, eating, sleeping, and living in rigorous climatic extremes. Essentially all the Quartermaster items used by the soldier are tested physiologically before they are procured and sent overseas for use.

In addition to the test chambers, there are rooms for special studies in chemistry, physiology, physics, and photography, as well as a library, work shop, and other units necessary for independent operation. As the Laboratory is not in a camp or station, a complete military installation is required.

Lt. Col. John H. Talbott is Commanding Officer of the Laboratory and Director of Research, and the M.G.H. is represented by other members of the personnel. Lt. William R. Christensen (*M* 1943) is assigned as Medical Research Officer. The Laboratory artist is Miss Cynthia Foster, a graduate of the MGH School of Medical Illustration; and Miss Miriam Gorfinkle, a graduate of the Dietary Department and a former Assistant on that staff, is Dietitian. Fifty-five enlisted men act as subjects and, when not participating in experiments, serve as technical assistants.

Capt. Robert P. Keiser, MC, AUS (*Or.* 1942) received his promotion as of November 17, 1943. Early in February he wrote:—

Since entering the Army and spending a brief period in the Air Corps, I have been stationed at O'Reilly General Hospital, in the "Heart of the Ozarks." Am second man on an orthopedic service of about 800 patients. These are received from the smaller hospitals in the Service Command and numerous casualty convoys from Eastern and Western Theaters. Equipment and facilities leave very little to be desired. We never manage to catch up. The non-combatant orthopedic cases seen in a General Hospital are exactly those seen in a civilian hospital, with the female and *"malum coxal senilis"* excluded — reconsidering, the former not completely excluded. Treatment is modified to a certain extent by the return to "Army life" as contrasted to "civilian life", which is quite different in orthopedic disabilities.

Comdr. Charles L. Swan (*WS* 1929) was detached from the Station Hospital NCTC, Camp Peary, Va., and on February 28 reported for duty on board a recently commissioned hospital ship. He is Chief of Surgical Activities and Chief of Surgery.

At the time of Pearl Harbor, Captain Paul E. Spangler, MC, USNR (*WS* 1925) held the rank of Lt. Commander and, from the time of its organization, had been Chief of Surgery and Executive Officer of a Mobile Hospital later cited for distinguished service during the attack there. That unit became USN Base Hospital No. 8, with Captain Spangler assigned to the same responsibilities.

We are now in our fine new hospital, if you can call one in Quonset huts a fine hospital. It is bigger than the M.G.H. in bed capacity, but I'm afraid it couldn't measure up in other respects. However, we do feel we are the best hospital on the rock as far as taking care of the patients is concerned. We are busy and active now with the boys from the fracas out this way recently. It is nice to be a hospital again, instead of planning and building one as we have been for the past several months. We have one MGH man here, Lt. Comdr. Parker C. Carson (*r.s. Or.* 1940) in orthopedics, and two MGH nurses, Miss Pentecost (*MGH* 1940) and Miss Donahue (*MGH* 1941). They are all a credit to the M.G.H.

You will note by the heading that fortune has fallen on me again and that I have been promoted to Captain, to rank as of May 15, 1943. Maybe all my hard work planning this hospital and exec-ing was not in vain. Guess it will be many a cold winter in this area before I need start worrying about another promotion. They make few Admirals in the Navy Medical Corps, and I guess never a Reserve. That is one thing that will be off my mind.

I had orders back to the States, but my skipper was very suddenly detached because of his wife's fatal illness, so my orders were revoked and I will continue as Exec. of this place until some time later. Not a bad spot to be in, though I would welcome a little active combat duty.

Comdr. John T. B. Carmody (*NS* 1934) replied in March to a request for word of his promotion and of the USN Hospital at Shoemaker, Cal., his present assignment after nearly two years of active duty in the Southwest Pacific:—

The promotion came through March 1, antedated in the usual mysterious fashion to November 1942. The suspense is always interesting because of the several hundred shoved up at that time. Undoubtedly some are already admirals—but don't know it.

The hospital at Shoemaker is a large one—around 3000 beds now—and rapidly expanding. It is a new institution and therefore not yet thoroughly equipped—especially in the surgical specialties. I have the neurosurgical assignment, and it has been a busy one. The service consists of 44 beds in a beautifully designed ward. The ward is decidedly different than that encountered overseas. There it was almost exclusively traumatic in character—gunshot wounds of the brain, spinal cord, and peripheral nerves. Here the cases approach the type encountered in civilian practice—tumors, old peripheral nerve injuries, and the usual variety of fractured skulls. The paper work is tremendous, and with no interns available at this stage it is impossible to keep one's head above the tide of forms.

Lt. Comdr. "Al" Duncombe [*EM* 1934] is the only other MGH man assigned permanently to the hospital. Comdr. "Chappie" Fay [*EM* 1929] is here on a temporary-duty basis, awaiting transportation elsewhere. He lives perched on a seabag.

"Sunny Italy"

Dr. Faxon apologizes to Lt. Col. Edwin E. Cave (*ES* 1926) for having mislaid his letter and therefore having delayed publication of this interesting account of the 105th General Hospital. Lt. Colonel Cave has been Chief of the Surgical Services of this unit since its organization and is now its Commanding Officer as well. He succeeds Col. Augustus Thorndike (*WS* 1923), who returned to this country early in the year and is now assigned to the Surgeon General's Office in Washington.

14th December, 1943

Dear Dr. Faxon:—

I am afraid the 105th General Hospital has been remiss in sending letters to "The News". We shall, however, try to do better in future. As a matter of fact, only during the past few weeks has there been any lull in our routine hospital work, and since last December [1942] we have had a rapid turnover of patients every month. Our staff, which has been considerably depleted by calls from other organizations, has been hard pressed at times. We have again furnished personnel for two Portable Hospitals, now carrying on the good work in the forward areas which the others did last year. Several of the MGH men in the Unit have left us to join these and other organizations, and they have, without exception, moved up to more important positions.

The Unit is, as you know, made up largely of men from the Brigham and the M.G.H., with a generous sprinkling of officers from other hospitals, largely from Boston. The administrative side, efficiently started by Col. Raymond O. Dart, is being ably carried on by Gus Thorndike, Commanding Officer, who is now a full Colonel, and we believe the professional work of the staff has stood up well. At the same time we have not neglected the military, in that we have frequent inspections and occasional reviews, which I believe, would come up to the standards required by Dr. Washburn in the last war.

We have been away from the U.S. more than a year and a half, and naturally we are curious to know how things go at home. Our wives and friends, however, keep us fairly well posted about many things at the hospitals, and we have recently been given a great lift by seeing a movie reel of our families, brought to us by a thoughtful Naval Officer. We read "The News" with great interest, and note that more and more of the staff are going overseas, which of course means that things are moving in the right direction.

From time to time we see MGH graduates and others connected with the Medical School, and are always delighted to have them drop in on us. Undoubtedly there are many in this area, but distances are great and travel is not always easily arranged.

We have been fortunate indeed in the locality of our hospital, which is the same as when we arrived, in that the climate is almost ideal. Our quarters and food are all right. Rumors fly about the possibility of our moving, but we have no idea as to when that might come about.

With his letter Lt. Colonel Cave enclosed a copy of a 3-day clinical meeting arranged at the 1st Australian Orthopaedic Hospital and the 42nd and 105th American General Hospitals. The program at the 105th was as follows:—

Opening Remarks: Colonel Thorndike
Fractures and dislocations of the carpus: Capt. E. R. Sanderson
Bone grafts for delayed and non-union: Lt. Col. E. R. Cave
Operative treatment for unreduced ankle fractures: Major G. F. Wilkins
Operative approach for recurrent posterior dislocation of shoulder: Capt. Lester Yee
Penicillin, its properties and uses: Major C. C. Branch
Salmonella infections: Lt. Col. E. C. Eppinger
Problem of urinary calculi in the Armed Forces: Major J. H. Harrison
Pneumarthrograms, a diagnostic aid in internal derangement of the knee: Major W. H. McGaw (4th Gen. Hosp.)
100 consecutive knee arthrotomies, differential diagnosis and results: Major C. R. Rowe, Capt. Lester Yee.

Major Arthur A. Holbrook (*CM* 1933) has been in service since early in 1942. He is affiliated with a General Hospital formed at the University of Wisconsin, activated at Fort Sill, Okla., and now in the Pacific area.

The one good feature of this war, as far as I can see, is the comradeship engendered among men serving together and the extraordinary interest in one's friends serving elsewhere. On reading the various letters it seems to me everyone else is having a most glamorous experience. On the other hand, our hospital has yet to arrive at its very own area, and with one exception our travels have been uninterrupted. We remain unshot-at and unbombed, thank goodness! For over two months we have been active professionally in this base and for five weeks have functioned as a General Hospital. So our eye teeth are well cut, and now for the grinders.

A note from Major Milton S. Thompson (*Or.* 1934), received in February gave his present assignment as G-3 Section, ETO Headquarters:—

I was assigned to this headquarters last week after 14 months in England with the Maine General Hospital Unit. We had six active orthopedic wards there, and I am grateful for the experience. This new job has to do with training, particularly rehabilitation. As everyone knows, extensive programs have been under way for some time in this country as well as at home.

I have seen Richard Collins [*ES* 1933], who is a Lt. Colonel in the General Staff Corps and assigned to the Supreme Headquarters of the Allied Expeditionary Force.

Major John L. Shaw (*r. U* 1937), who has been with the Vanderbilt University Unit since its activation, writes: "There are numerous MGH people about here. Most of them have been our guests from time to time. Frequent visitors are Colonel Churchill, Majors Lyons, Beecher, Stewart, Simeone, Parsons, Taylor, Chute, and several others.

In a letter of March 13 to Dr. Faxon, Major Henry K. Beecher (*WS* 1934) includes many interesting bits disclosing his present activities—and reveals also what the Chief of a Department thinks about even when he is overseas:—

Without reading unwarranted things into the present situation, I believe I can see several advantages coming out of the war that will work to the good of medicine as a whole . . . benefits to be gained by anesthesia in general and our department at the M.G.H. in particular. It is much easier than when present there to see the defects, the needs, and the necessary trends for the department to take. . . . It has been a matter of some satisfaction to learn how widely and favorably the department is known by this "cross-section-of-the-practice-of-medicine-in-the-U.S.A.", and I have encountered a number of outstanding men who would like to come to the M.G.H. for training in anesthesia. . . .

The mayor of the nearby village says it's bound to warm up by the end of the month (March). We hope this is not just one more rumor. The ground has been freezing very hard at night, and sometimes one's tin plate is frozen to the table top in the morning. . . . Sunny Italy!

A few weeks ago we had a good view from the hospital grounds, where we were then living, of the bombing of an historic building. . . . The hospital where I am now living (and sharing a tent with Charlie Burnett [*r.p* 1942]) is in an olive grove. By half shutting your eyes you can imagine you are in an apple orchard in Vermont. The grass is turning green under the trees, and the air has the smell if not the feel of spring. It is very quiet. . . . But the fine looking lad just brought in with a shell fragment through his left eye, perhaps into his brain, another fragment into his mediastinum and a third into his thigh is a reminder of a job to be done. . . .

In its recent issue the *Harvard Medical Alumni Bulletin* reports a letter from the mother of Captain James K. Keeley, MC, AAF (*NS* 1937):—

James arrived in Manila during November 1941, and later was sent to Cagayan on Mindanao. He was reported as missing in 1942, later as captured by the Japanese and located in Military Prison Camp No. 2, which I am informed is located at Davao on Mindanao.

I received two prisoner's cards in December 1943, saying, "I am well. Have received no mail since December 1941."

THE NEWS

No. 21 Boston, Mass. June, 1944

Word has just been received of the death of Lt. Comdr. Sidney C. Graves (*ES* 1931) on May 14, while on duty with the Pacific Fleet. Lt. Commander Graves had been in service since the autumn of 1942. He was stationed at the Chelsea Naval Hospital for two years, and received his orders for overseas duty in March.

During April three groups of postgraduate courses of the College of Physicians were presented—at the University of Michigan and Ohio State University Medical Schools, and at the Massachusetts General Hospital. An account of the program here is provided by Dr. James H. Means:—

A Graduate Course in Medicine under the auspices of the American College of Physicians was held at the Hospital during the week of April 24 through 29. This course was offered at the request of the College, which felt that many physicians are in need of such training at the present time, there having been few opportunities of the sort in the last two years. The plan of the course was to present to the physicians enrolled an intimate view of the clinical investigation being conducted in the Hospital and its practical implications. A number of guest instructors from other institutions in Boston likewise took part. Sixty-seven physicians, chiefly Fellows and Associates of the College, were enrolled in this course. Dr. Means acted as Director for the whole course, but subdivided the program into a series of special topics, each under the chairmanship of some special authority in the field covered.

The various sessions were as follows: April 24—The Thyroid and Its Diseases; Dr. Means, Chairman. April 25, Morning—Stones and Bones; Dr. Albright, Chairman. Afternoon—Cancer; Dr. Aub, Chairman. April 26—Sex Hormones; Dr. Albright, Chairman. April 27—Gastro-enterology; Dr. Jones, Chairman. April 28—Heart Disease, Dr. White, Chairman. April 29, Morning—Joint Diseases; Dr. Ropes, Chairman.

In the evening of April 24 both physicians taking the course, and instructors giving it, met together for dinner at the Harvard Club. Dr. Keefer spoke on penicillin. Dr. Fremont-Smith played the piano. Dr. Paul V. Ledbetter of Houston and Dr. Alpheus F. Jennings of Detroit made entertaining speeches. In the evening of April 25, Dr. Castleman conducted a Clinico-Pathological Conference. Drs. Richardson, Keefer and Burwell were put on the diagnostic spot. (See *New England Journal* for results.)

At the Friday morning session, Dr. Jennings asked to have the floor, made a short speech in which he stated that the members of the course were very satisfied with it and liked particularly the method of approach, namely that of basing clinical practice on a sound scientific foundation. He also said that they appreciated not being "talked down to". He thereupon handed Dr. Means an envelope, which he said contained concrete evidence of appreciation and which the members of the course desired to be used for some purpose of investigation at the Massachusetts General. Dr. Means later found that the envelope contained over $300, which the members of the course had donated. For this graceful and generous act those giving the course at the Hospital are deeply grateful. It is planned to add this money to the balance of the tuition fees and set it aside as a fund to be known as the A.C.P. Fund which will be used to help young investigators get some experience that otherwise would be impossible.

Awards for 1944-45, made by Harvard College from the William F. Milton Fund and the Joseph H. Clark Bequest, include two grants for research by MGH Staff members. These awards are made to officers of instruction and administration in various departments of the University. The grant to Dr. Otto Krayer (*Cons. in Pharm.*), Associate Professor of Comparative Pharmacology, is "for an investigation of the fate of the veratrum alkaloids in the mammalian organism." A grant "to investigate the effects of simulated high altitudes on the activity rates and electro-encephalograms of control subjects and psychoneurotic patients" has been made to the following group, of which the first four named are members of the Psychiatry Staff of the Hospital: Stanley Cobb, Bullard Professor of Neuropathology; Jacob Ellis Finesinger, Assistant Professor of Psychiatry; Erich Lindemann, Associate in Psychiatry; Mary A.B. Brazier; and Eliot Dismore Chapple, Research Fellow in Psychology.

Dr. Arthur E. Strauss (*EM* 1916) has recently received promotion to the appointment of Assistant Professor of Clinical Medicine at the Washington University Medical School in St. Louis, Mo.

The Staff Bibliography (or "Publications from the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary: July 1942 through June 1943") is now in print. There are 303 entries for articles, and 5 for books. The section headed "Laboratory Sciences" has been re-instated, and a new one, "Maxillo-Facial and Oral Surgery," has been added, as well as that of "War Medicine and Surgery." The articles in the Symposium on the Cocoanut Grove Burns are also listed.

Dr. Faxon has been elected chairman of the Blue Cross Affairs Committee of the New England Hospital Assembly.

Announcements in the April number of the *Harvard Medical Alumni Bulletin* are reprinted in part, because of their application to the Hospital's routine and their possible interest to members now in military service:—

The Damocles' sword hanging over the HMS student has been removed by word from the top to the effect that the medical phase of the Army Specialized Training Program will go on unchanged, as will the premedical college phase. The one issue that remains somewhat clouded is the detailed *modus operandi* by which a college youth of, say, sixteen or seventeen, will shift over from the general to the premedical category in the ASTP.

The Navy Program will continue unchanged.

* * *

The Departments of Medicine, Surgery, and Neurology have jointly recommended that, at least for the present, they give over one month of their fourth year students' time to a clinical clerkship in Psychiatry. This will be available instead of the elective "Third Month" in either Medicine or Surgery.

Professor Solomon plans that this work will be done at the Massachusetts General (on Dr. Cobb's service), at the Boston Psychopathic, the Metropolitan State Hospital in Mattapan, the McLean Hospital, and possibly at the Danvers State Hospital.

* * *

A change in the same direction, of modifying clinical training to fit wartime needs, has recently been instituted at the M.G.H., where the fourth-year surgical students are given "Ten Nights in the Emergency Ward."

* * *

The first concrete step in the direction of specific plans for the further education of returning Army and Navy Medical officers consists in the establishment of 36 fellowships for a year of study in the Basic Sciences or in the Clinical Research Departments for men who on their return wish to further their training with a full-time academic position in mind. These fellowships will provide stipends of $1500 to $2500 a year and have as their source the ungranted fellowships that have lain fallow in the war years. . . .

The next step—not yet achieved—is the establishment of opportunities for those who on their return wish more clinical training with the objective of resuming practice.

For over a year, on Sunday evenings at seven o'clock, a brief concert of organ music and an informal hymn sing have been a regular occurrence in the Chapel. Mrs. Helen Cushing, hostess at the Baker Desk, has acted as organist. During the past two months, through the use of the radio-phonograph, additional programs of recorded classical and religious music have been presented on Monday and Thursday evenings from 7 to 8 o'clock. The weekday programs are under the direction of the C.P.S. Malaria Unit.

At their April meetings the Trustees voted to promote the following interns now on the Medical Service:—

Dr. William N. Mundy, 3rd, to Assistant Resident, for July, August, and September 1944;
Dr. Robert L. Berg and Dr. Harvey S. Collins, to Assistant Resident, for the term October 1, 1944 to July 1, 1945;
Dr. Wade Volwiler, to continue as Assistant Resident, from October 1, 1944 to July 1, 1945;
Dr. Ralph H. Luikart, Jr., to Resident on the Dermatology Service, beginning October 1, 1944;
Dr. George C. Cotzias, to Resident on the Neurology Service, for the term October 1, 1944 to July 1, 1945.

Promotions on the Pathology Service are:—

Dr. John F. Tannheimer, from Assistant Resident to Resident, for the term October 1, 1944 to July 1, 1945;
Dr. Edwin F. Alston, to Assistant Resident, for the same term.

The General Executive Committee voted the following appointments as Graduate Assistants:—

Dr. Arthur M. Jackson and Dr. Frank Mirabelle, in Surgery in the Out-Patient Department;
Dr. Toufic H. Kalil, in Radiology;
Dr. H. Milton Rogers, in Pathology.

The Committee also announced the following vote:—

To appoint Dr. Ting-Nong as a Clinical Fellow in Medicine, with the understanding that he would enroll as a post-graduate student at the Harvard Medical School.

A note supplementing this vote reads: "Dr. Ting-Nong is now a Resident in Medicine at the Chengtu General Hospital, Chengtu, China, and it is indefinite when he will reach the United States."

During the last year a new department, the Reconditioning Department, was created under the Office of the Surgeon General. The director of this department is Col. Augustus Thorndike (*WS* 1923). The *Harvard Alumni Bulletin* recently stated that Colonel Thorndike will direct the entire program of the department both for the group of wounded who can be restored to full health and return to active duty, and for those whose physical handicaps will prevent such return.

Clinical training for theological students and clergy, in the field of pastoral care with special reference to ministering to the sick, is in its tenth year at the Massachusetts General Hospital. Two sessions of six weeks each—May 22-June 30, July 3-August 11—now represent an enrollment of thirty men from eleven states and eight religious groups. This training is sponsored by the Institute of Pastoral Care, of which Dr. James H. Means is the Hospital's representative on the Board of Governors. Rev. Rollin J. Fairbanks, Protestant Chaplain assigned by the Massachusetts Council of Churches to the Hospital, is again in charge of the course.

OFFICIAL NOTICES

The increased production of penicillin now makes this drug available for limited distribution to civilian hospitals. The Massachusetts General Hospital is one of eleven hospitals in Greater Boston designated to receive supplies.

The General Executive Committee has approved a plan for the distribution of penicillin in the Hospital. Detailed information regarding its use and issuance is being sent to all members of the Active and Resident Staffs. Dr. Arthur J. Linenthal has been appointed the Staff member in charge of distribution, and all requests should be directed to him.

N. W. Faxon, M.D.,
Director

* * *

THE BLOOD BANK

1. Attention of the Staff is again called to the desirable procedure on Rh factor determinations. If multiple transfusions are contemplated for any patient, such determination should be done *before* the first transfusion is given. This assures receipt of the report in ample time and avoids making the test an emergency procedure.

2. Rh factor determination and blood grouping for any obstetrical patient of the Staff who has an appointment for admission to the Phillips House or Baker Memorial may be had by calling the Baker Laboratory and making a definite appointment. The total charge for both tests is $3.00. The Blood Bank will keep the record under the patient's name in a special file easily accessible when the patient is admitted to the Hospital. The House Officer assigned to the Obstetrical Service can procure the record if the Bank is closed. A duplicate report will be sent to the physician who refers the patient.

3. Obstetricians on the Staff, and members of the House Staff who have to do with obstetrical patients, are earnestly urged to report to the Blood Bank any cases of *erythroblastosis fetalis* that may be seen in the Hospital. They should also report cases in which there is a history of repeated miscarriage not due to positive serology. The Blood Grouping Laboratory of the Children's Hospital, with which the M.G.H. is affiliated, is carrying on a vigorous campaign to track down these cases, study their blood, and obtain as much anti-Rh serum as possible. This work is vitally important, and the coöperation of all concerned will be greatly appreciated.

Carroll C. Miller, M.D.,
Director of the Blood Bank

A board of officers has been named to consider all categories of classified technical medical and research reports and, when change of classification is desirable, to make recommendations to appropriate authority, through the Surgeon General, for the declassification of such reports. Lt. Col. Francis R. Dieuaide (*p.*) has been named to the board.

At the annual meeting of the American Medical Society ETO, held at HQ, 8th Air Force, Lt. Col. Theodore L. Badger (*EM* 1928) was elected secretary-treasurer.

The Medical Records Department will be sorry to learn that the death of Lt. Dale V. Grimes has been confirmed by the War Department. The official report reads: "Lieutenant Grimes died on 27 December 1942, in the Southwest Pacific Area, as the result of drowning."

Lieutenant Grimes was the first evening clerk employed when it was arranged to keep the Record Room open all night. He worked there during his two years of study at Boston University, and in 1936 became a permanent member of the Records staff, working on the Name File. In October 1940 he left the Hospital to join the Air Force, and was later graduated from one of the training schools. A recent letter from his father gives these details:—

> Dale got his commission on July 4, 1942, and was assigned as a navigator on a Flying Fortress. He left the U.S.A. in October, navigated a number of planes to Australia, went into action, and was in battle over the Bismarck Sea. In returning, his plane struck a storm. Two of its engines had been shot out. They ran out of gas, and bailed out at 2000 feet in the air. Three of the crew were killed in the crash.
>
> Two of the men went one way, and found civilization in 15 days. Four went the other. Of these two died in 2 months, one went 141 days and was found 300 miles from the plane. Dale went 21 days, living on snakes and bugs. He was drowned swimming a stream to get something to eat. His body was found and is buried in Australia.

Lieutenant Grimes was an excellent worker and well liked. The Hospital wishes to do him and his parents this small honor of remembrance. His father's letter closes with the brief statement: "I have lost three boys in the war—all in the Air Corps." Lieutenant Grimes was the son of Forrest B. Grimes, and his home was in Melrose, Iowa.

Miss Gula R. Boyce (*MGH* 1928), who has been for four years in charge of one of the Orthopaedic Wards, has been commissioned a 2d Lieutenant, ANC, and has left for training at Fort Devens, Mass. Miss Hendricka A. Vanderschurr (*MGH* 1934), Supervisor of the Emergency Ward since Lt. Blanche B. Haley (*MGH* 1930) left to join the Hospital's unit, is now a teaching supervisor at Baker Memorial. Mrs. Rita Rand Conroy (*MGH* 1940) has taken Miss Vanderschurr's place. Miss Nelma R. Soule (*MGH* 1938) has been made a Baker Memorial supervisor. She has been head nurse on White 8 for the past three years, and is replaced there by Miss Rose Scalora (*MGH* 1942). Miss Dorothea P. Bailey (*MGH* 1935), Medical head nurse since 1936 and head nurse on Baker 3 since May 1940, has resigned to do private duty. Miss Edith Miles (*MGH* 1941) replaces Miss Bailey.

A Bio-Bibliography of Andreas Vesalius. By Harvey Cushing [*SS* 1896]. Pp. xxxviii, 299; 89 illustrations. New York; Schuman's, 1943.

This handsome and interesting book, presented in an edition limited to 800 copies, is Publication No. 6 of the Historical Library of the Yale Medical Library. Dr. Cushing's Vesalius collection is well known, and this book was planned by him as the culmination of his long interest in this special field and as his contribution to the commemoration in 1943 of the 400th anniversary of the *Fabrica.* During the last year of his life, Dr. Cushing assembled the material and prepared the introduction and the first five of the ten chapters planned. The completed work is now presented under the editorship of Dr. John F. Fulton, who in a brief preface names other collaborators. In addition to biographical comment, the book gives full bibliographic description, index, and chronology of the many accepted editions of the writings of Vesalius, identifies others, and lists Vesaliana. It is a notable contribution to medical literature.

On its cover for April 22, the *Saturday Evening Post* announced an article, "Now We Can Lick Typhus," by Allen Raymond. This article, sent from Naples, is an account of "watching a handful of American Army physicians defeat one of the greatest scourges known throughout the history of war-tormented man." Its author makes this recommendation: "Chalk it up, then, to the credit of the United States Army, Navy, Public Health Service, and the scientists of the Rockefeller Foundation that when our military forces collided with the first serious outbreak of typhus in an operation zone during this war, we had men, materials, and organization sufficient to protect the health and life of every boy in uniform."

In mentioning the measures taken against an epidemic, and those responsible for their planning, Mr. Raymond stated: "Major John Snyder [*WM* 1939], formerly of the Rockefeller Foundation, and Comdr. Andrew Yeomans, of the United States Navy, both members of the Typhus Commission, flew in from Cairo, diagnosed the situation and flew back to report."

In short, an MGH representative is carrying on the tradition of contribution to typhus research and suppression made during the First World War by the late Col. Hans Zinsser, and by Col. Richard P. Strong and Major George C. Shattuck, who are continuing their work in this war. Major Snyder, as a staff member of the International Health Division of the Rockefeller Foundation, was in Europe as early as February 1941.

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Last month a brief account was given of experimental work being done under the Office of the Quartermaster General by Lt. Col. John H. Talbott (*a.p.*) at the Climatic Laboratory in Lawrence, Mass. Similar work should be reported also for Dr. Arlie V. Bock (*WM* 1917) at the Fatigue Laboratory of the Harvard School of Business Administration, and for Lt. Col. David B. Dill, AAF (*res. fel. M.* 1925-7), now in Washington.

During the absence of Lt. Colonel Dill, who since February 1941 has been on leave as Professor of Industrial Physiology and Consulting Physiologist to the Grant Study, the Laboratory is again under the direction of Dr. Bock. Work is being conducted there for the Office of Scientific Research and Development and for the Quartermaster Corps of the Army. Dr. Bock also continues his duties in charge of the Hygiene Department. What that involves is suggested in a statement in the December *Brigham Bulletin*:—

> Dr. Bock has master-minded a frequently bewildered staff through the various Army regulations designed to standardize the care of soldiers. Such innovations as sick call at 7.30 A.M. daily, the signing of the Army sick book, the dispensing of standard medicaments from the Clinic to the soldiers—these and many others are now routine procedures. The Department now cares for approximately 5,400 men, of whom 2,600 are in the Army. Stillman Infirmary serves as a hospital for minor ills and convalescents, and the various Boston hospitals are employed as formerly, for major illnesses.
>
> Sixteen men have left the staff of the Department since the war began: Austen, Cass, Crone, Dunphy, Eppinger, Fish, Harwood, Huntington, Kranes, Kimball, Kennard, Lingley, McDaniel, Monks, Quigley, and Thorndike. Needless to say, their departure has been keenly felt. The present organization is composed of Drs. Bock, Blanchard, Cohen, Contratto, Flynn, Myers, Simmons, Tansey, and Fleming.

Lt. Colonel Dill was first commissioned in the Air Force and assigned in charge of the physiological branch of the Aero Medical Research Laboratory at Wright Field, Ohio. Of his present duties with the Quartermaster Corps, he wrote recently:—

> I appreciate the honor of being a sort of affiliate of the MGH alumni. As to my activities: I am officially entitled "Assistant for Product Analysis", and for a year now have been in the Military Planning Division of the OQMG. I have responsibility for three Sections: "Observation", "Test", and "Environmental Protection". It is our job to study the performance of QM items. Several of our officers act as overseas observers, and in the early winter it was my privilege to spend five weeks in Africa, Sardinia, and Italy.

Dr. Bock and Dr. Dill were associated in early work in the Medical Research Laboratory at the M.G.H. on fatigue problems. Dr. Dill was one of the first group here to hold the title of Research Fellow, an appointment created by the Trustees on January 8, 1926.

Appointments in the US Public Health Service were mentioned in last month's issue. Several names should be added to that list. Dr. George D. Cutler (*ES* 1912) was commissioned as Surgeon (R) in July 1943. In February 1944, Dr. Horace Binney (*SS* 1902) was appointed Surgeon (R), Emergency Medical Section, to serve with Goddard Hospital Unit. Dr. Lewis M. Hurxthal (*WM* 1925) has been made Senior Surgeon (R) in that service, and is Chief of Medicine in the unit organized at the Lahey Clinic.

Dr. Burnet M. Davis (*r.s.* 1942), P.A. Surgeon, US Public Health Service (R), is at present on detail to the San Francisco office of the Federal Public Housing Authority. "My work is concerned with problems of medical care and public health in war housing projects built or operated by the FPHA."

Lt. Col. Thomas V. Urmy (*EM* 1928) replied early in April from his long-time assignment at Camp Chaffee, Ark.

> I am still Chief of Medical Service at this Station Hospital. There is nothing unique about the types of diseases encountered, nor are the local environs so foreign that description of them would be interesting reading. I am enjoying my work and find my associates very congenial.
>
> There are no other MGH men here, with the exception of Captain Vest [*Gr. Asst.* 1942]. Colonel Bauer, our Service Command Consultant, visited us about a month ago, along with Dr. John B. Youmans [*EM* 1921]. That gave us our greatest concentration of MGH graduates to date.
>
> During a recent trip, I visited the Thayer General Hospital in Nashville, where Lt. Col. Richard P. Stetson, WM '28, is Chief of Medical Service. He is, as might be expected, doing an excellent job there. One of the men on his staff was Lt. Robinson L. Bidwell, who recently completed an abbreviated service at M.G.H. One other bit of news, probably already known to you, is that Capt. Thomas A. Warthin [*a. in M.*] has been promoted to Major.

Lieutenant Bidwell has since been transferred to the Stark General Hospital at Charleston, S. C.

Pvt. Walter A. Ryan, formerly messenger at the Baker desk, has been "for some months" with a bomb group in England.

Cpl. Malcolm A. Conner, the former efficient newsboy at the Hospital, trained with the Hq. Detachment of a Medical Group and is now with them "Somewhere in England":—

> After a few weeks of higher arithmetic, in order to lay down the correct amount for a glass of "bitters", and finding out the exact time for tea, I am slowly becoming adjusted to English life. The driving on the left of the road is still confusing, though. Have seen some of the English countryside, and it is very beautiful at this time of year. Haven't met anyone as yet from M.G.H., but perhaps one of these days I'll be lucky enough to run across someone I know.

A request for some account of his long service—and of his promotion—brought word from Col. Alexander Marble (*r. WM* 1930):—

I came on active duty in January 1941, and for the first two years was assigned to the Station Hospital at Camp Edwards, Mass., as Chief of Medical Service. In January 1943, I was sent to Harmon General Hospital at Longview, Texas, in a similar capacity, and have remained here since. My promotion came on 4 January 1944.

The work at this large general hospital is varied and interesting. We look forward to periodic visits from Col. Walter Bauer, Medical Consultant for this command, and it is with great interest that frequently I see the signatures of MGH friends on records of patients evacuated to us from various parts of the world.

Major George F. Sutherland (*a. Psychi.* 1940-42) has received promotion to this rank, and is now at the Crile General Hospital at Cleveland, Ohio.

Lt. Comdr. Philip Solomon (*Psychi.* 1936-7) has been assigned to Area One Dispensary, Camp Lejeune, New River, N. C.

Lt. George P. Whitelaw, MC, USNR (*WS* 1937) has recently been transferred from Norfolk, Va., to the USN Pre-Flight School at Chapel Hill, N. C. He writes: "There is a small new Hospital here, very well equipped, and occasionally some interesting surgical problems, mostly from athletic injuries."

Lt. Charles A. Wheeler, MC, AUS (*NS* 1935) has been assigned to the Station Hospital at Camp Blanding, Fla.

Lt. F. George Johnson, DC, AUS (*Dn.* 1943) is at the Harmon General Hospital, Longview, Texas.

Lt. John E. Goodman, Dental Intern, has received his orders to report for duty in the US Navy on June 1, 1944.

A promotion, received in February, is disclosed in a letter from Capt. Lloyd E. Hawes, MC, AUS (*EM* 1939):—

I have been most fortunate since leaving the General, in that I have practised Radiology since activation in October 1942. My first stop was at Walter Reed Hospital, with Col. [Aubrey O.] Hampton [*c.R*] and Capt. [George M.] Wyatt [*a.R*]. Then I transferred to the Halloran General Hospital, being the sixth doctor to arrive and remaining over a year. Work with patients fresh from the transports gave us close contact with hospitals near the battle fronts. Hundreds of cases were received *via* the MGH Unit, with interpretations signed by Colonel Lingley and Captain Wyman. The films themselves arrived in excellent condition and showed careful technique and preservation. Rarely was a film missing.

At Christmas I was shifted to the Rhoads General in Utica, a large cantonment-type hospital, as officer in charge. We have facilities for any type of X-ray examinations necessary, and well-trained soldier technicians. It is remarkable the quality and uniformity of films put out by young men who, only a few months previous, were bookkeepers, drugstore managers, and even a former Coney Island sidewalk cameraman. None of them were nurses, or had former medical experience.

Comdr. Theodore C. Pratt (*ES* 1929) has received this promotion and been assigned to the US Naval Hospital at Chelsea, where he first served in 1941, prior to duty with the Marines and at hospitals in the Pacific area.

Comdr. John P. Monks (*WM* 1931) has assumed duty as Chief of Medical Service at the USN Hospital at Chelsea, Mass.

Lt. Comdr. Thornton Scott (*r.p.* 1939) has received this promotion in rank, and is now assigned to duty aboard a battleship.

* * *

23 March 1944
Somewhere in India

Dear Editors:—

I've been delighted to continue receiving the "News" and to read of friends at all points of the compass doing all types of work—in particular a letter by Charlie Mixter, Jr., to his father, describing his variegated duties. I suddenly realized that it came close to home.

I have been having some very interesting experiences and doing some very tedious work—i.e., there are times when the paper work reaches the proportion of a brief of a Senate Committee. I certainly was misled when I took for granted the information that once overseas the paper work would be at a minimum.

I have been fortunate to see quite a bit of MacMahon of East Surgical Service 1938, even gave him some tricky tendon suturing to do. He was in seventh heaven. Parasitology was interesting in books in school, now we are seeing the practical side and for once are putting into practice emetine hydrochloride, chiniofon, sulfaguanidine, atabrine. I've actually seen the cholera vibrio in the worm stage. The anopheles witch causes me no little worry, minimus type in this country—primarily P. vivax although we've had an occasional P. falciparum. You notice I blithely jot these terms down—seven months ago I would have had to run for Stitt or S.G.O. No. 33. One most interesting day was spent with an elderly Baptist missionary in a leper colony. Once under Pop Oliver I saw a case of leprosy; now I've seen all stages and all types of disfigurement and deformity—hardly an authority, but at least leprosy-minded.

The Indian General Hospital in the vicinity has proved a gold mine. All types of skin diseases and a syphilologist's paradise. By the way, the Indian Neisserian infection doesn't act like our mild U.S. type—frequent recurrences and frequent complications. Lues more virulent, earlier incubation but responds rapidly to 28 week treatment. Occasionally have some traumatic surgery and at times extensive first-aid procedures before evacuation. In all it's a very varied life with lots of routine—latter consisting of supervising an eye lane for 64 examination (flight physical), a dental section, a pharmacy, and a large medical supply section. Added to this, have a fair sized sickbay requiring supervision. So you see the days are busy, and at times the nights are even busier.

Oh, yes! We are in the midst of learning about smallpox, Indian and Chinese—and have learned that the Edinburgh Strain (vaccine) probably is the best for protection. As yet not too much data, but plenty of food for thought.

Very sincerely,

William H. Lowell, Jr.
Major, MC
[*r.p.* 1940]

P. S. Promoted February 1, 1944

Major Robert A. Gregory (*r.p. N* 1933) is assigned to the 3d Divisional H.Q. of the Canadian Army Overseas as Consultant in Neuropsychiatry for that Division.

With promotion in rank as of March 14, Major I. Paley Rak (*a. Psychi.*) is Chief of Neuropsychiatry in a general hospital in England. "Have met many of our MGH men here. It's a touch of home to see them."

Capt. Henry L. George, MC, AUS (*CM* 1929) sent his latest address from England, and mentions earlier stations:—

My assignments in the Army so far have not been too exciting. In August 1942, I proceeded to a medical pool at Billings General Hospital. In November I was assigned to Halloran G.H., where I was Chief of Communicable Diseases and in charge of the male respiratory ward, as well as being the post pediatrician. My family lived with me on the post, which made it very pleasant.

In February 1944, I was assigned to the 000th General Hospital. Temporarily am in charge of communicable diseases. We had a nice trip over here.

Capt. Thorolf E. Gundersen, MC, AUS (*r.p. N* 1941) is with an Infantry Battalion now in training overseas.

Concerning my own exploits since entering active service 14 months ago, there is little out of the ordinary.

While in the Zone of the Interior, the entire period was spent with the mountain troops at Camp Hale, first as a member of a Medical Battalion and subsequently by transfer at my own request to my present job as Infantry battalion surgeon—a far cry from a residency in Neurology.

Capt. James M. Faulkner, MC, USNR (*EM* 1925) is now Chief of Medicine at a Naval Base Hospital in Southern England: "I count myself fortunate in having the erudite Lt. Comdr. Maurice M. Tolman (*a.d.*) in charge of Dermatology and Syphilology."

Comdr. Edwin B. Dunphy, MC, USNR (*c. Oph.*) explains the fact that The News has usually found him reported in Army company:—

Although I hold a commission in the Navy, most of my work has been with the British Army, along experimental lines. Since January I have been back with the USN forces in a training program along medical lines, but still carry on some liaison work with the British services.

A letter to Dr. Faxon gives further information about his activities:—

I have promised the American Journal of Ophthalmology, which elected me to its Editorial Board in March, that I'd editorialize on the differences between American and British Ophthalmic residences. But it's difficult to find time to study the situation, as I travel so much. From last May to January I was doing research work of more or less secret nature, but since the first of the year I've been on a training program with constant lecturing. The job is almost completed now, and I hope my efforts have done some good.

Spring over here comes earlier than at home, and it is very lovely. The winter is never as severe as ours, but there's a penetrating dampness to it which, coupled with the lack of central heating, is ———. Most Americans shiver from December 1 to March 1.

Major Henry F. Howe (*r.s. PH* 1934) recently announced: "I am now a Transport Surgeon, working out of an Eastern port. Needless to say I am delighted with the assignment, after 20 months of fighting the Battle of New Jersey!"

Lt. Terry E. Lilly, MC, USNR (*ES* 1943) described the vessel to which he is assigned as "destroyer, fleet repair ship—a floating field hospital for ships as well as man." He wrote: "It is a beautiful new ship, equipped to perfection. The sick bay is a 'small M.G.H.' "

In a letter written early in April to Dr. Lincoln Davis, Lt. Col. James E. Fish (*ES* 1930) gave some details about his long service in Hawaii:—

At the moment I am on a five-day vacation at the Army's rest camp in the mountains, where it is cool and invigorating and opportunity affords to relax and catch up on little things I've been too busy to do for several years —such as letter writing.

Following a promotion about 16 months ago, I have been Chief of Surgery at a very large General Hospital built around an old established institution. It has been hard work —prior to this vacation I had been away from the hospital one night—but I can look back on those months with some degree of satisfaction. Interesting cases would cover pages, and will keep for later telling.

The Hospital Commander, an old timer in the Medical Department in the last war, thinks I am a "lucky surgeon" as he puts it. He is probably right, but I think much of the "luck" is in reality merely the application of sound basic principles learned at the M.G.H., with full advantage taken of those modern miracles plasma, sulfanilamide, and penicillin.

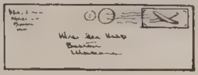
I've seen Herbert Adams, Roy Mabrey, and Virgil Casten several times but otherwise meet people from Boston infrequently.

Lt. Harry M. Spence, MC, USNR (*WS* 1932) is at an Advance Base in the Pacific area. These details of his service are taken from a letter written early in April to Capt. James C. White:—

I went on active duty in May 1942, spending three months at the hospital at Naval Air Station, Corpus Christi. While there I was for a time on the G.U. service, but soon got a chance to transfer to general surgery, where I did considerable work. The service in general was very light, however, so I put in for assignment either to a M.O.B. Hospital or to sea duty, preferably the latter. The answer was an assignment to a hospital that was to be an advance base unit in the South Pacific.

This assignment consisted of spending seven months at Moffett Field, Cal., doing absolutely no medical and little other work while we waited for orders. Finally left the country just over a year ago, and went to the Fiji Islands where we spent three pleasant months running a small hospital.

We then came to Navy #250, just as it was "secured", and set up our Base Hospital. This proved very interesting duty. The Hospital was nominally built by a C.B. outfit, but actually corpsmen and medical officers did the bulk of the planning and physical work. As a result we have a superb set-up—Quonset huts, canvas, and frame structures—which has won the praise of all who have seen it. We have taken care of a great number of Navy and Marine personnel, including casualties. My duties have been doing the Urology (a surprising incidence of urethral stones) and being second man of the General Surgical Service, where I have done a lot of major stuff.



The address of a letter to Dr. Faxon discloses promotion for Capt. F. Thomas Gephart, MC, AUS (*WS* 1941):—

During my travels have run into John Maier, Robert Hormell, Charles Deckert, and Jim Heyl, and just missed Hannibal Hamlin, Arthur Willetts, and John Raker.

I consider myself fortunate in being with a Field Hospital, although we no sooner seem to get a reasonably comfortable niche hacked in the jungle than we are moved to a new spot. You have had more vivid descriptions than I can give of life in the South Pacific. I haven't noticed anyone describe the length of the rainy season, though. Apparently it runs from December to November.

Our unit spent a few weeks in New Zealand, and I was fortunate in making the acquaintance of several of the doctors. I also visited one of the large hospitals, and was a little surprised to see how much it was like a large hospital in the States. I certainly envy the men in the European Theatre because of their chance to have occasional visits from Dr. Churchill and others of the MGH staff. Most of us are so widely separated out here that our encounters are mostly accidental and, of necessity, brief. I came overseas on the same ship with Dr. [Comdr.] Robert Schwab.

Comdr. Rodney F. Atsatt (*Or.* 1926) has been transferred from a Section Base in California to a Naval Operating Base in the Pacific area:

There are 25 doctors here in the various activities. The island is a lonesome spot with none of the fair sex, but we struggle along! I am now Senior Medical Officer. This is a very active spot, directly connected with the war effort. We hear many interesting tales from the men who base here.

Lt. John L. Wilson, MC, USNR (*ES* 1940) is with an Air Center Command in the Pacific. The Hospital's Christmas card reached him after 5½ months' travel to previous aviation assignments there.

Lt. H. Stanley Bennett, MC, USNR (*res. fel. An.* 1942) sent his change of address late in January, and gave details of his service to that date. He is assigned to Headquarters, First Marine Amphibious Corps, in the Southwest Pacific.

I was ordered from the First Naval District to Pensacola Naval Air Station last June. After about a month at Pensacola, working on aviation medicine research—where I saw Lt. Comdr. Ashton Graybiel [*EM* 1932]—I was transferred to the Fleet Marine Force and ordered to Camp Elliott, San Diego, for training at the Marine Medical Field Service School there. Left the States late in August, and have been in the South Pacific ever since. I spent about six weeks as a patient in a Naval Mobile Base Hospital out here last fall. At present I am assigned to the Corps intelligence section, and have no medical duties. My work is combat intelligence work. I am busy, learning a lot, and enjoy my job.

I saw Lt. James Heyl some weeks ago. He is at a Navy Mobile Hospital on an island in this area, and has charge of the malaria and penicillin work at his hospital. I was impressed by the excellent work being done there—particularly on burns, where lessons learned at the M.G.H. on the occasion of the Cocoanut Grove disaster are applied successfully.

Comdr. Channing S. Swan (*WS* 1925) received this promotion in February 1944, to rank from October 1942.

A few comments on the 105th G.H. supplement a longer letter from Lt. Col. Edwin F. Cave (*ES* 1926), published last month:—

In this theater we feel very encouraged, but realise we have a considerable way to go. We are tremendously impressed with the team work of the Army, Navy, and the Air Force, and the despatch with which they carry out their jobs.

We have lost more than twenty of our original members, but the nucleus of the outfit is essentially the same, and we continue to function as a unit with a good spirit. The Portable Hospitals have done well, and we will soon be sending surgical teams for short runs, an extremely valuable experience for the men fortunate enough to go.

As I wrote, we had a very successful surgical meeting here in December, well attended by Australian and American surgeons in this theater. We are now planning a psychiatric conference for early in May. Our winter weather is beginning! Our stoves and fireplaces are going at full blast, particularly early in the day, and most of us are using sleeping bags. There is a wide fluctuation, however, between the temperature of early morning and that of midday, from 30° to 40°, so that the midday sun is delightful.

Major Frederic W. Ilfeld (*Or.* 1937) has recently been transferred to the 5th General Hospital.

Capt. Daniel C. Dawes, MC, AUS, a Senior Physician at McLean Hospital and an original member of the Hospital's Unit, is now assigned to the 96th General Hospital.

A letter written in January to the Dental Staff gives a few details about Major Frederick K. Poulin, DC, AUS (*Dn.* 1942):—

At times it seems hardly possible that nearly two years have passed since leaving the M.G.H.; and at other times, I must confess, the M.G.H. and home are places I knew about a thousand years ago. From the United Kingdom to Africa to Italy I've followed fairly closely the scenes of action—sometimes a little too closely! But so far with the best of luck.

At present am in charge of a small but excellently equipped clinic: Operative Dept (5 officers), Prosthetics Dept. (2 officers), 10-bed ward (2 nurses!), and it is rumored the WAC's will be moving up soon and that we are to have two. Dental officers in the field, in the surrounding area, keep us well supplied with impactions, roots in the antrum, etc.

Major Poulin has since been working with the 12th Air Force.

On April 26, Miss Betty Dumaine wrote from her Red Cross post: "This is to wish you greetings from India. My, it's a long way from M.G.H. and all my friends! We had a huge fire recently in one of our big cities here. I certainly thought of all of you." This message was addressed to Mr. Frankson to express her concern about his recent illness. All those absent from the Hospital will be glad to know that, after a four months' rest, Mr. Frankson is back in the Store.

HMS '43—Camp Barkeley, Texas—February 16, 1944

Top Row: *Allan L. Friedlich* (*M* 1943), *Henry F. Allen* (*ES* 1943), *Logan O. Jones*, *Richard A. Betts*, *Ernest Craige* (*M* 1943), *Harold Brown*;
Bottom Row: *Charles A. Kane*, *H. Waldo Bird*, *William C. Flinn*, *Rafe Banks* (*ES* 1943), *Dante Campagna-Pinto* (*M* 1943).

The cut above appears here through the courtesy of the *Harvard Medical Alumni Bulletin,* but a print of it reached THE NEWS with the accompanying letter:—

117th Evacuation Hospital
Fort Bragg, N. C.
26 April 1944

Dear Sirs;—

Enclosed you will find a picture of a group of old [!] HMS '43 graduates. Five of this group finished interning at the old MGH on January 1, 1944; the remainder are well known to members of the MGH staff. This picture was taken February 16 at Camp Barkeley, where we were undergoing an indoctrination course for medical officers.

Since our graduation there on February 19, we have been scattered all over the United States. We all spent six weeks in General Hospitals, and then were assigned to various units. I was lucky enough to be assigned to an Evacuation Hospital where I hope I shall be able to continue with the surgical training I had started on the East Service.

Sincerely yours,
RAFE BANKS

Capt. David H. Clement is not an MGH graduate, but he is known to many members of the Hospital for his work here while a third-year student at the Harvard Medical School in 1934 and in later years. Late last year he startled THE NEWS considerably by subscribing to it "for 1943, 1944, and 1945". This certainly includes him within the ranks of MGH enthusiasts—and optimists in general. At that time he wrote:—

Presumably the request for "news of your personal activities" does not apply to one with such casual association with the old Massachusetts. I shall have to inform you, however, that I am "somewhere in Italy" where I have been for some time. During the invasion I had some very interesting experiences serving as a ship's surgeon aboard an LST (Landing Ship Tank) in the Gulf of Salerno, making five trips to Italy, the first on the morning of historic September 9 or D Day."

Captain Clement was then with a General Hospital. Late in February Major Grantley W. Taylor numbered him among the many MGH-ers met in Naples.

Col. Thomas H. Lanman (*ES* 1918) has been made a Consultant in Surgery to the 12th Hospital Center in the European theatre.

In a letter written late in April to Dr. Allen, Major Claude E. Welch (*ES* 1934) sent news of the Unit personnel:—

About a month ago Horatio Rogers, Marshall Bartlett and I, along with several of the medics, went up to Algiers to a medical conference. We had a long talk with Colonel Churchill, but the others were all off in Italy. Colonel Churchill, and the other members of the office, have started a North African Medical Bulletin, of which four issues have now been published. The last contained an article by him on battle wounds of the abdomen that was excellent. He has been in a position to study many of the records and has seen many of the more seriously wounded patients at several spots along the evacuation line.

We are slowly but surely losing a great number of our officers. Dan Ellis has left for Italy for duty as a battalion surgeon right at the front line. Ed Cantlon has just been assigned to a very active surgical group, working in a team near the front lines. This is the same group Phil Giddings was in. Phil, he said, is recovering in good style, has had his colostomy closed and a secondary suture done on other wounds. He expects to get back to duty shortly.

As we lose these men, we get an occasional replacement who is, of course, far inferior in training. That is even more true of the enlisted men, who also move frequently. Hence there is a certain amount of training that goes on continually. The hospital itself now does its duties in a remarkably smooth and efficient manner,—a great change from a year ago when we really had plenty of difficulties. Colonel Goethals deserves a lot of credit for developing such a smoothly running organization.

On May 9, Colonel Goethals sent word of the Hospital's Unit as it finds itself after a year's service in North Africa:—

We have had our annual general inspection and have come off with a rating considerably better than satisfactory. The acceptance by all of us of the technic of administrative procedure (possibly "red tape" is a more succinct term) has contributed in great measure to this happy result. A year ago, in the breaking-in period, we were a bit ataxic: this year we are well coördinated.

During the past two months we have been visited by the Surgeons of the two echelons which are above us: in each case they expressed themselves as satisfied with what they saw. Our relations with the local command and staff have remained healthy, and I think it fair to say that if it was once proper to call Base Hospital No. 6 a "veteran", we can now adopt for ourselves that title and push our predecessors up the scale to "senior".

During the past two months we have had several changes in the status of our staff, as follows: Seyfarth and Ellis have been transferred. Lt. McCann of our dental service has been promoted to Captain. The Nurses Charman, Haley, Lyons, Madden, MacKinnon and Simeneau have exchanged gold for silver bars. Five other nurses should soon do the same. Sullivan, who has been chronically on detached service since early in January, paid us a visit for a few days last week, evidently thriving on his assigned job of blood work. In like manner Gundersen has been away for a good part of the past several months organizing the opthalmological picture in the theater. He is back for keeps,—at least temporarily. McGahey is now on detached service, also.

Another cheery word has come from Pvt. William J. Murphy. He is with an evacuation hospital, and his letter of March 30, addressed to the Telephone Operators at the Hospital, was sent from the Anzio Beachhead:—

Hello Girls! Suppose none of you will remember me. Anyhow, I'm the fellow who used to say "Orthopedic, Bill," when the phone rang. Since last seeing you folks a little over a year ago, a lot has happened and I've done a lot of travelling. All the way across Africa and part way up the boot of Italy to this darn beachhead, where it always seems to be open season on evac. hospitals. Visited Casablanca, Constantine, Carthage, Tunis, Bizerte, and several other cities in Africa. The Arabs can have it all.

In Italy I have seen some of the cities, Pompeii, and of course Vesuvius, Naples, and for a while wasn't far from Cassino. Those places are all fine, but to me right now Chelsea on the day they collect the ashes would be a heavenly sight. One day I climbed about 7 or 8 miles straight up the side of a mountain to see a monastery.

From time to time I run into some of the MGH boys. Major Simeone and his Colonel. Heard a lot about Captain Jergesen and his work. Was very close to him several times and didn't know it was he. Major Grantley Taylor visited with us not long ago. Wasn't too far from Captain Giddings when he was hit, and helped put him on the O.P. table.

I'm still Pvt. last class, and it looks like that is to be my rank for the duration. Do almost the same work as at home, only more of it. When our loud speaker pages the different doctors, I often think of you people. Hope you are all well.

Sincerely,
"Bill"

In last month's NEWS the address as published for Capt. Robert S. Palmer, MC, USNR (*WM* 1927) read: "Navy 168, FPO, San Francisco." It should have read: "FPO, New York."

THE NEWS

No. 22 Boston, Mass. July, 1944

All successful publications presuppose competent editorial direction. Only great editors produce great newspapers. The M.G.H. NEWS has been fortunate, during the first twenty-one months of its existence, in having Helen Boyer as its editor. Certainly a large part of its success is due to her ability to collect, arrange, and present in an attractive form the many local and foreign items that have made THE NEWS a periodical eagerly awaited and avidly read both at home and abroad. In some way she managed to transfer to its pages the spirit of the M.G.H.—an accomplishment which bespeaks ability approaching genius.

Miss Boyer's relationship with the M.G.H. began some six or seven years ago when she assisted Dr. Frederic A. Washburn in writing the history and development of the Hospital from 1900 to 1935. Her intensive study of the original records gave her an extensive knowledge and background of the past and present history of the Hospital.

Soon after the publication of Dr. Washburn's history in 1939, the Trustees established the Archives Department — supported in part by the M.G.H. House Pupils Alumni Association—and Miss Boyer was appointed Archivist. The former Trustees' Room and Director's Office in the Moseley Building were set aside for the Archives, and there is now on display there a most interesting collection of maps, plans, photographs, manuscripts, old desks, chests, mugs, and other memorabilia of former days. Miss Boyer has shown great skill in assembling and displaying interesting exhibits.

With the establishment of THE NEWS in October 1942 she was appointed Editor, while continuing to serve as Archivist. Without its being intentionally planned, these two positions have gradually merged.

Because of her conscientious acceptance of family duty she felt obliged to tender her resignation, which became effective June fifteenth. Fortunately for THE NEWS, she has builded solidly and well, and has so planned that she leaves it in the care of her capable assistant Miss Cora F. Holbrook who, on Miss Boyer's departure, became the Editor and Archivist.

There is nothing to do, it would seem, but to regretfully accept her resignation, to commend her devotion, to wish her many happy years with her father, and to hope that she will always remember with pleasure her association with the M.G.H.

BULFINCH BUILDING

The leaves dance here in play, if dance it be,
This sombre gusty swirl of leaves, as dry
As our dust, Lucretius wrote, gone whistling
Down the wind, when we are back to atoms.
This autumnal afternoon, the sun shines off the halls,
Aslant the sward, marks off the chill pursuing shade.
A terraced lawn, nurture of many hands,
And long years' slow care, a precious space
Spared from the crowded tenements.
Mark ye, against the wracks of pain, disease,
Agonized death, how well the architect drew
White pillar and pediment, balanced fine,
A temple firm to health, where hope is life,
Where soul to body still miraculously clings!

JULIUS VEXLER,
November, 1943

A note from Mr. Vexler accompanied his lines on the Bulfinch Building. It said, in part:—

> Several months ago, while visiting your hospital, I first came in touch with its fine spirit and first saw closely the Bulfinch Building. Scattered thoughts occurred to me then, which have since been put into this sonnet. I thought you might like to read it.

* * *

At the annual meeting of the Vincent Club on May 11, 1944 it was voted to send $18,000 again this year to the Vincent Memorial Hospital.

At the last meeting of the Board of Managers of the Vincent Memorial Hospital the following resolution was passed:—

> It was with the deepest regret that the Board of Managers of the Vincent Memorial Hospital heard of the death of Miss Jean Cameron Fraser on February 28, 1944, at the home of her niece in Camden, New York.
>
> Miss Fraser became a nurse in the hospital in the early days when it was still situated in Chambers Street, and served as the greatly beloved matron from 1907 until her resignation in 1942 when the Vincent Memorial Hospital joined with the Massachusetts General Hospital.
>
> During these many years Miss Fraser's interest in and devotion to the patients, combined with her high standards of nursing care, were outstanding, and were a great factor in the success of the hospital.
>
> All those who came in contact with her will long remember her unfailing kindness and gallant spirit.

Far too little has been said about what the men volunteers have been doing to relieve the serious labor shortage in the Hospital. We are all familiar with the indispensable work of our women volunteers, but insufficient recognition has been given the men.

Covering a period of two years, several groups of men have been trained evenings in various kinds of work at the Hospital. Recently a class of twenty business and professional men completed a course of eight lectures, given by Mrs. John B. Hazard, Supervisor of Volunteers under Nursing Service, to prepare them for volunteer work on the wards and for other essential duties in the Hospital. This new group increases the number to approximately fifty volunteer orderlies at Massachusetts General and Baker Memorial. Most of these men will give one evening a week, after their day's work at their offices, stores, or factories. Four hours a week is the amount of time each was asked to volunteer; but the men are most enthusiastic, and several have already requested the privilege of contributing more time.

Resignations from the work seldom occur, except for very legitimate reasons. For instance, several of our men have recently been called into military service, and a few have moved their homes too far away to make its possible to reach the Hospital.

More men are still required, and a new class will be started as soon as another group can be assembled. Several applications have already been received, but the need for many more is urgent.

Another group of men volunteers comes in to clean—among whom, also, are men prominent in the professions and in business. We have reason to believe that this group will soon be augmented, for these men realize that cleaning is a vital problem at this time when it is almost impossible to find paid workers, and they are making every effort to gather in additional volunteers.

This account would not be complete without a special tribute to Mr. Osborne Perry who has assumed the responsibility of directing these men. No greater single contribution of personal service has been given at M.G.H.

Miss Greenwood or Mr. Perry, of the Volunteer Service, will be glad to hear from any man who will come to help. The telephone number is Capitol 4300, Extension 257.

Are you a man with 4 hours a week to spare?

At their meetings during May the Trustees voted:—

To appoint Lillian F. Bennett, M.D., as intern on the Children's Medical Service beginning July 1, 1945;

To appoint Frederic M. Blodgett and James P. Whittemore as interns on the Children's Medical Service for nine months beginning July 1, 1945;

To appoint H. Dunster Howe, D.M.D., as intern on the Dental Service from May 26 to August 31, 1944;

To accept the resignation of Ferdinand Brigham, D.M.D., as Dental Surgeon.

On May 31 the General Executive Committee appointed Phillipus J. Kloppers as Graduate Assistant in Medicine.

North End Diet Kitchen

It has long been known that diet plays an important part in the treatment of many diseases. Our own North End Diet Kitchen, originally a philanthropic organization in the neighborhood, was brought into the Hospital in 1923 when it was decided to maintain a Diet Clinic in the Out-Patient Department.

The purpose of the Clinic has always been to aid in the dietary treatment of the ambulatory patient by interpreting to him the doctor's prescription in terms of his environmental situation. Patients are referred to the Clinic from other clinics and upon discharge from the House. The referrals have been largely for diabetic, gastric, and overweight conditions. It would seem that referrals should be encouraged from many clinics—as, for instance, the Dental, Eye, Pulmonary, and others. Many patients seen by the dentists doubtless exhibit mouth conditions indicating particularly poor choice of food, just as patients having eye examinations might show abnormal conditions due to vitamin deficiencies. Fifteen per cent of the patients seen last year came to the Clinic for instruction in adequate normal diet, the importance of which cannot be overemphasized. Such instruction is preferable to expensive vitamin concentrate prescriptions; but if these are indicated, it should certainly accompany them.

Two trained dietitians, with the help of student dietitions and student nurses, are prepared to give individual instruction to all patients. Wax food models and actual foods are used for demonstration, together with household measuring aids; and the preparation of certain advised foods is shown. Nationality, living conditions, and financial limitations, as well as marketing problems and ration points, are taken into consideration. Budgets often must be figured around these factors.

The services of the Clinic are available to all patients who can be helped by our teaching of good nutrition. Doctors are urged to refer their patients when such need is indicated.

A Gynecological Clinic, under the direction of Dr. Joe V. Meigs (*ES* 1921), is to be opened in the Out-Patient Department on June 26, 1944.

OFFICIAL NOTICE

The Blood Bank is now successfully using an *appointment system* for its donors. They are thus spared a tiresome indefinite wait and the Bank Staff avoids the embarrassing accumulation of many donors at one time. Members of the Visiting Staff are requested to instruct possible donors to telephone or visit the Bank in order to make a definite appointment to have their blood taken. The time required of the donor for preliminary registration, laboratory tests, examination, taking of the blood, and resting afterward, is between forty-five minutes and one hour.

In order to expedite the establishment of credit in the Blood Bank for a patient who is to have transfusions, and to avoid last minute delay before operation while donors are being procured, it is suggested that members of the Visiting Staff mention to their patients before admission to the Hospital that donors may be necessary. This will prepare the way for subsequent steps after admission. A pamphlet is being prepared for distribution to patients who may require transfusion, and to their families and friends, and this will present information about the Blood Bank and instructions for donors. *The Bank cannot function efficiently unless a positive credit is established for the patients who are to use it.*

Carroll C. Miller, M.D.,
Director of the Blood Bank

The latest in the Hospital Bulletins is No. 12, on penicillin. This bulletin outlines the plan for the release and distribution of penicillin, as approved by the General Executive Committee of the Hospital. Dr. Arthur J. Linenthal (*r.p.* 1944) has been appointed the Staff member in charge of distribution. Physicians requesting penicillin will be required to submit specified information, and the hospital pharmacy is given directions governing its release. A list of diseases for which penicillin is indicated and for which it is ineffective, as far as can be determined up to the present time, has been drawn up by Dr. Chester S. Keefer. Since penicillin still remains scarce, the Committee has amended the indications somewhat to clarify relative priority ratings, and has assigned a priority rating to each disease and its complications. A list of the diseases, with the priority number assigned to each, is attached to the bulletin.

Dr. Keefer is Professor of Medicine at Boston University, Director of Evans Memorial of the Massachusetts Memorial Hospital, and, for about a year, has had charge of the small emergency distribution of penicillin for civilians in the United States.

The following notice has been posted by Dr. Kurt H. Thoma (*c. Dn.*):—

> Dental conferences are omitted for the summer months, beginning in June. Notifications will be mailed to the members when these conferences will be resumed.

A well-deserved honor has come to Miss Ruth Sleeper, Assistant Superintendent of Nurses and Assistant Principal of the School of Nursing. At the recent annual meeting of the National League of Nursing Education, in Buffalo, Miss Sleeper was elected president of this national organization. This honor culminates several other League positions she has held, as capable chairman of important committees.

Miss Hazel Halladay (*MGH* 1930) was recently appointed the first Director of the first Neuropsychiatric School for Army Nurses in the 1st Corps Area. The school is located at Camp Edwards, Massachusetts.

In 1942 Miss Halladay volunteered for military service and was assigned to the 9th General Hospital at Camp Devens. From there she was sent to Camp Edwards, where she was placed in charge of the psychiatric ward.

Miss Halladay will be remembered here at M.G.H. as Head Nurse, in 1930, on Neurological Wards 22 and 26, and as a former Head Nurse at the Eye and Ear.

At the end of May four young physicians from South America, who had been working in the Cardiac Clinics and Laboratory during the past year, left for home. They were an excellent group and had been very helpful, both in routine and investigative work. They were Dr. Eduardo J. Canabal from Montevideo, Uruguay, and Dr. Amado Adorno of Asuncion, Paraguay — Graduate Assistants; and Dr. Francisco Rojas of Santiago, Chile, and Dr. Antonio Juca of Fortaleza, Brazil —Guest Physicians. They are representative of the groups and individuals who have been coming up to us from South America during the last decade or more, and it has been a source of great satisfaction and pleasure to have had contact with so many fine young Latin Americans. Their names have been associated with those of the permanent Staff in many published papers.

Dr. Edward Miskall of Liverpool, Ohio, who has given invaluable aid to the Cardiac Clinics and Laboratory as Graduate Assistant during the past two years, is also leaving now. He will be greatly missed.

From winter sports to summer pastimes! The Hospital sidewalk snowplow has been converted into a power lawn mower—and is performing equally efficient yeoman service! It hums a delightful tune as it works, too.

SIDNEY CHASE GRAVES

Lieutenant Commander Sidney Chase Graves, MC, USNR (*ES* 1931) died in the service of his country on May 14, 1944. He enlisted in the Navy in 1942 and was stationed at Chelsea Naval Hospital until he received his overseas orders in March 1944. The details of his death have not been received, except that he died while on duty with the Pacific Fleet.

He was the son of the late Dr. William P. Graves, and Alice Chase Graves. He is survived by his wife (formerly Alice Driver Brown of Philadelphia), their three children, his mother, a brother, and a sister.

Sidney Graves graduated from Harvard College in 1924 and from Harvard Medical School in 1929. He was following in the footsteps of his father who went to Harvard Medical School, was a House Pupil at the Massachusetts General Hospital in 1900, and became Chief Surgeon of the Free Hospital for Women in 1908 and William H. Baker Professor of Gynecology at the Medical School. Sidney also graduated from the Massachusetts General Hospital, was Resident Surgeon at the Free Hospital for Women for a year, and then became an Assistant Visiting Surgeon in 1932 and Assistant in Gynecology at the Medical School. He joined his father in practice but suffered a severe loss when his father died in 1933.

Sidney was an able surgeon—conservative, very careful, and rather slow to make up his mind, but tenacious of his ideas once he had made a decision. He always appeared shy at a first meeting, but was a most kind and genial man once he accepted a friendship. His home life was ideal, for he adored his wife and children, as they did him.

His colleagues, especially the Free Hospital for Women Staff, miss him terribly. His kindly smile and quiet, helpful attitude toward his patients will always be remembered. F. A. P.

FARRAR COBB

Dr. Farrar Cobb (*ES* 1893) died at the Cape Cod Hospital, May 29. He was born in Schoharie, N. Y., in 1867, was graduated from Harvard Medical School, and served as house officer at the Massachusetts General Hospital. During the Spanish American War he was a medical reserve officer in "Teddy" Roosevelt's famous Rough Riders.

While Dr. Cobb was serving as visiting surgeon at the M.G.H., he won international fame for his writings and technic in cancer surgery and as a pioneer in the medical study of that disease.

Dr. Cobb also served on the staffs of the Eye and Ear Infirmary, the Carney Hospital, and St. Joseph's Hospital in Nashua, N. H., and was a lecturer in surgery at Harvard Medical School. He had been a consulting surgeon at the Cape Cod Hospital for twenty-five years.

Elements of Medical Mycology. By Jacob Hyams Swartz, M.D. [*d.*], Assistant Professor of Dermatology, Harvard Medical School and Postgraduate School, Boston. Introduction by Fred D. Weidman, M.D., Professor of Dermatological Research, University of Pennsylvania. Pp. 179; 78 illustrations. New York: Grune & Stratton, 1943.

In this small volume, dedicated to C. Guy Lane, M.D., Dr. Swartz has brought together in condensed form a vast amount of information which is most valuable, especially to the beginner in mycology.

The clinical appearance of a mycotic infection with its microscopic findings and cultural characteristics is discussed, while the abundant clinical- and microphotographs illustrate the text so freely that much can be learned from these alone. Suggestions as to treatment and prophylaxis are outlined.

Procedures in laboratory technique are given, together with formulae for media and stains best adapted to the growth and identification of the imperfect fungi.

Following the chapters on the microsporums, the epidermophytons, and the trichophytons, which compose the greater part of the book, attention is given to those mycotic infections less frequently seen, such as blastomycosis, actinomycosis, sporotrichosis, coccidioides immitis, and the chromoblastomycetic fungi.

A brief chapter is devoted to "Common Contaminants and Probable Pathogens".

One of the outstanding features is the outline of The Pathogenic Fungi in tabulated form. This shows at a glance the clinical picture and the mycological findings with schematic drawings characteristic of the pathogens discussed in the text.

A worth-while book.

E. M. R.

* * *

Stitt's Diagnosis, Prevention and Treatment of Tropical Diseases. By Richard P. Strong, M.D., Sc.D., D.S.M., C.B., Professor of Tropical Medicine, Emeritus, Harvard University; Consultant in Tropical Medicine to the Massachusetts General Hospital and the Boston City Hospital; Colonel, M.C., Army of the United States; Director of Tropical Medicine, Army Medical School, Washington, D. C. Sixth edition. Vol. 1, 817 pp., 197 illustrations; Vol. 2, 876 pp., 199 illustrations. The Blakiston Company.

The demand for this work, as published in 1942, exhausted that issue. A reprinting is now available. The early editions were written by Dr. E. R. Stitt. This sixth edition was entirely rewritten by Dr. Strong, with the assistance of the faculty of the Harvard Medical School and other authorities.

The *Harvard Alumni Bulletin* of May 13 carried a notice of an AP dispatch which summarized the results of a thirst study made at the Harvard Medical School by Dr. James L. Gamble (*WM* 1912), Professor of Pediatrics, and Dr. Allan M. Butler (*c. C.M.*), Associate Professor of Pediatrics and director of the special research. Dr. Gamble told the American Philosophical Society, the dispatch said, that glucose may now be substituted partly for water to save castaways and downed aviators from dying of thirst in their life-rafts.

> This sugar [it appears] serves as both food and drink, by saving some of the body's water which otherwise would have been excreted. The metabolic riddle which glucose solves is this: Normally the kidneys use quite a bit of water to wash away from the body a number of different acids, including acids called ketones. Glucose prevents the formation of these ketone acids. The saving is so large that for 100 grams of glucose eaten the body is saved the loss of 140 grams of water.

The April 22 issue of the *Journal of the American Medical Association* published an article by Major Henry K. Beecher (*WS* 1934) entitled "Delayed morphine poisoning in battle casualties". The surgeon, North African Theater of Operations, U. S. Army, and the surgeon, Fifth Army, gave Major Beecher the opportunity to observe and report these findings, therefore his observations are the result of direct war experience. Factors leading to delayed toxic effects, the clinical implications, and treatment of the problem are outlined. Major Beecher closes his article with the following summary:—

> When the peripheral circulation is sluggish or inactive, as it may be in patients who are chilled or who have low blood pressure, subcutaneous injections of drugs are poorly absorbed. This was frequently observed to be the case in the Italian campaign. Subcutaneous injection of morphine under such circumstances fails to relieve the pain of wounded men. Repeated injections, sometimes over a period of many hours, are not absorbed until finally by shock therapy and warmth the circulation is reestablished in the skin and subcutaneous regions. The unabsorbed deposits of morphine, often totaling a grain or a grain and a half, are then taken up by the active circulation so rapidly that signs of morphine poisoning previously not present then appear, as shock is overcome.
>
> It is usually stated that wounded men require large doses of morphine, doses that may be dangerously large. It is probable that this clinical tradition had at least part of its basis in poor absorption of the morphine in cases such as these. Although the intravenous use of morphine is desirable and would eliminate the problem, such use is not ordinarily practicable under field conditions. In this case, intramuscular injection followed by massage is the choice.

Major Beecher is Consultant in Anesthesia and Resusitation, North African Theater of Operations; Professor of Anesthesia, Harvard Medical School, on leave; and, of course, our own MGH Chief Anesthetist, on leave.

MASSACHUSETTS EYE & EAR INFIRMARY SECTION

HEAR YE! HEAR YE!

All Eye & Ear Staff now in Military Service

TAKE NOTICE

and

Send your letters to The News for an Eye & Ear Section
Likewise, those on the Home Front may contribute any items of interest

The above broadside is in prompt response to an appeal sent to Dr. Faxon, from England, by Major Thomas Cavanaugh, MC:—

> Henry Brewster regularly gives the MGH News to me, and I have noticed that items about Eye & Ear graduates are indeed rare. Knowing how closely interwoven the activities of the General and the Infirmary are, may I suggest that you consult with Miss Robinson or Mrs. Ware, so that a column devoted to the service activities of Eye & Ear men may be published in The News. By so doing, I am sure that many of us could be brought "up to date" on our brethren.

The one hundred sixty-third anniversary of the Massachusetts Medical Society was held in Boston, May 22-24.

The annual oration was delivered by Dr. Joseph C. Aub (*EM* 1915), Director of the Medical Laboratory of the Huntington Hospital. His subject was "Toxic factors in traumatic shock".

There were exhibits from the U. S. Naval Hospital, Chelsea, including one by Capt. James C. White (*WS* 1925) entitled "New methods of suturing severed peripheral nerves with tantalum sutures and protective tubes of tantalum foil". This exhibit showed how the experimental work on this new type of anastomosis by Professor Paul Weiss of the University of Chicago (represented by photomicrographs of his subjects) has been applied to Naval patients with war injuries to nerves of the arm and leg. Illustrations in the form of samples of tantalum foil, tubes, and wire, as well as drawings of the operative method and X-rays showing the tubes and sutures in place, were included.

Dr. White has been in charge of neurosurgery at the Naval Hospital in Chelsea since December 1941, in addition to which he still conducts his classes here at the Hospital.

Dr. Roger I. Lee (*EM* 1907) has been chosen president elect of the American Medical Association. He will take office one year from now.

On June 5, 1944 the President and Fellows of Harvard College appointed Rev. Rollin J. Fairbanks "Lecturer in Practical Theology". Mr. Fairbanks, Protestant Chaplain assigned to the Hospital by the Massachusetts Council of Churches, is also Executive Director of the Institute of Pastoral Care.

The Army has announced the appointment of nineteen medical specialists as civilian consultants to the Office of the Surgeon General. They will work on a part-time basis with the medical department's chief consultant in medicine. The list includes three members of the MGH Staff: Dr. Chester M. Jones, gastro-enterology; Dr. Francis M. Rackemann, allergy; and Dr. Paul D. White, heart disease.

The job is that of advisor in any problem within the consultant's special field concerning which the Surgeon General's Office wishes advice. The work is mainly concerned with the examination of registrants for military service, and also with illness that may arise among the military personnel on active duty. Such appointments allow more rapid action than can sometimes be obtained through committees or groups of individuals.

It is also understood that Dr. W. Jason Mixter will act in a similar capacity in neurosurgery.

Dr. Faxon was guest speaker at the Hospital Group of the Retail Credit Grantors of New England at their Annual Conference in Swampscott on June 8. That hospitals have just as important post-war problems as commercial houses was borne out by M. R. Neifeld, Ph.D., of Newark, N. J., in his presentation of "Relationship of Hospital Credit to the General Economic Picture". Walter Morrison, Credit Manager of the Stetson Shoe Company, in his very capable discussion of "Survey of a Small Local Hospital", pointed out many weak spots in hospital credit departments and prescribed some stringent remedies. Judge Frank S. Deland, Vice-President and Trustee of the Faulkner Hospital, presided at the meeting; and Frances Hernan, our Chief Accountant, who is a director of the Retail Credit Association of Boston, was chairman of the Hospital Group meeting.

The following changes of address have been received:—

Lt. Henry F. Allen, MC, AUS (*ES* 1943), 446th AAA-AW Bn., Indiantown Gap, Pa.
Lt. Donald V. Baker, Jr., MC, AUS (*ES* 1943), School of Aviation Medicine, Randolph Field, Tex.
Lt. John F. Bell, MC, AUS (*Or.* 1941), OTB 55, Carlisle Barracks, Carlisle, Pa.
Lt. Robert K. Brown, MC, AUS (*WS* 1939), Torney General Hospital, Palm Springs, Cal.
Capt. Daniel Cahoon, MC, AUS (*WS* 1942), School of Aviation Medicine, Randolph Field, Tex.
Lt. Harold E. Elrick, MC, USNR (*M* 1944), 30th Battalion, ABD—Camp Thomas, Davisville, R. I.
Lt. Allan L. Friedlich, Jr., MC, AUS (*M* 1943), School of Aviation Medicine, Randolph Field, Tex.
Capt. Luke Gillespie, MC, AUS (*a. obst.*), APO 322, c/o Postmaster, San Francisco, Cal.
Capt. Henry C. Thacher, MC, AUS (*CM* 1942), School of Aviation Medicine, Randolph Field, Tex.
Lt. Robert P. Tucker, MC, USNR (*WS* 1940), c/o Dispensary, Klamath Falls Marine Barracks, Klamath Falls, Oregon.

There are several of you from whom The News has received nary a word since you went into military service. Your friends are just as eager to hear where you are and what you are doing as you are pleased to learn about them. Even though it is reasonable to suppose that many of you may be busier than heretofore—all the more reason why you should let us know what you are allowed to tell about your activities. So sit you down and write us anything that might make News material. Besides, it's a very crafty way to write several letters at the same time, you know—for The News goes everywhere!

If you find The News enjoyable, please help us in this way to keep it so.

Lt. James G. Miller (*EM* 1943) is to report for duty July 8, at Carlisle Barracks, Pa.

Lt. John M. Morris, MC, USNR (*ES* 1942) has recently returned after a year and a half in the Aleutians. He says:—

> It was interesting for the first year when the Japs were there. After we drove them out, the monotonous bleakness of the country and the persistent foul weather were almost unbearable. Nothing but rocks and a little tundra grass. No trees. No care-free natives! Only five days on which the sun shone. Constant fog, and winds recorded regularly from 60 knots up.

Lieutenant Morris is now assigned to the Reserve Midshipman's Training School, Columbia University.

Dr. Harry M. Lowd, Jr. (*CM* 1941) was commissioned as Lieutenant, MC, USNR, and served aboard a destroyer from the autumn of 1941 until December 8, 1942, when he received his honorable discharge due to injury. During his service, this destroyer was engaged in anti-submarine warfare in northern waters of the North Atlantic. Dr. Lowd has resumed practice at 366 Essex Street, Salem, Mass.

Another recent alumnus to be heard from is Lt. Alexander B. Vial, MC, AUS (*ES* 1943):—

> I received my commission in January 1943, after an ROTC course at the University of Michigan Medical School. I went on active duty January 28, 1944, starting my hitch at Carlisle Barracks. There I met several good friends from M.G.H.—R. K. Brown [*WS* 1939], Don Sweeny [*WS* 1943]—my former resident, droll Walt Kerr [*WS* 1943], smiling Dick Bush [*WS* 1943], and Irish Joe Holihan [*ES* 1943]—alias Happy Hooligan.
>
> From Carlisle I went down to O'Reilly General Hospital at Springfield, Mo., where I met many friends from Michigan, and Major [Hilbert S.] Sabin [*r.s.U.* 1941], Chief of G.U. there, an old-timer from M.G.H.
>
> Now I am at Camp McCain, Miss, assigned to the clearing company of this division. There are no MGH men here, to the best of my knowledge. It's a good outfit, rather proud of its record to date.

Lt. Frank J. Bacevicz, DC, USNR (*Dn.* 1944) has received orders to report for military service at the Naval Training Station, Great Lakes, Ill.

Lt. Donald N. Sweeny, Jr., MC, AUS (*WS* 1943) writes from the Station Hospital, Camp Phillips, Kansas:—

> My new address finds me in the middle of the wheat belt of the United States—and everywhere there isn't wheat. There's oil! I am on the Surgical Service here and have three very busy wards. I also happen to be the local Orthopedic consultant.

In a letter to Dr. Means, Lt. Leonard P. Eliel, MC, USNR (*EM* 1942) tells of his recent appointment:—

> After many months of uncertainty I am finally on active duty in the Navy, and have just reported here to the Medical Department, Marine Barracks, Klamath Falls, Oregon.
>
> The unit I have just joined will investigate malaria and filariasis from the therapeutic angle. We are occupying temporary quarters in a hospital which is nearing completion; however, work has already started in with a bang and promises to continue at a fast pace. Dr. (Commander) L. T. Coggeshall is the senior medical officer. Lt. Bob Tucker [*WS* 1940] and Lt. Bob Heskett, a classmate of mine at Medical School, are also here. It promises to be a lively and congenial outfit.

In reply to an inquiry regarding his status and whereabouts, Lt. Walter S. Kerr, Jr., MC, AUS (*WS* 1943) wrote from Barnes General Hospital, Vancouver, Wash.:—

> In February I reported to Carlisle Barracks for a 6-weeks' officers' training course, and was pleased to find Joe Holihan [*ES* 1943] and Grant Holmes [*CM* 1943] in my platoon. When the course was completed Joe and I drove here, where we have both been assigned to the surgical service. Joe is on the orthopedic, while I am Ward Officer on the urological. Holihan has received orders, effective May 20, to report at Camp Ord, Cal.

Lieutenant Kerr has since been transferred to the 725th F.A. Bn., 70th Division, Camp Adair, Oregon.

Lt. Col. Henry M. Thomas, Jr., MC (*WM* 1917) has been transferred to the Office of the Chief Surgeon, Hq. U.S.A., S.O.S., APO 501, c/o Postmaster, San Francisco, Cal.

•••—V•••—

The last issue of THE NEWS contained a letter from Pvt. William J. Murphy. We learned later that Private Murphy had been wounded and had received the Purple Heart. This is what he himself has to say about it, in a letter to a friend:—

> Some time ago I was hit very slightly on the leg. Really not much more than a scratch. For this I received the Purple Heart. Wouldn't even mention this but for the fact the government may eventually notify my folks and it would alarm them.

After 15 months of service as Medical Officer on a destroyer, Lt. Herbert C. Moffitt, Jr., MC, USNR (*EM* 1942) has been assigned to U. S. Naval Drydocks, Hunters Point, San Francisco.

In a letter written in May to Dr. Faxon, Comdr. Richard W. Dwight, MC (*WS* 1931) has this to say about his work in the Pacific:—

> I received my promotion in February; but, due to the vagaries of the mail out here, it was late in April before I put on the silver leaf.
>
> I gather from THE NEWS that MGH men practically outnumber the natives in the Mediterranean area. There seem to be very few of them out here. Aside from a brief glimpse of Dr. Thorndike and his unit last July, I have seen only one in the year and a half I have been on this ship. He is Dr. Oglesby Paul [*WM* 1943], whom I enjoy seeing from time to time when his ship comes along side.
>
> The work the junior medical officer and I do is characterized more by its variety than its volume, though lately we have been quite busy. He does the medical side and tonsillectomies; I do the surgery and psychiatry. The surgery has consisted mostly of appendices, a few hernias, and quite a lot of traumatic work. I had two bad burns a while ago that responded well to the treatment outlined in the Cocoanut Grove Monograph. One of them had almost 70% of his body involved, largely second degree. The dressings were quite a problem in this climate, as they got soaked through so quickly.
>
> I have had a continuous series of pilonidal sinuses. The Rogers technic works very well on a ship. The patients spend a day or two in Sick Bay, then carry on their work as usual, coming in every morning for a dressing. A number of them had had operations before and had been closed up tight, which makes me increasingly convinced of the rightness of our method. The heat does not slow the healing unduly.
>
> In the medical line we have malaria, dengue, and quite a number of cases of dysentery—apparently bacillary, though we had no method of proving it. They responded well to sulfathiazole. We see all kinds of skin diseases, mostly varieties of fungus, which recur again and again, and many of them have to be sent away from here.
>
> Life on a ship is pleasant on the whole, and distinctly more comfortable than on shore in this area, for we are free of insects, mud, and dust. It is monotonous at times, and I feel the lack of exercise, but one would not take much here, anyhow. We have movies every evening—sometimes two different shows when we are near an Army exchange. At times we are where we can explore tropical rivers by boat. The country is beautiful, but forbidding.

We have just heard that Lt. John Maier, MC, AUS (*EM* 1940) is with the 3rd Medical Laboratory. His APO number is c/o Postmaster, San Francisco, Cal.

Although this letter from Major Tracy B. Mallory, MC (*c.P.*) reached Dr. Ronald C. Sniffin some time ago, we publish it now, to obviate the danger of its being sacrificed in the interest of more up-to-the-minute reports we hope may come to us from Major Mallory:—

> Just imagine me trying to run a laboratory without Miss Parris's or, in fact, any female aid. I have seven "technicians", the sum-total of whose experience in histologic technique in one year in the army is about as many weeks of actual practical experience. Of course none of them type with more than two fingers, and all medical vocabulary and orthography is still a completely closed book. Minor difficulties are some non-melting paraffin, no razor-blade holders, a hone for the microtome knives just five inches in length, no horizontal staining dishes, no needles or camel's hair brushes, no automatic water bath for floating paraffin sections, practically no glassware of appropriate shapes or sizes and a room temperature until four days ago of a very constant 48°. We now have a stove constructed from a German parachute bomb and are at least comfortable, but at the moment I would cheerfully trade the 1,000 lbs. of masculine brawn at my command for 100 of just average female efficiency.
>
> We are now officially open and in operation. We really have a most impressive laboratory from the visual point of view. One department is splendidly equipped—serology. The Army really understands about that! At the moment we have three officers and eight enlisted men struggling with an average of seventy Kahns and Wassermanns a day.
>
> We are good on the big equipment but the little things got overlooked. The bacteriologists (4 officers, 10 "technicians") have only three microscopes, three burners, and four platinum wires. The virus laboratory has a refrigerated centrifuge with a high-speed head but no Berkfeld filters and no celluloid centrifuge tubes, without which the centrifuge is useless, since glass cannot be used. The chemists have a vacuum-oven but neither a photo-electric colorimeter nor a spectroscope. We were given a blood-bank specialist but no bleeding bottles or donor sets. Slowly, however, most of these things are straightening out. We collect the tin cans and the jam pots, we make anaerobic jars out of shell-cases, and we beg, borrow—and, I am afraid, sometimes steal.
>
> We are quartered in a "villa", once the residence of the keeper of the zoo. Among its accoutrements—almost unique, I fancy, in officers' quarters, are six cages for anthropoids. There is also an autopsy table of massive proportions on which horses were once butchered to feed to the lions. Next door is the hippopotamus cage and pool, in case we should want to experiment with any of the larger mammals. We have made some minor improvements such as a hot-water boiler, showers, and a few toilets; and we have been forced to put in a generator of our own, since on the native juice a 60 watt bulb emitted only ½ candle power.
>
> Our officers are truly heterogeneous. Two are of Italian parentage and, most fortunately, speak the language. One is Dutch, one is Chinese. Two have worked up to their commissions through the ranks and know the army inside-out. Only six of the twenty-five are medical corps, two are vets, several are Ph.D.'s in bacteriology, one in parasitology, and one in entomology. One is four feet eleven inches tall and one is six feet five. We hail from Boston, New York, Baltimore, Tennessee, Texas, Oklahoma, Idaho, Oregon, California, Toronto, Rotterdam, and Peiping.

Lieutenant Colonel John H. Talbott, MC (*a.p.*), Commanding Officer of the Laboratory and Director of Research, Climatic Research Laboratory, Lawrence, Massachusetts

Lt. Leonard D. Rosenman, MC, AUS (*ES* 1943) is with the Medical Detachment, 307th Infantry Regiment, somewhere in the Pacific.

Lt. Comdr. H. Stanley Bennett, MC (*res. fel. An.* 1942), whom we succeeded in getting nicely located last month, has been shifted to Hq. Co., H. & S. Bn., III Amphibious Corps—still in the Pacific Theater.

In a letter to Dr. Edward Hamlin, written on March 2 from "our little jungle camp in New Guinea", Capt. Arthur S. Pier, Jr., MC, AUS (*WM* 1941) expresses a delightful concern with hardships in Boston:—

> I imagine that living is quite a complex problem at home now, and it must be pretty hard. I hope the winter isn't dragging out into a dreary one like last year. I can't imagine anything worse than being marooned in the snow without transportation, and without food or heat.

Any hardships of his own life in a Portable Surgical Hospital are incidental to his thanks for a thoughtful gift:—

> It was a tremendous treat after our C-ration stew and bully beef of the past month or so. I can tolerate bully beef, but I find dehydrated potato about the last straw! Actually we are pretty badly spoilt over here, and haven't begun to know what war is really like. The Australians, who have been through nearly five years of it, are a real example. Their whole tenor of life is different from ours, and their patience and casual acceptance of things as they are give them staying power.
>
> We have been fortunate in being set up near an Australian Casualty Clearing Station that has been caring for a huge number of Aussi infantry troops. Many of the doctors and men have been in the Middle East. Some haven't seen their families for four years, except for a brief leave en route. They are excellent medical men, and have been a great help to us in our initiation to tropical disease. During a spell when we were having a lull and they were very rushed, I ran several of their ward tents for about a month. One of my patients was a Victoria Cross and bar man, very modest and unconcerned about it all, and very anxious to get back to duty.
>
> We are surrounded by both American and Australian fliers. They are a very steady bunch. Day after day they go off on missions, yet they seem to be under less tension than the ordinary man. One small Aussi squadron goes up almost to a man nearly every day. The squadron leader dropped in on us the other night. He had been on a very rough mission all day and was to set out on another, first thing in the morning. He brought us a bottle of rum, but drank little himself, and of course left quite early. It struck me as very touching that between two hard combat missions he should call on us, bring a bottle of rum, and talk interestingly about American and Australian politics, etc. But that attitude is typical of the Australians. It gives me a weird feeling to realize they are going out practically every day. I think I am more on edge about it than they are.
>
> As for our work, we were very busy when we first came. We were the only hospital anywhere near, and the place was pretty much wild and untouched jungle and Kunai grass. We were run pretty ragged for about two months, chiefly with malaria, dysentery, dengue, and a certain amount of scrub typhus. The malaria packs an awful wallop up here, and it is mostly the malignant variety. We have had some darn sick cases, and quite a few cerebral malarias. The latter are dramatic and very grim, a real medical emergency. Fortunately we have had enough intravenous quinine on hand to pull them all through. There has also been a certain amount of traumatic surgery that has come in fairly steadily.
>
> This area is getting pretty well developed. They moved in several much bigger and more stationary hospitals, which have stolen a lot of our thunder. We are anxious to move on, therefore, but at present there doesn't seem any other place to put us.
>
> I spent Christmas on leave at a General Hospital. It was good to get back there for a little while, and something like coming home. Seeing the huge fields and distant views, after being hemmed in by mountains and jungle, was like stepping from a dark cellar out of doors. I thought their spirit very high. The hospital grounds looked swell. They all missed Jack Newell very much. I should think he would find the rigors of private practice these days a good deal tougher than Army life.

After a "two-year Pacific tour", Lt. Comdr. Hannibal Hamlin, MC (*r.s. NS* 1942) is now attached to the U. S. Naval Hospital, Newport, R. I.

Comdr. Jesse T. Nicholson, MC (*r.s. Or.* 1933) sends word of his promotion in rank, and a running account of his experiences since his service with the Medical Specialist Unit of the University of Pennsylvania and a brief induction period at Philadelphia Naval Hospital:—

> It took us two months to catch up with our hospital ship which had been progressively moving further south in the Pacific. We boarded her in Tongatabu in time to care for some of the Coral Sea casualties. After some months we moved to New Caledonia and received casualties from the Savo Sea battle. A great proportion of these were brought to us by Walt Garrey who was surgeon on a troop transport. We evacuated our casualties to New Zealand. For the remainder of the Solomons Campaign we received our casualties in the New Hebrides. They were flown or brought to base hospitals and loaded aboard our ship as soon as we arrived. Bob Legge was orthopedist at one of these base hospitals.
>
> Except for occasional trips to the Fiji Islands, we called rather regularly at Auckland or Wellington. In the latter city we renewed friendships with Hap Kennard, Charlie Johnson, Frankie Hunter, and Howard Sprague. The summer of 1943 we spent as a harbor hospital in Noumea. It was here that Howard Sprague became our Chief of Medicine. On the beach, at the mobile hospital, were Jack Carmody, Ben Tenney, Joe Placak and, for a short time, Dick Alt. In October I left the ship in the New Hebrides and flew back to the States.
>
> My new assignment is at the U. S. Naval Hospital in Oakland, where I am head of an orthopedic service which has more than 400 patients. Here it has been my pleasure to welcome back and speed on their way a number of old friends from M.G.H.

A note from Capt. James D. Schuler, MC, AUS (*CM* 1939) reports that he is with a Medical Clearance Company "somewhere in Northern Ireland".

Lt. Donald J. Emery, CWS, AUS (*res. fel.D* 1941) is with a Station Comp. Sq. "somewhere in England".

Capt. Guy R. Sweeney, MC, AUS (*gr. asst. M.* 1942-3) writes:—

> Have been overseas several months, serving with a medical detachment, and am now with anti-aircraft. Since arriving in England, I have visited London and Liverpool, where I renewed old acquaintances and made comparisons with recollections of these places in peacetime.
>
> Please extend my very best wishes to all in the M.O.P.

In a letter which gives a new address not only for himself but for Captains Talmadge and Soutter, Lt. Edward L. Young, III, MC, AUS (*WS* 1942) wrote that they are with an Auxiliary Surgical Group "somewhere in England, doing nothing exciting except—getting ready."

THE NEWS

No. 23 Boston, Mass. August, 1944

Included in the War and Navy Department casualty lists of July 14 is the name of Lt. Frederick C. Gevalt, Jr., MC, USNR (*r.p.* 1943). Lieutenant Gevalt was wounded in action while storming the Normandy beaches with his amphibious unit. He had already participated in two previous invasions—North Africa and Sicily.

This copy of a letter to Colonel Goethals, from Mr. Albert E. Hunter, President of the Talence Club, speaks for itself:—

> Dear Colonel Goethals:
>
> In behalf of the Talence Club, I enclose a check for twenty-five dollars ($25.00) to be expended as you may think advisable for the benefit of the enlisted personnel of U.S. 6th General Hospital. The Talence Club, formerly The Enlisted Men's Club of Base Hospital Number Six, was organized twenty-seven years ago during our service at Talence, Bordeaux, France, under the command of Colonel Washburn. The club at one time numbered well over three hundred members and our annual reunions are well attended.
>
> The members of the club are very much interested in our successor unit and should be glad to have any information which you may be in a position to furnish regarding the activities and work being carried on by the hospital unit.
>
> On behalf of the club, I extend our most cordial greetings and best wishes to the doctors and nurses and enlisted personnel of the 6th General Hospital.
>
> Sincerely,
> Albert E. Hunter,
> *Talence Club President*

At their meetings on June 28 and July 5 and 12, the General Executive Committee voted:

To appoint Dr. Juan Reforzo-Membrives as Research Fellow in Medicine, to work in the Metabolism Laboratory for six months;

To appoint Dr. Earl J. Waddington as Graduate Assistant in the Dental Clinic;

To accept the resignation of Dr. Howard M. Rogers from the position of Graduate Assistant in Medicine and Pathology.

On June 30 the Hospital Committee of the Trustees voted to recommend to the Trustees the appointments of:

Dr. Ricardo S. Mora as Intern in Anesthesia for one year beginning October 1;

Dr. Tetsuo Sugiyama as Junior Resident in Surgery for one year beginning July 1.

Miss Florence Kempf, Assistant Principal and Supervisor of Instruction in the Sciences at M.G.H., is conducting classes in the Principles of Teaching at the summer school of Teachers College, Columbia University, Department of Nursing Education.

Three graduate nurses came to the Hospital July 1 for postgraduate work in orthopedic nursing. Their program is sponsored by Joint Orthopedic Nursing Advisory Service, which is made up of consultants from the National League of Nursing Education and the National Organization for Public Health Nursing. Their theoretical work was completed at Columbia University, and their nursing experience is divided between the Children's Hospital in Boston and the M.G.H.

The promotion has been announced of Kathleen Atto (*MGH* 1922) to the rank of Lieutenant Colonel, Army Nurse Corps. Colonel Atto is Chief, Nursing Service, 2d Service Command, with headquarters at Governors Island, New York.

Miss Elizabeth Hall, Supervisor of the pediatric wards, has recently returned from a Washington conference sponsored by the Children's Bureau. Miss Hall was the one nurse representative among a group of pediatricians, social workers, and nursery school directors. The conference was called to discuss plans for care of children under two years of age whose mothers are working in industry.

* * *

The following changes of address have been received:—

Lt. Robinson L. Bidwell, MC, AUS (*ES* 1943), Lawson General Hospital, c/o Postmaster, Atlanta, Ga.

Major William M. Huber, MC (*r.p. D* 1937), Army Service Forces Convalescent Hospital, SCU 1493, Daytona Beach, Fla.

Major Edward Parnall, MC (*Or.* 1932), Battey General Hospital, Rome, Ga.

Lt. Comdr. John B. Stanbury, MC (*WM* 1941), US NATTC, Dispensary 34, Norman, Okla.

Lt. Karl Riemer, MC, USNR (*Oph.* 1943) is stationed at the training center in Darien, Conn.

The appearance of the pages and the usual arrangement of the material have been forfeited in this issue in order that several pictures of Volunteer Day might be included.

Oral Diagnosis with Suggestions for Treatment. By Kurt H. Thoma, D.M.D., [*c. Dn.*]. With contributions by Fred Trevor, D.M.D., Henry Goldman, D.M.D., and David Weisberger, D.M.D. Second edition, revised. 495 pp., with 666 illustrations (63 in colors). Philadelphia and London: W. B. Saunders Company, 1943.

The first edition of this book, published in 1936, was called *Oral Diagnosis and Treatment Planning.* This second edition has been revised and several new chapters have been added. The book is recommended to both the dental student and the practitioner.

W. W. Norton & Company has established a new literary award to be known as the Norton Award, to consist of $3,500 "offered to encourage the writing of books on medicine and the medical profession for the layman". The publishers feel that scientific workers generally write for one another. In announcing this award they have in view the need for books on medical science, written by professional workers in the medical field in a way to interest the general reading public. Complete information and entry blank may be obtained from the Norton Award, W. W. Norton & Company, Inc., 70 Fifth Avenue, New York 11, N. Y. Final date for delivery of manuscripts is December 31, 1944.

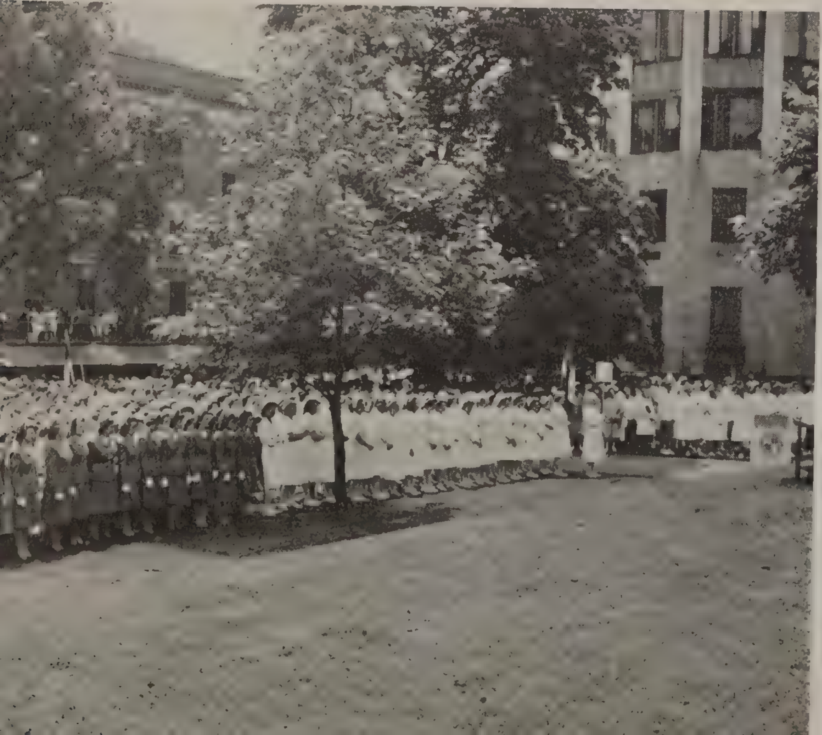
Time for June 26 contained an article about the outstanding contributions to medical science made by two of our Staff —Dr. Reginald Smithwick (*ES* 1927), who has perfected the technique of radical splanchnicectomy, and Dr. Arthur Wilburn Allen (*WS* 1915), whose method for reducing deaths from embolism following operations is being used successfully on hundreds of cases a year.

The *Harvard Alumni Bulletin* of May 27 contained the following article:—

> A recent release from Camp Joseph H. Pendleton, Cal., read as follows: "When Marines of this artillery unit hit the field, one of the busiest officers in the outfit will be Navy Lieutenant Commander H. Bristol Nelson, Medical Corps surgeon [*a. obst.*]. His concern is the health and welfare of the members of this command. He may be inspecting field sanitation measures, or administering blood plasma, purifying water for drinking purposes, or extracting shrapnel from a wounded Marine—they're all in the line of his duties."

Besides serving on our Staff at M.G.H., Commander Nelson was an instructor in obstretrics in the Harvard Medical School when he entered the Navy in 1942.

STAFF
DIRECTORS



Volunteer Day

Revealing the spirit of close cooperation that exists between the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, almost the entire personnel of these two Hospitals took part in a program entitled "M.G.H. on Review" in observation of Volunteer Day, Thursday, June 22.

The purpose of this unprecented celebration was threefold: to emphasize the importance of the part each worker plays in helping maintain the high standards of the Hospital—particularly during these difficult times; to present a graphic picture of the great number of people whose efforts are necessary to make this possible; and to impress upon the volunteers that they, too, are valued members of the Hospital family, who must endeavor earnestly and unceasingly to repay trust with proficiency, and never allow the keen realization of their professional limitations to cause them to consider themselves "outsiders".

Since rain would have prevented the carrying out of the program, weather was a matter of deep concern. We had been bogged down for days in one of our New England north-easters. The morning dawned gray and misty. But Dr. Faxon—with the faith of true genius—pronounced that, despite the weather forecast of "clear by late afternoon", it would be clear by noon. And clear it was—the first perfect June day in more than a week of rain.

Sandwiches, coffee, and punch were served in the Bulfinch Yard to more than 1000 guests, while the United States Port of Boston Coast Guard Band, under the direction of Warrant Officer John A. Jacobson, lived up to its established reputation and gave an excellent concert.

At 12:45 Mr. John R. Macomber, President of the Massachusetts General Hospital Board of Trustees, cordially welcomed the volunteers and guests.

When he had finished speaking, Dr. James Howard Means stepped to the front of the Bulfinch balcony and, in his usual able manner, explained the Review that was to follow. He then raised his hand in signal to the band—and the procession began. To the strains of martial music and the reading of the script by Dr. Means, on and on and on came the double column of marchers—department after department—for nearly half an hour—until more than 1500 persons had come out from the buildings and were standing in the center of the Yard—a solid mass symbolic of unity.

When the last marcher had joined the others, Dr. Faxon gave a brief but moving address in which he expressed the sincere appreciation of the Hospital to all those who are serving her, both here and abroad. He then introduced His Excellency Leverett Saltonstall, Governor of the Commonwealth of Massachusetts, who stressed the importance of a "healthy and happy people" and paid high tribute to the invaluable service the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary are giving to help reach this goal.

The program ended with the group singing of our national anthem, after which the solid mass of people began to stir, broke up into groups, and gradually disappeared through the various entrances into the buildings. The Yard was again quiet and empty. The second Massachusetts General Hospital Volunteer Day had come to a close.

Although nearly a month has passed since that impressive scene, I am still deeply moved whenever I recall it to mind. To realize that such a group exists, and that one is privileged to be a part of it, fills the heart with both overwhelming pride and profound humility.

An account of the celebration would be incomplete without mentioning the help given by Mr. Francis Hart, and the poem written by Mr. Francis W. Hatch which expressed in verse the devotion of all of us toward the Hospital.

A volunteer

MASSACHUSETTS EYE & EAR INFIRMARY

Mrs. Margaret MacDonald, our bookkeeper, resigned on June 16. In recognition of her loyal and efficient service to the Infirmary since June 7, 1922 a tea-party was given in her honor. She was presented with a very lovely silver sandwich plate, and a Wedgwood plate and cup and saucer bearing a design of the Infirmary of the old days. We all wish her many years of well-earned happiness in her home.

Miss Helen K. Wade, Director of Occupational Therapy, after a three months' leave of absence spent in Florida, resigned on May 15, to work with the Connecticut Society for Crippled Children, Inc., Hartford, Conn. Miss Wade started the department of Occupational Therapy in 1925. Under her direction it has grown from one small room in the Nurses' Home into a very active department which includes the patients' library and requires the services of two full-time therapists. We wish her success in her new work.

Mrs. Anne M. Olsen succeeds Miss Wade as Director. Mrs. Olsen is now very busy moving into her new quarters on the roof of the Infirmary.

We learned from Mrs. Charles F. Hollabaugh, who called recently at the Infirmary, that her husband, Dr. Hollabaugh (*Oph.* 1932) is a Major in the AUS, serving with the Vanderbilt Clinic Unit.

Lt. Edwina N. Hussey (*MGH* 1937), who resigned as Head Nurse in the Eye Clinic, January 1942, to go overseas with the Peter Bent Brigham Unit (the 5th General Hospital), writes from "somewhere in England" that she is enjoying the beautiful countryside—but expects to be very busy, now that D-day has come.

Capt. Edward F. Lawlor, MC, AUS (*Oto-Lar.* 1941) is serving with an air force in China.

A letter has been received from Capt. Sumner D. Liebman, MC, AUS (*Oph.* 1943) who is with an evacuation hospital. He writes:—

> I recently received a marvelous letter from Trygve Gundersen. Bob Mattis is now somewhere near me and I am going to try to see him as soon as possible.
>
> The professor of ophthalmology at Liverpool invited me to come to his clinic, and I went on a pass. He was very nice and I spent a most enjoyable day. The building is one hundred years old, but looks very much like the Infirmary.
>
> Did I tell you I had a note from Tom Cavanaugh? He is too far away for us to get together at present, but I hope to see him eventually.

Lt. Comdr. David P. Cordray, MC, USNR (*Oto-Lar.* 1940) has returned after thirteen months' service at a submarine base in the South Pacific. At present he is assigned to duty at the U.S. Navy Hospital, Newport, R. I.

In a letter to Dr. Schall, written May 20, Capt. John E. McKeigue, MC, AUS (*grad. asst.* 1943) gives an interesting outline of his army experiences:—

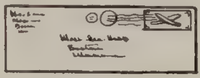
> Upon leaving Boston in July 1943 I went to Carlisle where I stayed for six weeks and learned the set-up of the Medical Corps. From there I joined an infantry division at Camp Swift, Texas. My stay in Texas was short, for we moved to Louisiana where we had nearly four months of maneuvers. I am glad I had that opportunity, for no doubt it will be of value. We really roughed it, and it gave me the chance to get in some practical experience. From the swamps of the south the division went to Fort Leonard Wood in Missouri, and it was heaven to have a real bed and be able to take a shower whenever I felt like it. I was just beginning to live like a king when I got orders to report to another infantry division at Camp Butner, North Carolina. Upon arriving there I was informed that the outfit was what they call "hot", and after a month we moved out. From there on it is secret. I can say that we went to a camp on the east coast, were completely processed, and shortly after found ourselves boarding a ship. It has been a great experience for me—especially in the past few weeks.
>
> I received my promotion just before I left the States. My present duty is that of an Assistant Battalion Surgeon, which means I am the medic in the battalion aid station just in the rear of the front lines. I have done very little in the line of medicine since joining the service, but expect to get plenty of real experience before too long.
>
> I have often read of troop transports, but now I am actually a part of one. I am living in a stateroom with five other officers, and, while it is crowded, we manage to get along. We have a steward to take care of the room, and all linen is supplied. We wear a life-jacket at all times, to which is attached a small light which can be turned on in case we are adrift in the water. The food is of the best, which is the main morale factor in most cases. Each afternoon there are boxing and wrestling matches on deck. We also have a well equipped library, so we are well taken care of. Each morning the latest news is announced over an amplifying system to keep us in constant touch with the world outside.

At a meeting of the American Broncho-Esophageal Association Dr. LeRoy A. Schall was elected to the Council.

At the meeting of the American Laryngological Association in New York in June, Dr. Harris P. Mosher (*past c. Oto-Lar.*) presented a paper entitled "On becoming Emeritus Professor". Dr. LeRoy A. Schall's subject was "The pathology of the nasal mucous membrane and suggestions as to treatment".

Dr. Charles T. Porter (*Oph.* 1914; *Aural* 1915) has been chosen president elect of the American Laryngological, Rhinological and Otological Society.

Dr. Moses H. Lurie (*s. Oto-Lar.*) gave a talk recently before the American Otological Society entitled "Acoustic trauma of the organ of Corti of the guinea pig", and Dr. Ruth Guilder (*res. fel. Oto-Lar.*) and Dr. LeRoy A. Schall (*c. Oto-Lar.*) spoke on the "Rehabilitation of the deaf child".



Lt. Daniel H. Hindman, MC, USNR (*a. obst.*) writes from the U.S. Naval Air Station, Norfolk, Va.:—

> Have just arrived back in the country after completing eighteen months in the South Pacific, starting out with U.S.N. Mobile Hospital No. 7 and concluding with the more vigorous and roving motor torpedo boats in the Solomons.
>
> It was grand to set foot again in the "Old Country" and find it not strikingly altered. Am now attached to the surgical service of the hospital—the largest and most luxurious station at which I have yet served. Needless to say, I'm intent on employing fully each of the many luxuries hereabouts.
>
> One of my supernumerary duties is acting as Doc to some 1000 Waves and nurses. I hope to give them my undivided attention.

Capt. Ralph Gordon Brown, MC, AUS (*P* 1942) is with the 18th Medical General Laboratory.

In a letter to Dr. Faxon he said:—

> After almost two years at Bruns General Hospital in Santa Fé I succeeded in getting a grand job in pathology with this top-notch organization. It is a small, highly specialized group encompassing all branches of laboratory medicine, and is similar to Dr. Mallory's unit.
>
> My training at Fort Sam Houston has been very valuable. There are always a few MGH men around: Colonel Bauer, Charles Burbank, and Henry Thatcher—the latter a new arrival at the School of Aviation Medicine at Randolph Field, after considerable experience overseas.

Lt. Frederic Tudor, MC, USNR (*a. M*) sends us an outline of his military itinerary to date:—

> From October 5, 1942 to April 1, 1943 I was stationed at the Naval Hospital, Chelsea, Mass., with one month of special duty at the Army's Edgewood Arsenal in Maryland for training in chemical warfare. The next nine months were spent with the Marines at Camp Lejeune, New River, N. C. Then back to Boston again in December 1943 for four months' duty as Medical Officer in the sick bay of the *USS Somerset*. The bridal suite of the hotel has been converted to this purpose for the duration. The French cuisine stays on. Two more months—April and May, 1944—at Chelsea. Now I have completed training at the Amphibious Training Command, Norfolk, Va., and am awaiting assignment to a landing ship.

Capt. Louis Nathan, MC, AUS (*Or.* 1930) is at Veterans Hospital, Aspinwall, Pa. He writes that he hopes for a change of station in the near future.

The first direct information about Lt. Col. Donald M. Glover, MC (*WS* 1922) came in a letter from him, dated June 12, 1944:—

> I have intended for a long time to give you some fragments of information about myself, but we have fortunately been so busy ever since we left the States in January 1942 that it has been extremely difficult to find time for letters—especially with the volume of writing that is constantly required in an Army hospital.
>
> As you may or may not know, this was the first general hospital to leave the United States and the first to be set up on foreign soil—both in this war and the last. Our operation as a hospital in this war dates from 3 March 1942. It has been a long job as Chief of the Surgical Service, but has had a few bright spots and a good many interesting and possibly fruitful experiences. We spent almost two years in a metropolitan area of Australia, in a physical set-up which compared favorably with some of our best civilian hospitals at home. There we were fortunate enough to be close to a medical school and for a number of months, before we became too busy, some of us were able to do some teaching there. Since we had to give that up, the lack of regular teaching contacts has been one of the most unpleasant features of the assignment to many of us. The character of work done there was not far different from what we have done in large general hospitals at home, except for the much greater volume and need for flexibility which at times required doubling bed capacity over night. I believe the quality of work compared favorably, however.
>
> Several months ago we were transplanted to the jungle setting we now occupy on a forward island, again being the first general to be put so far forward—in this theatre, at least. The problems of transmutation were [*censored*], but fortunately our officers, nurses, and enlisted personnel had worked together so long that the move was made with relatively little difficulty. If you visualize moving the M.G.H., complete with personnel and equipment, several thousand miles via a combination of antiquated rail system and congested ships, some of the problems can be imagined. We were set up and operating in the new site, in a combination of prefabricated buildings and tents, within a week after we landed; and reached our rated capacity within six weeks. Naturally, we have been very busy here, with much more acute surgical material than we had down below.
>
> We have had many pleasant and fruitful contacts with the Harvard group and can attest to the thoroughly excellent job they are doing.
>
> My very best to all the old MGH crowd. Major Clifford C. Franseen [*WS* 1932] is with a neighboring outfit and often makes rounds with me, which association I have enjoyed.

A recent letter from Lt. Henry S. Fuller, MC, AUS (*WM* 1943), written from Burma, supplements a previous one sent to Dr. Means:—

> For the past few months I have had a great variety of experiences. From a clinical standpoint, it has been very rich, with emphasis on tropical diseases. I have been fortunate enough to follow them from their inception to their ultimate conclusion—recovery or death, as the case might be—although deaths have been in the minority. Also, I have had some of the peculiar adventures that occur in the course of jungle warfare. It is very pleasing to receive THE NEWS, to keep up with affairs at the Hospital, and to read about what my friends are doing.

Capt. Benjamin L. Huntington, MC, AUS (*WM* 1940) is with a Malaria Control Unit somewhere in the Pacific. This letter from him, written June 13, is a rare combination of wit and something almost akin to downright nostalgia:—

Your latest number reached me today in the record time of ten days—taking into account the phenomenon of the date-line. My perusal of it caused me to be late for chow—very unusual for me, though I would swap the best meal turned out here for a crack at the counter in White basement.

My promotion finally came on April Fool's Day, after seventeen months with the A.U.S.

From time to time I see Major Charles G. Mixter, Jr. [*WS* 1940], and Lt. James T. Heyl [*WM* 1939]. My job, which has some of the aspects of a traveling salesman's and a few of a city collector's, makes me listen rather hungrily to their erudite discussion of really medical affairs. In spite of this feeling, I have to admit that my duties have a novel interest which, unfortunately, I cannot mention.

This is the second base to which I have been assigned in the Pacific area, and all I can say about it is that I heartily look forward to the future which will perhaps move me to a third.

I read with a good deal of interest the remarks on training facilities at the hospital for the returning medicos. Many, I know, will back me in urging a program for the returning medical officer who needs refreshing—and more—in clinical medicine. However difficult it will be to organize, there is no doubt in my mind that most of us will need it sorely.

Many thanks again for the effort and time spent in preparing THE NEWS. You have heard from others how much it is appreciated, but let me add my nickel's worth.

Perhaps it is a very significant quality of the Massachusetts General Hospital that its absent members never expect to find it anywhere but here! It is and represents "home", and they never doubt that when they return they will find Hospital and Staff still the familiar and indissoluble spirit that "home" always represents.

From the South Pacific, Lt. John L. Wilson, MC, USNR, (*ES* 1940) acknowledges some reprints sent to him by Dr. Allen:—

It is next to impossible to keep up with medical literature out here. As long as I can read some of the things you all at M.G.H. are writing, then I feel I'm making some progress.

I can hardly believe it is almost two years since I left Boston. I do hope things back there won't change too much. I am sure you are extremely busy—and having to do things, perhaps, that the House Staff looked after formerly. But it can't last *too* much longer.

I enjoy my work in aviation as much as ever. There is a fair amount of flying to do nowadays, but the medicine is pretty routine—malaria and skin diseases with the usual traumatic items that we have to evacuate to big hospitals. And, incidentally you would be surprised at the *beautiful* equipment that goes into some of the Navy's advance hospitals. I can just see you leading the ward rounds from tent to tent beneath the cocoanut trees. Wish you could pay us a visit and stimulate our minds!

I guess the MGH unit is having an interesting time over there in the big league. There surely are two kinds of war going on. I've often wondered which I prefer. I think our war here is best. I always liked the "personal" touch, and we get it. Masses of men and tanks and planes are so confusing—and, besides, the Japs are so easy to despise.

In a letter of May 31 to Dr. Faxon, Col. John E. Gordon, MC (*cons. prev. med.*) gives a most enthusiastic account of his work:—

In February I had a change of station, but my duties remain the same—Chief of the Division of Preventive Medicine on the staff of the Chief Surgeon, ETOUSA.

I have received notification of my reappointment as consultant in preventive medicine at M.G.H., which I appreciate greatly. That is an association I have always enjoyed, and it is good to think that we can some day take up where we left off. I wonder when that will be?

As the time approaches when all that has been planned these many months finally gets under way, there is a general appreciation of the seriousness of the venture. From a health standpoint the situation is good. I doubt if better facilities for medical care have ever been provided an army. Non-effective rates are low, there has been an absence of serious epidemic diseases, and the venereal disease rate has shown a continuous downward trend, to reach a level lower than I had believed possible in a theatre of operations.

Next month I shall be starting my fifth year over here. Admitting a long range point of view in those days of 1940 when you and I talked over plans for the Harvard Unit, I will admit that this was beyond my calculations. Nevertheless, I am enjoying the work, and the experience is unparalleled. I wouldn't be in any other place in the world that I could name just now, and that includes Boston. These are stirring days.

Lt. Comdr. Richard D. Nies, MC (*An.* 1941) is with a Com. Air Center, somewhere in the Pacific area.

Lt. A. Allison Wills, Jr., MC, USNR (*a. Psychiat.* 1937) is on duty in the Pacific. He finds his work very interesting, but is not allowed, at present, to disclose the nature of the work his ship is doing.

Capt. Luke Gillespie, MC, AUS (*a. obst.*) writes that he is "somewhere in New Guinea, doing some air evacuation of patients".

Lt. Duane H. Mitchel, MC, AUS (*M* 1943) is with the Colorado University Hospital Unit in New Caledonia.

Capt. Charles B. Burbank, MC, AUS (*WS* 1939) is with the 5th Auxiliary Surgical Group.

Major Edgar M. Burns, MC (*r.p. Psychiat.* 1935), Capt. Richard R. Carter, MC, AUS (*r.p. N* 1942), and Capt. Leon F. Ray, MC, AUS (*r.p. D* 1939) are with the 46th General Hospital.

Capt. Robert H. Talkov, MC, AUS (*res. fel. M* 1942) has been transferred to the 161st General Hospital.

The first military address we have received for Lt. Robert J. Tracy, MC, AUS (*ES* 1943) is 110th Evacuation Hospital.

On July 9 Major Ian Paley Rak, MC (*a. Psychiat.*) wrote from England:—

In addition to my present duties as Chief Neuropsychiatrist of a general hospital over here, I have recently been appointed Chief Neuropsychiatric Consultant to the 15th Hospital Centre. Colonel Stanley, the Surgeon of the Centre, was formerly Surgeon of the 1st Service Command in Boston. He knows so many of our men who pitched in and helped when help was needed in those pre-Pearl Harbor days in Boston.

Recently visited the Harvard House in Stratford-on-Avon. Tip for Harvard men: You save 6 pence, because admission is free to you. Yale men are threatening to visit the Yale House in Wales!

Somewhere in France
Saturday, July 1, 1944

Dear Dr. Faxon, THE NEWS, *et al*:

Just a line from sunny France (which has not been so sunny these past few days) to let you know that I got in on the invasion. Even if I were permitted to write all that I have seen and experienced these past few weeks, I doubt if I could find words to do it justice. Suffice it to say that I am among the more fortunate and have so much to be thankful for. At present I have my aid station set up in a room of a German barracks which was hastily vacated on D-day. There is much to be done and there have been many casualties among the natives who were caught in the onslaught. We have been helping with their care as well as administering to our own men.

At first we found the French rather bewildered. They had been fed so much propaganda, and had been through so much suffering and privation they trusted no one. They constantly feared that *les Boches* would return. They now seem assured that we are here to stay, and begin to regard us as their true liberators and friends.

Here, the doctor is idealized much as he used to be in America years ago. Next to the clergy, he is tops in the community. I have helped one young doctor here with many of his cases. I marveled at the results he obtained with his injured civilians, considering how handicapped he had been for supplies. He had been a prisoner in Germany for seven months and was released prior to the invasion to return to his community practice.

The people here have had no new clothing or shoes for three years. It is surprising how many boys and girls can be seen wearing G.I. socks and boots. This demonstrates the principle of brotherly love and kindness which seems to be inherent in most Americans.

Please give my best regards to all in the Medical Out-Patient. Along with millions of others, I am constantly praying for the war's end and our return home.

Sincerely,
[Capt.] Guy R. Sweeney, MC, AUS
[*gr. asst.* 1942-3]

Much is said in few words in two brief letters recently received from Lt. Sidney W. Ellery, MC, USNR (*ES* 1943) and Lt. Ben Eiseman, MC, USNR (*ES* 1943). Lieutenant Ellery writes:—

Ben Eiseman and I have been aboard LST's during the invasion of France, and have had some fairly exciting times. These ships have been set up to handle casualties for evacuation from the beach and are equipped with a small operating room which, while serviceable, does not approach the magnificence of the third floor of M.G.H. We have seen and done a good deal of traumatic surgery, although hampered at times by lack of time to pay as much attention to any one patient as we would like.

And Lieutenant Eiseman says:—

I am Medical Officer on board this "floating bathtub". Was with Ellery on another LST for a time, but we were sent to different ships after two very pleasant months. Haven't seen him since the invasion, but hear he is safe.

Early in May Major Fiorindo A. Simeone, MC (*WS* 1936) wrote Dr. Faxon from North Africa:—

I just returned to Headquarters after six months with Fifth Army and was delighted to find the last two numbers of THE NEWS waiting for me. That journal is almost as good as a visit back to the M.G.H.—though not quite.

As for information about my doings—the early activities of the Fifth General Hospital are now pretty well known to readers of THE NEWS.

In Ireland I had the pleasant experience of serving as "exchange" battalion surgeon for an Infantry Unit. During that time I was an L.M.D. for the Station Hospital in which were Zeller, Suby, Graham, Whiting, Ulfelder, Sahler, and others I had known back home. About two months ago I visited my old battalion. There were only two men left from the medical detachment I had worked with. Although it rains in Ulster at the slightest provocation or with no provocation at all, the beautiful shades of green and the flowers more than make up for the rains. We made many friends in Ulster.

When the hospital moved to its present location I went by jeep. It was a cold ride, but a lot of fun. I wore a huge six-shooter (I had had no experience with firearms before). The people we met in Scotland were among the kindest I have ever seen.

We were less busy professionally in England. Richard Warren began keeping bees and I became his first-assistant. I was stung only once. The summer's yield was 18 pounds of honey.

Our first experience with battle casualties came in the early Spring of 1943 when some arrived from Africa. It was both instructive and exciting to take care of them. The soldiers found eager listeners for their many tales, among all ranks. They had fascinating stories to tell about A-rabs, B-rabs, and C-rabs. Up to that time our work had been very much like that of a civilian hospital with a bit more emphasis on the Surgery of Trauma (accidents). My own work had been limited to some General Surgery, G.U. Surgery, Sympathetic Surgery, and Thoracic Surgery. We had several cases of tuberculosis. Some of them had phrenicotomies done; one had a pneumolysis (through an operating cystoscope). Roy Swank and I made some observations on the "Scalenus anticus syndrome". We found two cases of epidermolysis bulbosa simplex localisata (familial) and treated them by sympathectomy, with some improvement, I think, but no cure. A most interesting case was one of retrocaval ureter which we nicknamed "barber-pole ureter" from the way the ureter wound around the vena cava. I believe it was the second case ever diagnosed pre-operatively.

While in the U.K. I spent a month with Mr. A. Tudor-Edwards in Thoracic Surgery. He is a stimulating man and found time to entertain us even though he was so very busy. It made me very happy to learn the respect and admiration that British thoracic surgeons have for Dr. Churchill. I saw Ronald Belsey in England, who wanted to be remembered to the M.G.H.

In July 1943 Bob Zollinger whispered a secret class A rumor in my ear—that I was going to Africa to work with Colonel Churchill. I had mixed feelings about leaving the unit I had been with for so long. Several had left already—Henry Carney, Harry Pratt, Tom Lanman, Lee Kendall, Jerry Saunders. Tom Cavanaugh (Eye & Ear), Rich Warren, Strock, and Henry Brewster are now left to represent the M.G.H. in the Harvard Unit. I hated to part with my bicycle and the bees, too! Yet it was very exciting to have a chance to be a little closer to action and to work with Colonel Churchill.

The overnight trip to Africa is something I'll never forget, because of the indescribable beauty of the African sunrise as seen from above the clouds over the blue Atlantic. It was so nice to see Colonel Churchill—cheerful as ever and never looking tired, in spite of his tremendous amount of work. A few days after, Stewart and Beecher arrived. Except for a few encounters with bedbugs they have had little trouble settling down. We've made many trips together since then. In Bizerte, I shared a tent with Sturgis and Holland.

The hottest place I've ever been in was a plane which had been standing in the African sunshine for some time. I don't know what the actual temperature was, but the sudomotor mechanism was certainly overtaxed!

I have spent the past six months with Fifth Army in Italy. My principal mission was to study gas gangrene and vascular injuries. But there were many secondary missions. Floyd Jergesen and I worked together on gas gangrene. He did a great deal of work and deserves most of the credit for what we've learned about the disease. It was a pleasure to work with him. There was a lot of reminiscing about the M.G.H.

One meets MGH men in Italy every day. Stewart, Beecher, and Lyons are there now and doing a fine job. It was nice to talk with Grantley Taylor, Parsons, and Townsend. I'm sorry I missed Tryg Gundersen but I've heard of his splendid work everywhere I've been. I saw John McKittrick one day. He had quite recovered from his illness. Staples and Clark are doing a fine job in a Fifth Army Convalescent Hospital. Tom Ballantine has been very busy most of the time and every one has nice things to say about him. We were all very upset when Phil Giddings was wounded, but are delighted that he has done very well indeed. Dick Chute was having a fine time as Chief of a Surgical Service when I last saw him. Leadbetter and Shaw were in General Hospitals and not very busy at the time, but must have had a lot to do since I saw them.

One of the pleasantest parts of our work on gas gangrene has been the privilege of discussing things with Tracy Mallory. We've taken advantage of every opportunity to talk things over with him. He is very busy and is assembling some very interesting information. Gene Sullivan has been doing a lot of work on the transfusion problem. He is as much fun as ever.

I was much impressed with Italy. The people are surprisingly happy, but there is so much poverty—particularly in the cities. The farmers are much more fortunate in that they can raise their own food. People in the towns appear much healthier than those in cities. Some of the towns are represented now by a few heaps of rubble and nothing more. Yet, people seem to live among the ruins, somehow. In some towns, especially those in the mountains, people still wear colorful native costumes which must not have changed for hundreds of years. They do their own spinning, weaving, and dyeing. Southern Italy is a land of contrasts — beautiful palaces surrounded by poverty-stricken people living in huts. The countryside is beautiful with its hills and valleys—but not good for fighting in. On a recent tour, John Stewart and I investigated an interesting method of irrigation. Water is brought up from a deep well in cans attached to an endless chain. The cans empty into a trough leading into a concrete cistern from which the water is allowed out as needed. The motive power is a jackass or mule attached to a turnstile, going round and round all day. The animal is blindfolded while at work. We asked the farmer the purpose of the blindfold. He said that if not so protected, the animal would fall to the ground sick—from vertigo.

It's a little embarrassing that our friends at home feel we are going through all sorts of difficulties, because we really are quite comfortable—even up at the front. After all, helmets do make pretty good washbasins. The only real hardship is our being away from our families, but we have hopes that it won't be for very much longer. Meanwhile, it's a lot of fun to meet MGH men and women throughout the theater and to read about others in THE NEWS.

A new address for Major Henry K. Beecher, MC (*WS* 1934), our Chief Anesthetist, on leave, is: Allied Force Headquarters, Medical Section American, APO 512, c/o Postmaster, New York, N. Y.

Major T. Stewart Hamilton, MC (*asst. Dir.*) has this to say about his new quarters:—

We have arrived at our "permanent" station —at least, the one where we'll set up. The C.O., I think, would have preferred a prefabricated hut-and-tent hospital; but we have been given a big and unbelievably symmetrically complicated four-to-six story (nothing over 4th floor is usable) A-shaped building of brick, built around a central chapel, with limitless rooms, courts, spires, towers—in fact, everything but latrines. By the looks of the place when we landed here, that hadn't bothered the previous occupants. Jerry had used it as a hospital; and, belying his reputation for order and cleanliness, it was a filthy mess. Our men have pitched to, and it is already shaping up well. We are living in tents.

Capt. Edwin L. Cantlon, MC, AUS (*ES* 1938) wrote from Italy on July 7:—

Back along I was transferred to a field hospital which was acting as a station hospital for our liberators in southern Italy. Managed to arrive just in time to get in on a raid—my "baptism under fire". Luckily I was not on a ship, but I watched it from a 4-story roof about a mile away. The loss of all my belongings made me miss the old 6th even more acutely. However, we were quickly re-equipped by air, and in two weeks our hospital was taking patients. We did a lot of flying on the side and made many good friends among the pilots and other Air Corps personnel. In January I was lucky enough to fly back to Casa to see all the people there. That was a real treat. Surgery was slow, but we had several interesting problems to keep us busy.

In March I was transferred to this group and was given a General Surgical team consisting of an assistant surgeon, an anesthetist, a scrub nurse, and two enlisted men. We worked on another front for two weeks, then went to Anzio. I think that place has been adequately described by many. We had an MGH reunion there, with Burnett, Ballantine, Crandell, Klemperer, McDaniel, Ellis, and a few others.

When the forces broke through, our team worked with field hospital platoons—the best assignment one can have—for you operate on all non-transportable cases. Dr. Churchill was by, and we had a nice visit with him. Saw the Boston crowd, and the pope, and then went on ahead, getting almost to Leghorn.

The 6th has a fine set-up and all seemed happy—even about living in tents.

Right now we're "getting in shape". McDaniel and Crandell are due; Tom Ballantine is out working at present.

My very best regards to all at M.G.H.

We are glad to be able to report that Capt. W. Philip Giddings, MC, AUS (*WS* 1939) has completely recovered from his wounds. He left hospital in May, had a week of recuperation at Capri, and has been at work ever since. He is in a rear hospital where the only patients are German prisoners. He finds the work interesting, but rather dull in comparison with what has gone before.

THE NEWS

No. 24 Boston, Mass. September, 1944

Any one who comes in through the front door of the White Building needs only to raise his eyes to see the story, in brief, of the extent of our participation in the war. For there, on the north wall, mounted upon a background of walnut which bears appropriate decorations of beauty and dignity, are the names of 117 of our nurses, 140 members of our staff, and 149 of our employees, who are now in military service. Our Honor Roll is, indeed, an impressive one.

The *New England Journal of Medicine* for May 4 announced the publication of a new journal devoted to neurosurgery. "Neurological surgery developed largely in this country as the result of the stimulus given to it by Harvey Cushing [*SS* 1896], who began publishing papers on the subject as early as 1900 and continued up to the time of his death in 1939. A society of neurosurgeons named in his honor has now established a journal. . . ."

In the first number is a description of some of Dr. Cushing's contributions to neurosurgery, and an article dealing with "fibrin foams as hemostatic agents and with fibrin films in the repair of dural defects and in the prevention of meningocerebral adhesions." There are excellent illustrations, many of them in color.

At their meeting on July 21, the Board of Trustees voted the following appointments:—

Fred R. Blumenthal, D.M.D. as Dental Surgeon;
Dr. Samuel C. Capps as Intern in Pathology for nine months, beginning July 1, 1945;
Stanley E. Keller as Dental Intern, to begin on or about October 1, 1944;
Dr. Ricardo S. Mora as Extern and Intern in Anesthesia, beginning October 1, 1944;
Dr. Tetsuo Sugiyama as Junior Resident in Surgery, to begin July 1, 1944;
Dr. Charles L. Sullivan as Assistant Obstetrician.

The Trustees also voted:—

That the appointment of Dr. H. Dunster Howe as Dental Intern be extended from August 31, 1944 to February 28, 1945, subject to the approval of Procurement and Assignment Service;
That Dr. Frederic W. Rhinelander be granted leave of absence because of military service.

The General Executive Committee, on July 19 and August 9, voted:—

To appoint Dr. John L. Jacobs as Graduate Assistant in Medicine, to serve in the Allergy Clinic and the Out-Patient Department;
To appoint Dr. Hubert Wallau of Brazil, who has been recently at the Boston City Hospital, as Graduate Assistant in Surgery for six months.

OFFICIAL NOTICES

ETHER DAY

The General Executive Committee is anxious to collect as many photographs as possible showing the work of members of the staff, graduates of the Hospital, and nurses, in the Armed Services, for exhibition on Ether Day, October 16, 1944.

The Committee would appreciate it if the families or friends of staff members and graduates would send copies of such photographs or interesting souvenirs of these men or women. We should like these sent to Dr. Benjamin Castleman, Massachusetts General Hospital, as Dr. Castleman is in charge of the program for this year. It would add to the understanding and enjoyment of pictures if explanations of scenes or identifications of persons were given.

All photographs and material will be returned to the sender, if desired. Be sure to include your name and address if you wish your souvenirs returned.

The attention of the senior and resident staff is called to the fact that pre-operative diagnoses are often too vague to be of any value. For example, pre-operative diagnosis of "menorrhagia", "metrorrhagia", "vaginal bleeding", "post-menopausal bleeding", "amenorrhea", are merely statements of the patient's symptoms.

Also, the diagnosis of "tumor of the breast" gives no inkling as to whether the surgeon believes the lesion is a cyst, fibroma, or carcinoma. Although the exact classification of a tumor will be made by the pathologist, some attempt should be made pre-operatively to call a lesion something more than a "tumor", at least to indicate whether it is benign or malignant. Diagnoses such as "abdominal tumor", "tumor of the back" or "buttock" are merely physical findings.

In order to correct this situation the Anesthesia Department has been requested to obtain definite pre-operative diagnosis, to be written on the anesthesia sheet.

Members of the staff are asked to coöperate by making as specific a diagnosis as possible.

A similar attempt should be made to avoid vague clinical diagnosis when a patient is discharged home or to Allen Street. For example, diagnoses of "jaundice", "uremia", "splenomegaly", "hepatomegaly", etc., should be further amplified.

GENERAL EXECUTIVE COMMITTEE
N. W. Faxon, M.D.,
Director

Among our many anniversary days, not the least important is August 20, for on that date, in 1810, a circular letter was issued by Dr. James Jackson, our first physician, and Dr. John C. Warren, our first surgeon, asking for subscriptions for a hospital for "lunatics and other sick persons".

Nathaniel I. Bowditch, in his *History of the Massachusetts General Hospital*, says:—

> At the beginning of the present century [meaning the 19th], Massachusetts had no Hospital or Insane Asylum, though such institutions had been for many years established in the States of New York and Pennsylvania. There were various indications, however, that the want of such establishments was beginning to be felt in our community. Thomas Hancock gave a sum to the Town between 1760-1770. Rev. Frederick T. Gray shewed [sic] me a letter stating newspaper reports on the subject. Thomas Boylston, Esq., by will dated Nov. 12, 1798 . . . made the town of Boston his residuary devisee in trust, among other objects, to erect a small-pox hospital and a lunatic hospital. . . . Hon. William Phillips, by a codicil dated April 18, 1797 . . . bequeathed the sum of five thousand dollars [for such a hospital]. In August, 1810, a circular letter was prepared by Drs. James Jackson and John C. Warren, addressed to several of our wealthiest and most influential citizens, for the purpose of awakening in their minds an interest in the subject. This circular letter may be regarded as the corner-stone of our institution.

The circular letter is well worth reading. Should there be no copy of Bowditch's History available to you, come to the Archives room. There, on a table, you will find the book, opened to page 3, where you may read not only a copy of the letter, but the story, interestingly told, of the obtaining of the charter, the incorporation, the plan for a Board of Visitors and a Board of Trustees, the grant of the Province House estate, and other facts dealing with the earliest history of the Hospital.

Dr. Rupert A. Chittick, of the McLean Hospital staff, has been appointed superintendent of the Vermont State Hospital at Waterbury and professor of psychiatry at the University of Vermont Medical School. Dr. Chittick assumed his duties in August.

After all the usual vicissitudes—plus a few extra ones—the Annual Report has finally arrived and is being sent out.

MASSACHUSETTS EYE & EAR INFIRMARY

MARY F. HAYDEN, R.N.

It is with deep regret that we record the death, on August 8, of Miss Mary F. Hayden.

Miss Hayden served as Army Nurse in World War I, assigned to the hospital in Bordeaux. She came to the Infirmary as Head Nurse in the Ear Clinic on April 1, 1921 and continued in this position until November 21, 1943, when she was granted a leave of absence. She died at Massachusetts General Hospital following an illness of one week.

We shall remember her as a loyal, conscientious worker and a friend to all.

Miss Mary McLaughlin, formerly of the Massachusetts Eye and Ear Infirmary staff, is in charge of a Red Cross unit in an overseas hospital. Before going to her present destination she spent a few days at the 6th General. She reports having seen several doctors from both the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

From Capt. Joseph Lentine, MC, AUS (*Oto-Lar.* 1936), Station Hospital, Tonapah, Nevada, comes the following letter:—

It seems to me that each time I address a letter to you a change in post is announced. After remaining in California for five months as chief of ENT and curing venereal disease with penicillin, the present post reminds me of the Eye and Ear, in that a ward has been set aside for nose and throat cases. Again I am chief of service, but this time genuine cases of ear and nose disease are seen. The supply of penicillin has become quite ample at station hospitals, allowing me to use it in deserving cases. From my limited experience, I find it is not a cure-all in oto-laryngology. In cases of meningitis the cure is dramatic. In three cases of chronic sinusitis no benefit was had with 200,000 units. In one peritonsillar abscess the symptoms and swelling subsided in 24 hours. Its use locally has been disappointing. If the drug is being used at the Infirmary, your opinion regarding its use and efficacy would be appreciated. I am far remote from civilization, with little exchange of ideas except those I read in current literature.

Recently I had an interesting case—a compound fracture of the frontal sinus, linear fracture of the posterior plate of bone, but no air in the cranial cavity. After much debating whether to do radical surgery, I decided to do simple repair of the frontal wall, and, with the use of sulfathiazole, the patient has done excellently.

Nevada is one part of the country which was really forgotten by the Maker. A desolate barren desert, with one square mile per capita. Blinding sandstorms and windstorms are not infrequent. In fact, the gritty sensation of sand in the teeth and food is accepted as seasoning. A recent visit to Yosemite more than compensated for the time which has been spent in the desert. The contrasting beauty of the Park and the desert is marked, making one wonder how nature could have been so liberal to one and covetous to the other. The drive over the Tioga Pass, just cleared of snow, was hair-raising! The war has given many of us a grand opportunity to see much of this beautiful country.

Please remember me to the staff.

This travelogue from Capt. Richard Goldcamp, MC, AUS (*r. Oto-Lar.* 1943) to Dr. Schall, written July 12, sounds very much as if Captain Goldcamp were, veritably, boxing the compass. It makes us wonder in what direction he may be headed now.

Spent my first six weeks in the Army at Carlisle Barracks—school again—classes from 8 A.M. to 6 P.M. Boy, it was hot there! And we did a lot of fancy cussing because it seemed to us they were trying to treat us like a bunch of kids. But we all came through looking a little more like soldiers after it was over. Saw Johnny McKeigue before I left and we had time for one good party.

Early in September 1943 I reported to the commanding general of the "fightin' 95th" at Camp Polk, La., and was assigned to an infantry regiment as assistant battalion surgeon. Camp Polk was even hotter than Carlisle! The division there had just completed Texas and Louisiana maneuvers and there were a thousand jigger bites to treat. Also, some of the boys developed a tick fever and had to be hospitalized. Most of the other complaints were of an orthopedic nature—sore feet and low-back pain. My other duties consisted of inspecting latrines and messes. I kept telling the divisional surgeon I was an E.N.T. man, but it didn't do a bit of good. I got so tired looking at feet and backs I could have yelled for help!

October 27 we left Polk, headed for California, were given a Los Angeles APO, and every one figured, "Boy, this is it!" We ended up in the Great American Desert—Camp Coxcomb, Cal.—ninety-eight miles from the nearest town. Maneuvers started almost immediately, and we had four months of it. It wasn't too bad. The hardest part for me was the 24-hour endurance march over mountains and sand. I made it—don't know how—and then spent three more hours treating blisters. Finally had to take some barbital to get to sleep. But the desert was a good place during the winter months, and we whipped into shape in a hurry. I dropped from 183 lbs. to 162. We had a 30-hour pass every two weeks and made our headquarters in Palm Springs. In February I was promoted to captain.

February 28 we moved east, and again morale hit a new high. Every one could feel the roll of the boat and smell that salt air! But it turned out that Indiantown Gap, Penn. wasn't a P.O.E. or a staging area, but just another garrison. We prepared a 6-months' training schedule and started from the beginning again. Garrison life was sure a luxury after that desert. We ate A rations again instead of C. Replacements started to roll in, so there was plenty of work to do training the new men.

Last month we shipped out of Indiantown for the hills of West Virginia for two weeks of maneuvers. It was the hardest two weeks our outfit has ever gone through. Rained every day, and we marched in mud up to our knees. The mountain climbing was hard, but fun. I did things I thought impossible at first.

In all this time in the Army I've had little or no medicine. We can't even remove cysts. It's a great life! I still do a little cussing once in a while—then they pacify me by telling me a good soldier should beef.

Stan Myers's last letter took four months to reach me. He is home again now—stationed in Austin, N. Y.

Comdr. Edwin B. Dunphy, Chief of the Department of Ophthalmology at the Massachusetts Eye and Ear Infirmary, has been elected an editor of the *American Journal of Ophthalmology.* Commander Dunphy has been overseas since last summer.

Lt. Comdr. Herman J. Sternstein, MC (*clin. asst. Oto-Lar.*) spent a leave in Boston after serving for two years at the Naval Base in Jacksonville, Florida. He is on his way west—where, he does not know.

In a letter written July 10, Major Garrett L. Sullivan, MC (*Oph.* 1938) brings his military record up to date:—

I have been transferred to a general hospital and, for the first time since coming overseas, have an opportunity to apply my professional training in more than a small way. It was a pleasant surprise to find Major Richard Warren Chief of the Surgical Service, ably assisted by Capt. Dean Tanner.

Comdr. Edwin B. Dunphy [*Oph.* 1923] has visited the hospital twice, and I hope to see more of him as he is not very far away. He is looking very fit. Have seen Major Tom Cavanaugh recently—also looking very well. As it happens, I am running a clinic formerly conducted by him—meaning the physical set-up.

I received my promotion last September, at a time when Col. Tom Lanman was my C.O.

Among our patients are casualties. I'm sorry I can't go into detail, but that will have to await a later date.

Major Thomas Cavanaugh, MC (*Oph.* 1940), who is largely responsible for this Eye and Ear section, wrote to Lt. Comdr. S. Forrest Martin, MC (*Oph.* 1938) on July 17.

We have been in France for some time. My last Saturday night in England was spent with Sully [Garrett L. Sullivan] and Ed Dunphy. Sully is now doing eye work at my old hospital. He is with a good group and I think he will be very happy there.

Have had the opportunity to roam all over the American sector and have seen practically everything there is to see. Am agreeing with Sherman, but our Army is doing a great job with the casualties. The nurses are doing terrific duty—and getting away with it, too.

Please say hello for me to all my friends at the E&E.

And in a letter to his family Major Cavanaugh says:—

Our third spring overseas was greeted by a severe conditioning course which lasted until our arrival in France. The only difference in our living arrangements now consists of mosquito netting and fox holes. My fox holes are purely utility ones, but some of the boys dig nice roomy ones.

Our days and nights are very active and interesting. I get the biggest thrill from seeing so many field and evacuation hospitals in action. All the work is done under canvas and the locations are close to the front lines. This means our casualties are being treated *very shortly* after injury. The morale of the corpsmen and nurses and doctors is great, but cannot compare with that of the wounded, for they always feel that the fellow lying next is more seriously hurt and insist upon his being taken care of first. The courage and spirit shown by the G.I. Joes is worth all the sacrifices that can be made for them.

At present the entire personnel of the hospital is on detached service while awaiting the building of the general hospital on the continent. Lt. Col. John Beach Hazard, Lt. Dean [Edwina N.] Hussey, Capt. Howard Suby, Capt. Henry Brewster, and Lt. Col. Moses Strock are all here in France, making themselves extremely useful. Major Richard Warren was left in England to take charge of a "green outfit" which took over the old hospital.

As to our present location—although I could now give you names of towns, it is easier to tell you to look at a map of the peninsula. We've been in all those places indicated.

Capt. John M. Converse, MC, AUS (*Oto-Lar.* 1938), after four years' military experience—including work at the American Hospital in Britain and an assignment as major with the Free French—has effected his transfer to the American Army.

Pvt. Margaret J. Preble, WAC, was recently in Boston on a furlough. Private Preble worked in the Massachusetts General Hospital Social Service Department some time ago, and had been employed for several years at the Massachusetts Eye and Ear Infirmary when she joined the WAC's in October 1943. Private Preble is now stationed at the Mason General Hospital, Brentwood, N. Y., in the Neuropsychiatric Department.

When even radio reports are running as much as twelve hours behind the actual events during these days of rapid military advances, what was "hot copy" when it left you may seem cooled off and quite stale—to you who wrote it—by the time your letter comes back to you on the printed page of THE NEWS. But *do* keep your letters a-coming just the same, for what you have to tell is still "hot copy" to your friends on the other side of the world or at home. Even though you may now be miles ahead of the address given, and days or weeks ahead in events, we are all still interested in reading about what you *have* done, and want to follow along behind you. Descriptions of personal experiences, and references to other MGH-ers you have seen, always make exciting reading for the rest of us.

The following changes of address have been received:—

Lt. Comdr. Mark M. Exley, MC (*r.s. U* 1938), Public Health Dept., U.S. Marine Hospital, Hampton Blvd., Norfolk, Va.

Lt. Marcus E. Farrell, MC, USNR (*CM* 1934), Epidemiology Unit No. 12, N.T.C., Sampson, N. Y.

Lt. Comdr. A. Gordon Gauld, MC (*ES* 1934), Quarters "O", U.S. Naval Air Station, Quonset Point, R. I.

Major James Greenough, MC (*WS* 1920), Regional Hospital, Fort Monmouth, N. J.

Lt. Walter S. Kerr, Jr., MC, AUS (*WS* 1943), 725th F.A. Bn., 70th Division, Fort Leonard Wood, Mo.

Lt. George R. Livermore, Jr., MC, AUS (*WS* 1943), Hq. ASFTC, Training Ward, Camp Barkeley, Tex.

Lt. James G. Miller, MC, AUS (*EM* 1943), Box #2605, Washington, D. C.

Lt. Robert P. Smith, MC, AUS (*M* 1943), A.G.F. Replacement Depot #1, Fort George G. Meade, Md.

Comdr. Richard W. Dwight, MC (*WS* 1931), whose interesting letter from the southwest Pacific was published in our July issue, has returned home. He left his ship July 8 and flew back to San Francisco. His new assignment is at the Naval Construction Training Center, Davisville, R. I.

Lt. Anne Ryan, ANC (*MGH* 1933) is on duty at Camp Seibert, Alabama.

From the General Dispensary, Camp Ellis, Ill., came this letter from Lt. Richard D. Bush, MC, AUS (*WS* 1943), written July 17:—

> I should like to pass along a few words on the whereabouts and activities of myself and some of the others who have recently left M.G.H.
>
> On January 14 I arrived at Carlisle Barracks, and during the next six weeks I acquired a great deal of admiration for the fine teaching job the Army is doing—particularly in the fullest use of demonstrations of medical installations in operation under simulated combat conditions. Burgess Vial, George Carter, Bob Brown, and Don Sweeny were all enjoying themselves, although the last time I saw Don he was perched on his bed nursing a pair of overtaxed feet after a tramp through the mountains.
>
> Since leaving Carlisle I have been stationed at Percy Jones General Hospital and at Camp McCoy Station Hospital. For the past month I have been here. We are a field unit equipped to serve as a dispensary in an occupied city overseas. Although our unit is small, I am delighted to be here, for there are prospects of seeing some action eventually.

A brief message from Lt. Col. William F. Hoyt, MC (*WS* 1932) says he has been Chief of Surgical Service at Glennan General Hospital, Okmulgee, Okla., since November 5, 1943. His promotion in rank was effective July 11.

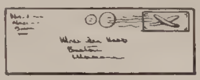
Dr. George M. Saunders (*ES* 1928), who has been in Brazil since April 1942, acting as medical director for a rubber project in the Amazon Valley, under the Division of Health and Sanitation of the Office of the Coördinator of Inter-American Affairs, has returned to the States. His address is 709 South Skinker Road, St. Louis, Mo.

THE NEWS has received its first letter from Lt. Frederick S. Bigelow, MC, AUS (*EM* 1943), written July 30 from Goldwater Memorial Hospital, Welfare Island, New York, N. Y.

> I wish to thank you for THE NEWS, which, though I am in no distant region, serves as a tie with the General.
>
> My army career started at Carlisle Barracks and led thence to Camp Blanding, where I remained about four months as a dispensary officer. Since then I have been involved in a research project here in New York—a distinct "plum" as far as Army medicine is concerned.
>
> Peirson Richardson [*EM* 1943] was also in New York recentlv, but the only other MGH man I have seen is Bill Christensen [*WM* 1943] at the Climatic Research Lab. in Lawrence, Mass.

Major John C. Angley, MC (*a. M*) received his promotion last March. He is malariologist with an AAFSC/MTO. (Perhaps Major Angley will tell us what these letters mean. We have made a guess, but would like to be sure).

One of our house officers brought us word that in a letter to one of our visiting staff was the report that Capt. John P. Gens, MC, AAF (*r.s.U* 1943) has been promoted to this rank. By what roundabout ways do items such as this reach us!



Our appeal, in the July issue, for letlets from you silent ones has already been rewarded, but there are many more of you who should still be nudged into taking that pen in hand.

This letter from Lt. Col. Frank B. Cutts, MC (*WM* 1934), written July 19, was one of the first fruits of our campaign—and good it was to hear from him.

> Your request for news prodded me out of my monsoon lethargy. (I can report that it's in this part of India the phrase "It isn't the heat, it's the humidity" must have originated).
>
> Our hospital is thoroughly busy looking after large numbers of Chinese patients. As a result, some of our medical problems are rather exotic. Malaria of all kinds and varieties leads the list. These lads have little or no natural immunity to this disease as do the Indians. Other conditions we see include relapsing fever, louse-borne typhus, mite typhus, kalaazar, bacillary and amebic dysentery, gummas most anywhere, etc. In addition we run across more familiar items such as rheumatic heart disease, pneumonia, tuberculosis, and a little rheumatoid arthritis. Ova and other things found in these patients' stools are rather reminiscent of a bargain basement, as regards numbers and variety.
>
> No one can predict what these lads will do next. A while ago, during a soft-ball game between teams of our enlisted men, one of them swiped third base to use as a cushion.
>
> We're quite near the 20th General Hospital where Norman Freeman [*r.s. WS* 1935] is working. They're an exceptionally fine group of doctors and we consider ourselves fortunate to be near their stimulating influence.
>
> I certainly enjoyed Tracy Mallory's description (in the July NEWS) of his laboratory, equipped to do about one-half of each test and procedure. Hope he has no hypertensive tendencies.

Capt. Arthur S. Pier, Jr., MC, AUS (*WM* 1941) is with a portable surgical hospital. In this letter to his father, dated July 11, Captain Pier convinces us that the Pacific is really a big ocean. He says, in part:—

> We have very little idea of what is going on in Europe—or over here, for that matter. The place is now buzzing with constructive activity, as is always the case when the Americans move in. You have no idea of the power of our Army and its efficiency until you see it take over a place from the beginning. This wilderness of coral and jungle is entirely losing its identity and becoming a vast community. The Japs seem to have deteriorated completely, so far as I can make out.
>
> We shall probably take in patients within a few days.

This interesting letter from Lt. Henry S. Fuller, MC, AUS (*WM* 1943) was written to Dr. Chester M. Jones last May. It has been withheld until now, awaiting sufficient space to publish it in its entirety.

For the past several months I have been in the jungles of Burma. Our outfit is working with Chinese troops. When one is with these Chinese soldiers constantly, he comes to know them better and really to appreciate them. They are fine fellows and are doing a grand job here. My hat is off to them, and I believe every one else here is of the same opinion. They have an incorrigible sense of humor—irrepressible would be a more descriptive term, perhaps—one of their characteristics which especially appeals to me. In the face of great danger they laugh, joke, and play pranks; and in battle they are absolutely fearless. As a rule the wounded are loath to admit they are in pain. They feel that to admit pain is to "lose face". In this weird jungle, with a minimum of help, the Chinese have done what was called "impossible". After seeing them do it, I agree with the person who said the only difference between the possible and the impossible is that the impossible takes longer to accomplish. An inspiring factor is the remarkable personal leadership of General Stilwell. He has the well-earned respect of everybody here. He is always popping up in the strangest places, and many of us have seen and talked with him on the trail and elsewhere.

Fortunately, I am having a rich and varied clinical experience. My ward and my laboratory are my delights. The ward is typical of a jungle hospital—the Chinese built it themselves. I have four excellent medical technicians who take real interest in their work. They accompany me on rounds, and are reading about the various diseases we see. Naturally, the endemic tropical diseases make up a large proportion of the medical cases. But, surprisingly enough, one sees a fair amount of respiratory disease, including acid-fast infection, atypical pneumonia, good old-fashioned lobar pneumonia, and bronchitis. One peculiar thing about lobar pneumonia is that it does not always present the clinical picture with which one is familiar in the temperate zone. Any or almost all of the classical symptoms and/or signs may be absent at first and may only appear late in the disease. Resolution seems to be a long-drawn-out affair. But the sulfonamides work just as well as they do in any other country in pneumococcus pneumonia. One naturally has to maintain fluid intake at higher levels during chemotherapy, owing to increased fluid and salt loss under tropical conditions.

You would be able to conduct an endless clinic here on the subject of avitaminoses. I recently had a patient who entered because of lobar pneumonia, but who also complained of painful numb extremities, and who showed bilateral ankle edema, smooth tongue, and cardiac findings suggestive of beriberi heart disease. On massive doses of yeast his symptoms and signs cleared completely and he returned to duty. One frequently hears the complaint of night-blindness in the dispensary, and examination usually reveals characteristic ectodermal changes seen in cases of vitamin A deficiency. One could go on multiplying these cases endlessly.

In the field of infectious diseases of the gastro-intestinal tract, one is always busy. The dysenteries provide us with plenty of clinical material, and, as one would expect, the patients often show signs of deficiency, especially of the B complex. Our laboratory does innumerable stool examinations and we feel that we must have missed something if we do not pick up amoebae at least once during the day. I have developed a high index of suspicion for amoebiasis, for which I have been rewarded by turning up quite a few cases. I had seen neither amoebic hepatitis nor liver abscess before I came to this part of the world. Because of the enlarged tender spleen and liver, and the fever, I confused my first case of amoebic hepatitis with malaria on clinical grounds, until the blood smear came back negative and the stool showed abundant motile amoebae. We have seen instances of diarrhea following a course of emetine, and they are very confusing when they occur. However, emetine is one drug I would not part with as part of my armamentarium.

Ascariasis, ankylostomiasis, and whipworm infection are very common and they conspire to confuse clinical pictures of other diseases. Abdominal complaints are often difficult to evaluate, because of the presence of nematodes. Ascaris frequently indulges in its pastime of wandering into places where it has no business, such as the oesophagus and abdominal wounds. I have had several cases of bronchitis in which the differential blood smear showed marked eosinophilia and the stool contained ova of Ascaris or hookworm or both parasites. Specific anthelmintic therapy was followed by prompt relief of bronchitis.

With the exception of one case each of infection with Schistosoma japonica and Heterophyes heterophyes, I have not recognized many diseases caused by flukes.

Malaria is probably the most interesting disease I have met thus far in the tropics. Rather than play around with original schemes of my own, I have followed the plans of treatment outlined by the Army. These have given gratifying immediate results, although I have no personal data concerning recurrences in cases so treated. I have seen Plasmodium falciparum do weird things.

Cerebral malaria is without doubt the most fascinating disease I have encountered. When such a case is admitted, every one is just as enthusiastic about treating and following the patient as at M.G.H. when a patient enters in diabetic coma. If there is one thing that can save the patient, it is intravenous quinine dihydrochloride in adequate doses, with emphasis on the word adequate. The results are often dramatic. The following is a case in point:—The patient was brought to the hospital in semicoma and history was lacking. After he had recovered sufficiently to speak, it was learned that he had experienced fever and chills for several days before entry, but he had amnesia for events surrounding the onset of pernicious symptoms. Examination revealed a well developed, well nourished man, very weak and drowsy, unable to speak, grimacing, very irritable and very restless. All reflexes were hyperactive. He nodded slightly when asked if he had headache. The other essential findings were: temperature 103.2 by mouth, Cheyne-Stokes breathing with apneic periods lasting ten to twelve seconds, an easily palpable spleen two fingers below the costal margin, and marked tenderness with reflex spasm in the right lower quadrant, palpation in that region causing the patient to double up. A smear taken on entry showed a moderate number of ring forms of P. falciparum. Within one-half hour after entry the patient was receiving twelve grains of quinine dihydrochloride in one thousand cc. normal saline. Three hours later he was able to speak, demanding rice and water. What is more, he was breathing perfectly normally. Four hours after entry he was sitting up in bed, talking quite rationally, but still complaining of right lower quadrant pain and tenderness. He passed a liquid stool containing whipworm eggs, but no blood, pus, or amoebae. Subsequent stool examinations were also negative for amoebae. Seven hours after entry he was given another dose of quinine dihydrochloride, similar to the first dose. The next morning he was acting even more like a normal person, although still grimacing slightly. His right lower quadrant pain had subsided completely. He was started on oral atabrine therapy and received a full course. His fever subsided gradually, and after the second day he had an uneventful convalescence, playing cards and enjoying life in general. Cases like this are very instructive and raise a multitude of questions—some of which I hope will be answered by men who have facilities for their study.

Cases of malaria are frequently complicated by pneumonia, and in such cases I do not hesitate to give sulfadiazine in full doses, together with antimalarial therapy. Amoebic dysentery and malaria often occur together, and here the problem of which to treat first, and how, or whether to treat both at once, is one of judgment. I doubt that a general rule can be laid down, and I have treated each case individually —in general avoiding the administration of atabrine and carbarsone at the same time.

We have had some experience with a disease apparently caused by Rickettsia orientalis. The clinical picture is similar in many respects to that described in the Harvard symposium. It was in treating a case of this disease that my Chinese ward boys learned the value of fluids. They had been rather casual about getting water for the patients. The water must be boiled and kept quite hot, otherwise the patients refuse to drink it. Naturally, this makes more work for all concerned. I concentrated on this patient, who had been running a fever of 104 to 105 daily for ten days, insisting that he must have at least four quarts of water daily. My boys had given him up, but they supplied the water, anyway, and finally he pulled through. This impressed them greatly, and now *they* insist on forcing fluids on all febrile patients!

I have been struck by the stamina and tenacity of life of the Chinese. They recover their strength and are anxious to leave the hospital much sooner than an American with a similar ailment. Of course we see malingerers, too, and hysteria is by no means unheard of amongst the Chinese.

In addition to other duties, I am in charge of the laboratory. I have two excellent technicians who learned their parasitology and hematology in the field. The other day they turned up a double infection of P. vivax and P. falciparum. They are also very capable in the microscopic diagnosis of stool specimens. What pleases me most is that they have developed the critical attitude in regard to their own work, and you can depend upon their diagnoses.

I have been making summaries of my interesting cases, in hopes they may be useful in the future.

I have found time to ride my hobbies, and have been learning some of the local birds. Thus far I have identified sixty-one species. I have collected a few ticks and other parasites. Any extensive collecting is out of the question, owing to the difficulty of transporting such material when we move. I spend my evenings working with patients, reading, or writing letters. I am sick of detective literature, and believe I have read every mystery story in the outfit. Recently I received a "box of wonders", mailed to me in January. In it was Dr. Stanley Cobb's book, *Borderlands of psychiatry*. I have just finished it. Every one in the medical profession should read it. It is deep and it provides plenty of food for thought. I understand that *Burma surgeon* has taken the States by storm. My copy was autographed by Colonel Seagrave and his head nurse. I have been on rounds with the gentleman several times. He is, indeed, a remarkable man, and full of useful information on the diseases of this region, which he is glad to share with those who express interest.

I have no grim tales of narrow escapes from tigers, elephants, and snakes. I believe there is nothing like the jungle to make a liar of a man, and I have resolved not to return with any tall stories!

At present I am living in a tent with Captain Dowd. He is a surgeon from Kalamazoo, who was born in Assam of medical missionary parents. Our tentmates are our two Chinese interpreters, with whom we are very congenial, and from whom we have learned a great deal. I am fortunate in being associated with a fine group of officers who have excellent professional backgrounds. We are very proud of our enlisted men. They have taken to jungle life remarkably well, and only a few have been sick. We receive mail every week or ten days, and when it arrives the camp is a madhouse. As always, THE NEWS is a most welcome item.

Please give my warmest regards to every member of the MGH family. I hope to see you *all* before too long.

A much appreciated letter from a "busy man" has just arrived. It was written in July, by Major C. Fred Goeringer, MC (*Or.* 1940). No one is going to begrudge Major Goeringer his use of the term "busy" after reading this:—

> Our hospital is set up, with plenty of work, on a small island as close to Tojo as any one in the southwest Pacific. We are currently in the headlines. The weather is hot, the flies bad, but mosquitoes not too troublesome —although we do have some malaria. We have seen many Jap prisoners—Formosans. Also, many Jap planes destroyed on the ground. Much booty—like trucks—have been put to good use. There are all kinds of Jap souvenirs—swords and what not.
>
> I am doing the orthopedics, so you must have an idea of the busy man I am. I have done procedures I will not do in private practice, for such severe injuries do not occur in cities.
>
> I have had to hit the fox hole several times when Japs dropped bombs at night. The experience is exciting, but I wouldn't miss it for the world.

Lt. John W. Raker, MC, USNR (*ES* 1942) has notified us of a change of address. Lieutenant Raker is still somewhere in the Pacific area. His letter, written July 30, contained the following postscript:—

> Thanks for the Christmas card—it arrived about a week ago!

Lt. Comdr. J. Maurice Robinson, MC (*r.p. R* 1936) writes that both he and Lt. Ralph W. Hunter, MC, USNR (*r.p. N* 1939) are on duty with Base Hospital No. 1.

* * *

Lt. Col. Fiorindo A. Simeone, MC (*WS* 1936) has received this promotion in rank. He is still in Italy.

A letter from Lt. Col. John D. Stewart, *MC* (ES 1930) announces his promotion to this rank. Colonel Stewart is at Hq. American Airforce S.C.-M.T.O., Medical Section.

If there's one person left in the world who still harbors doubts as to the kind of medical and surgical treatment our boys are getting—and their chances for recovery—let him read this paragraph from a letter written in July by Capt. Edwin L. Cantlon, MC, AUS (*ES* 1938) to Dr. Francis M. Ingersoll:—

> Recently I operated on a "dead one"—R.P. 50/7, thoracoabdominal, hole through right lung, diaphram practically torn off, liver, kidney, and small bowels also injured. With 9 pints of blood and an operation he made it! You really feel you're helping the boys.

As to that last sentence, may we ask if the English have all rights reserved on the use of the understatement?

Word has reached us that Lt. Col. Henry K. Beecher, MC (*WS* 1934) has received this promotion in rank.

In a letter to Dr. Faxon written July 9, Lt. Col. Tracy B. Mallory, MC (*c. P.*) announces his promotion.

> I am pleased to be able finally to report that I have joined the ranks of the MGH chicken-colonels. The date of appointment was June 27. I can now meet Parsons, Stewart, Simeone, and Taylor on even terms.
>
> I continue to be extremely busy—a great deal of the work purely routine, but with a sufficient leaven of interesting cases to keep me from being bored. The best test is that the time seems to fly. I have been promised assistance, but such things come very slowly in the Army. We are very well set up here, our quarters are comfortable, and the weather is surprisingly mild, so I am not anxious to move for a while.

Colonel Mallory is with a medical general laboratory.

* * *

This account of how a hospital got moved reads like a modern version of the twelve tasks of Hercules—all rolled into one gigantic undertaking. It is contained in a letter from Major T. Stewart Hamilton, MC [*a. dir.*] to his family:—

> This is a belated attempt to give you the story of our Odessey from Casablanca to "Somewhere in Italy". For months we had expected to move, as the battle lines had left us further and further behind. There was still work to be done where we were, however, so we stayed on. Knowing what it would be like to move a hospital of our size, and despite the fact that Casablanca was such an agreeable city, with the finest climate I have ever known, we were still anxious to see some of the real theatre of war.
>
> During the months of regular work we laid our plans. With what wood we could get we constructed box-sides and ends. These were used as ward-closets until the very last, when they were knocked together and filled with supplies. By the middle of April we had some pretty definite ideas and began to pack. By the end of the month we were at it for fair. We kept the hospital open till the last gasp, and even turned some patients over to the succeeding hospital as they moved in, and we out. I wrestled with tonnages and cubages until I couldn't sleep. I kept a notebook and pen by my bed so I could jot down ideas during the night. I learned the intricacies of box-cars (40 & 8's), gondolas (flat-cars), and Riddells (slat-sided box-cars). On May 1 we got word we were to move on Tuesday, the 16th. We had closed our famed "Moroccan ward"—a furniture warehouse housing up to 500 patients at one time—together with a mess hall, showers, latrine, and baggage room, and had our stuff piled in there as it was made ready to go. On Saturday A.M. our men started loading. For professionals—let alone amateurs—they went ahead with incredible speed and efficiency, and completed the tremendous task by Sunday evening. On Monday they set out our train for passengers—second-class coaches for officers and nurses, and 40 & 8's for the men. We had all sorts of things to arrange for—drinking water, food, medical care, and what-not. We set up a dispensary in the end of one of the passenger cars. At 6 P.M. we gathered at the siding, and since every one was assigned a car the loading went along very well.
>
> We pulled out at 8:30 and rolled along quietly on the electrified line until the next morning when we arrived at Fez. A mobile kitchen was there to serve us our breakfast, and it was wonderful. I had been at the yards all the day before, and after a supper of a sandwich and cold C-rations I was plenty hungry. We were under steam after Fez, our power being the Gipsy Rose Lee, or stripped-down American engine. That day was perfectly beautiful. We saw the snowcapped mountains that morning, and all day long kept puffing up hill, around mountainsides, through innumerable tunnels, and across bridges. We passed through Taza, Guercif, and Oujda. We stopped at every station, for the track is single, and at each stop we had to be sure the track was clear ahead and that the next station knew we were coming. Often we were going so slowly that native children would run along uphill beside the track calling for candy, C-rations, or whatever else they could get. Just at dusk we stopped at one town, whose name I forget, and were besieged with Arabs of all sizes and shapes, trying to sell us knives and other trinkets—and, incidentally, offering as high as $6 for a carton of cigarettes. We passed through Tlemcen that day—noted mainly for the fact that the T is pronounced, making the rest of the name an acrobatic feat. I took some colored pictures of the many breath-taking views which presented themselves wherever one looked. By afternoon our dispensary was working overtime caring for several folks with the G.I.'s—mostly those who had saved spam sandwiches over till the next day. During that day we had to drop one of our box-cars because of a hot-box.
>
> At Oujda (pronounced Ooj-da), where we arrived at 1:30 A.M., we had a minor crisis, though a routine one. Here we had reached the highest point of our journey and were to start downhill. The French cars are all hand-braked—I suppose because labor is so cheap there. Our passenger cars and some American 40 & 8's had to be hooked all together right behind the engine to give braking power on the downhill run. Well, this snarled our car arrangement of the men for a fare-thee-well. We had all the cars numbered, and the men on by roster; after the shift the numbers ran something like 20, 19, 3, 16, 17, 10, 9, 7, 8, and so on. We also dropped a couple of freights here, due to hot-boxes or something. After interminable shifting about of cars we finally got straightened around and off we went.
>
> The rest of the trip was pleasant, but the scenery wasn't so exciting. We arrived at Oran at 7, to be met by our advance party, which had had a regular Boy Scout camping trip coming up in motor convoy. Our nurses went to Ain-el-Turck—a magnificent resort on the beach west of the city—and we went to Goat Hill to the east. The goats had left, and after a day I knew why. It was a God-forsaken spot if ever I have seen one. I stayed at the siding with the unloading detail and didn't get out till way late. When I awoke the next morning I looked out on a forest of pyramidal tents, all furled round their center-poles, looking for all the world like shell-smashed palms on Tarawa. There was a constant wind, reminiscent of the March blows on the Cape; and though the rainy season was over, we were treated to 24 hours of the hardest rain I have ever seen. Water ran in rivers through our tent. Tent-pegs had been consumed for fuel by our predecessors last winter, and rocks were a pitiful substitute. The water was so hard you couldn't wash and many had their heads shaved out of desperation. We went to Ain-el-Turck almost every other day for a swim in the Med, and it was wonderful. I didn't spent much time in town, which is built on a mountainside and is beautiful from a distance, but crowded and dirty. We spent 10 days there, and visited several hospitals. These were most instructive and interesting. Our baseball team raised particular hell with the local champions, and we left Africa with a hard- and soft-ball record of 103 won, 7 lost, and 2 tied.
>
> The plan was for the officers and men to go on one ship and the nurses to follow. Five days before we left we sent our advance convoy with our equipment. They got in 5 days after we did, and survived a raid *en route*. One noon we were told to be ready by 3 P.M., and at 2 P.M. this was changed to 6 A.M. the next day. At that time we piled onto the trucks and began the jaunt into the city. We got to the harbor area at 8:30 and, to our delight, saw

"Over there"

Front row: Lt. Col. Moses S. Strock (*oral s.*), Major Frederic W. Ilfeld (*Or.* 1937), Major Thomas Cavanaugh (*Oph.* 1940)

Back row: Capt. Henry H. Brewster (*WM* 1940), Mary E. Finn (*MGH* 1939), Capt. Howard Suby (*a.u.*), Edwina N. Hussey (*MGH* 1937), Mary Dwyer (*MGH* 1942), Lt. Col. Neil L. Crone (*WM* 1933)

a hospital ship. Loading was completed in half an hour, and a half-hour after that we were off. It was beautifully timed. As soon as we were settled I headed for a shower. I had worn my outer clothing for three weeks and I really needed a change. The water was not only hot, it was *soft!* I can't remember when I have so enjoyed anything in my life. I got a complete change of clothing—not what I had "washed" at Goat Hill, for those things still were brown from the terrible dust storms that alternated with the rain.

The trip was unbelievable. The Med is even bluer than I had been led to imagine. The ship was comfortable and happy, accommodations (wards) excellent, food superb. Our men—who remembered with horror the transport trip across the Atlantic when they couldn't get enough to eat and could hardly eat what they did get, and were cramped uncomfortably but necessarily in the tightest of quarters—couldn't believe there were only two decks of cots, with springs, mattresses, sheets, and all the wonderful food they wanted. When we first got on and were organizing details — before they knew about the food—we even had a couple of staff sergeants volunteer for KP in the hope of getting better meals. We could be out on deck till 11:30, lights blazing, together with Red Crosses. When it became dark, movies were shown on the open deck. It was very calm all the way, but the third day, as we lazed along in the Tyrrhenian Sea, there wasn't even a cat's paw to disturb the glassy calm. We docked at noon of the fourth day and went out of town to our staging area.

The first couple of days were pretty tough, but then an engineer outfit moved out and we took over their site—a regular Scout-camp. Most of our officers and men were put at once on detached service to help out at the several hospitals that were swamped by the push which was at that time just about getting to Rome. Our nurses, who came on the next hospital ship, had a bit of rough weather and were farmed out to hospitals direct from the ship. Those of us who were left visited friends, climbed mountains, and saw the sights.

We had a couple of weeks of this not unpleasant life, when one day the colonel got a chance to ride over to take a look at our new site. We weren't supposed to leave for a week or 10 days, so off he went. About an hour later we got a call that we were to go that night. I beat it into headquarters and found that while that wasn't true, they did want to move us in two days. And that with all our equipment scattered around the hillside and our personnel scattered from hell-to-breakfast! We pulled all our enlisted men in the next day and made plans. One hundred of them were to go with the officers and nurses in the L.C.I., the rest to ride the trucks with the luggage. Thus we would have men for loading and unloading. We left the officers and nurses where they were, for we had no place for them. Then the rains came, and it poured! The C.O. got in one afternoon and left with the advance party, in a downpour, at 3:30 A.M. At 9 A.M. the trucks began to come—and they came, in increments of 20 or 30 for the next three days, until all the equipment was transferred. The weather would moderate from time to time, but you could always tell when another bunch of trucks was coming because the downpour would start anew. The second day our turn came to go in and pick up our L.C.I. It was my birthday, and I am sure it was the worst (except, perhaps, the very first) I have ever spent. We had the worry of whether we had notified all the officers (we had had a false alarm the day before when the men—the 100—left. We were supposed to go, too, but they called it off so late that, with bad phone connections from out in the country, some had gone on to the staging area); worry, also, since they were coming largely by conveyances from the hospitals where they were working, whether they would all get there, and on time. The trucks for those of us in camp and in the nearby hospitals arrived almost an hour late—in the rain, of course, filthy dirty and with no tops. Then we had trouble collecting every one, though they had all been ready on time. I asked the lead driver if he knew the way into the place, and he said he did. But he took us 10 miles out of our way, was stopped by a train, stopped for gas, got into traffic jams, and don't know what else. I was sitting on a suitcase in the back of the last truck, and soon the rain drove right through my old field jacket and soaked me to the skin. My watch was in my pocket to protect it so I couldn't tell what time it was, but I knew we were plenty late before we ever got to town. We arrived at the area, in the pouring rain, of course—it never stopped. Every one was present, and we went aboard. Later we came back to a mobile Red Cross canteen right by the ship, which served an ambrosia they called coffee, and doughnuts. Nothing ever tasted so good. By some miracle it stopped raining and we went to a nearby Navy Officers' club for our first American beer since we left the States.

We pulled out after dark, and after I had dried myself and my field jacket by a deck-exhaust I stayed out until about 11:30 when it began to sprinkle. By this time I was ready to take shelter from that damned rain, so I went below to bed.

The little fellow bounced around a bit that night, but I have yet to get seasick and didn't mind it a bit. Early the next morning we came to shore and were met by our trucks. From there we took a 2-hour jaunt past wrecked tanks, guns, piles of land-mines, and plenty of souvenirs which no one had seemed interested in picking up. Helmets and rifles have a curious way of exploding these days. Then things smoothed out and before long we arrived at our new home. What we found there is another story.

Col. Thomas R. Goethals, MC (*ES* 1917) sent his version of the foregoing experience in a letter to Dr. Faxon. He has this to say about the hasty exit of the enemy:—

They pulled out, leaving tons of German and Italian medical supplies and literature. In fact, there was still food on (unwashed) dishes in the more distant wards.

He concludes his letter in this lighter vein:—

Thorndike, Welch, McGahey, Short, Aufranc, and Worthy have returned to us after tours of detached service elsewhere. Seyfarth has been reassigned. In addition, we have one new administrative officer. Singer has been at the Special Service School at Lexington, Va., since May 24, but we expect him back within a fortnight—by which time the Yankee Stadium, complete with Coogan's Bluff, should be bulldozed into an adequate baseball field. We have expanded our nurse population, with still a few more due.

The Boston *Globe* of June 11 credited me with smoking 16 to 20 cigars a day. This was a mild exaggeration, as the actual score is only 15 to 19.

THE NEWS

No. 25 Boston, Mass. October 1944

MEDICAL SERVICE AFFAIRS

It has come to us that those of you in the military forces would like more news of MGH home affairs, so here goes for a little on the Medical Services.

At the present writing, September 1944, forty-two physicians of the visiting staff of ninety-four are on active duty. The house staff, by official order, has been reduced from sixteen interns to twelve, and the residents from six to four. In spite of these reductions, however, we have carried on with a modicum of success, and patients coming to the Hospital for care have got it in some measure, but of course the service rendered is not of as high a quality as in the golden days of peace.

Since 1942 we have conducted the visiting on the medical wards making the ward the unit instead of the service. This means that four visiting physicians are constantly on duty instead of two as before the war. The ward has really become the unit instead of the service, although the terms "East" and "West" are retained for sentimental and administrative purposes. The visiting physicians, that is to say, all who are now taking part in ward work, have luncheons once a month to discuss Medical Services' affairs, and at a recent one of these the unanimous opinion emerged that the present visiting schedule was preferable in many ways to its predecessor and should be retained permanently. It has two advantages: (1) that a more leisurely and therefore more interesting visit can be made, and (2) that it gives an opportunity to offer ward experience to a larger number of the staff. This last advantage will be particularly important when demobilization begins. Of course, through the war years we have only been able to supply twice as many visiting physicians for the wards while having a reduced total number of them, by making all hands serve many more months of the year than they used to do. At the present time the assignments run from two months a year up to eight months a year, the most usual number being four months. By such contrivances we have managed to cover things adequately, but assuredly we will welcome help when we can get it.

On the intern side we are working at present with a nine months' medical rotating horizontal curriculum; twelve interns begin every nine months and twelve finish. Their work is divided into six rotations of six months each. Four of these rotations are in straight medical ward work, and out-patient and emergency ward; and the other two rotations are through two of the following subjects: Neurology, Dermatology and Syphilology, or Baker Memorial. Of course, such a system is unsatisfactory but it has really worked far better than anticipated. It is amazing how fast interns gain experience when put to work on a ward with responsibilities to shoulder. Probably the greatest disadvantage of the present system, aside from its undue brevity, is the lack of any overlap. The opportunity for interns to teach their successors in the old days was a very important feature in our system. Unfortunately, now that is lost. The residents and visiting physicians at present constitute the only connecting link, and at times of change of house staff, the chief of service is always a little fearful that some catastrophe may happen on the wards, but so far none has.

We are now giving thought to the internship of the future. Some fine day we will again be permitted to keep interns longer and have more of them. What should we do then? It is felt that although the old system was very good, opportunity now presents to devise a still better program, utilizing the good features of the old peacetime curriculum and certain ones of the present wartime curriculum. Study is being given to this problem.

Teaching of students has continued on the Medical Services much as in peacetime, except that the teachers, having more continuous work, are probably getting somewhat stale, and we have no doubt the students will be very happy when someone returns with a fresh point of view.

Research has gone on apace, a goodly portion of it being on projects having to do with the military effort under contract with the Government. However, the lamp of pure science is still burning in the shape of fundamental studies of one sort or another. In this regard we were interested in a report from Russia that a distinguished Russian scientist had recently made the remark that the most practical thing is good fundamental research. We uphold this philosophy heartily.

We are yearning for the return of our absent brethren.

J. H. Means, M.D.,
Chief of Medical Services

When our men who have returned from military service call at the office of THE NEWS, they are asked for suggestions as to how the paper may be made more satisfactory. The response has very often been to this effect:—"Of course I enjoy reading *every word* about the men overseas. But, do you know, I've really been downright hungry for more information about M.G.H." And so—to satisfy what may be a quite general yearning (no pun intended) we hope to include in each issue, from now on, a column devoted to some one particular department here at the Hospital. Dr. Means has started us off well with his "Medical Service affairs". More "affairs" will follow.

* * *

A flier, carrying the following notice, was enclosed with copies of the last issue of THE NEWS which were mailed to Massachusetts addresses. It is repeated here in case others may have gifts to donate.

HERRICK HOUSE

Number 27 Commonwealth Avenue, the gift of Mr. Robert F. Herrick, has been renovated and is now occupied by twenty student dietitians. The upper floors serving as bed rooms have been adequately furnished. The rooms on the first floor are to be used as living and reception rooms.

At this time, because of war shortages, it is difficult to purchase furniture suitable for these rooms. We have attempted to purchase at auction and from dealers but have found prices beyond our means.

Consequently, an appeal is made to friends of the hospital who may have extra chairs, couches, tables, rugs, etc. which would be suitable for this house. A grand or square piano is greatly desired.

Miss Floyd, Chief Dietitian, will be glad to explain our needs and to inspect intended gifts.

* * *

Countless requests have been made for copies of the poem which was read as an epilogue to the assembly on Massachusetts General Hospital Volunteer Day, June 22. In response to those requests we are very glad to publish the poem here.

Within your hands you hold the power to heal;
Within your hearts the tenderness to give
The blessed gift of hope, when hope alone
Will keep aglow the flame by which men live.

In countenance you shed the light to cheer;
In speech you lend the courage to endure;
In gentleness the touch to soften pain;
In science, blessed by faith, the power to cure.

Peace be to this house and all who herein dwell,
To those who serve the Master in His cause;
May all our hearts unite in lasting fellowship
On this fair day, as reverently we pause.

FRANCIS WHITING HATCH

WILLIAM BRADLEY BREED

William Bradley Breed died of extensive malignancy at the Phillips House on August 21, 1944. At the end of April 1944, he had an operation with resection of the tumor. He had only had symptoms for a few days before the operation. He made a splendid recovery and was seemingly in the best of health when he resumed practice early in July, but symptoms reappeared in August. He entered the hospital and he died in about a week after the operation that disclosed a completely hopeless condition.

Dr. Breed was born just over fifty years ago in Syracuse, N. Y. He was graduated from Harvard College in 1915 and from the Harvard Medical School in 1919. He was an East Medical Intern, graduating in 1919. He became Assistant Physician to Out-Patients in 1920, Physician to Out-Patients in 1923, Associate Physician in 1927 and Physician in 1936 until his death. At the time of his death, he was a member of the General Executive Committee of the Hospital. He gave service to the Hospital practically continuously for twenty-five years. For a time, he was connected with the House of the Good Samaritan and he had various other hospital connections. He was an Associate in Medicine in the Harvard Medical School and a member of the Harvard Medical School Faculty. Dr. Breed was devoted to the American College of Physicians in which he became a Fellow in 1928. For the past ten years, he was Governor from Massachusetts and more recently as President of the Board of Governors of the American College of Physicians, he became a Regent of the College. He was Secretary-Treasurer of a Joint Committee of the American Medical Association, American College of Physicians and American College of Surgeons on War Time Graduate Medical Meetings. This is a committee of three which has done a very notable service to the Medical Officers of the Army and Navy, particularly those in decentralized units. Dr. Breed was also on important committees of the Massachusetts Medical Society, of the American College of Physicians and of the Massachusetts General Hospital.

Dr. Breed was primarily a clinician. He liked people and people liked him; consequently, he had a very large private and consultation practice in internal medicine. He was particularly interested in "debunking" pompous didactic pronouncements. He was quite mischievous in showing the variability of electrocardiographic tracings. He was delighted to run a parallel series of injections of distilled water and the injections of a highly "tooted" drug for hypertension and to find that the two series did equally well. He also carried out some very important observations on continuous temperature curves.

"Bill Breed", as he was always called, was a beloved character at the M.G.H. There was no "side" to Bill. Bill had an enormous capacity for friendship. He had a wealth of friends. He had friends for every corner of his many activities. He had medical friends, lay friends, musical friends, College of Physicians friends, and so on.

In the last three years, Mrs. Breed has been helping the Hospital as a volunteer and as a visitor. Besides his wife, Dr. Breed leaves three children—two girls and a boy—aged nineteen to twelve.

R. I. L.

STAFF MEMORIAL FUND

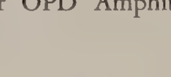
With the passing of Dr. William B. Breed, for many years a member of the General Executive Committee, his associates on this Committee felt they would like to pay tribute to his memory by a donation to the Hospital. Knowing that other members of the staff, friends, or patients of Dr. Breed might wish to do likewise, the General Executive Committee has voted to establish a Staff Memorial Fund to which contributions may be made in honor of the memory of any staff member. The use of this fund will be directed by the General Executive Committee. Contributions should be made payable to the Massachusetts General Hospital.

* * *

Mr. Frank W. Kimball of Dedham has just established the "Isobel Collins Special Fund" for the library of McLean Hospital, the income to be devoted to the purchase of books, music, and other articles appropriate to the building up of a musical alcove for the library.

Dr. James Solomon completed his service as Resident on the Neurological Service August 31. He has an appointment at the Compton Sanitarium, Compton, Cal.

The regular dental meetings were resumed on September 12. They will be held every second Tuesday of each month, in the lower OPD Amphitheatre, at 8 P.M.



At the meeting of the Board of Trustees, held on August 18, it was voted:—

To promote Drs. Arthur M. Jackson, George A. Moore, Frank Mirabello, and Roy W. Layton from the position of Graduate Assistant to that of Assistant in Surgery, in recognition of their services to the Hospital.

The General Executive Committee, on August 23, voted:—

To appoint Dr. Russell C. Henry as Graduate Assistant in Pathology for six months, beginning January 1, 1945;

To appoint Dr. Harriet M. G. Higgin, of the State Division of Child Guardianship, as Graduate Assistant in the Children's Medical Department for the term October 1 to December 31, 1944;

To appoint Dr. Marian W. Perry, of the State Department of Public Health, as Graduate Assistant in Medicine, assigned to the Pulmonary Clinic.

As you may already know, the ninety-eighth anniversary of Ether Day will be observed at the Hospital on October 16. Included on the program will be the showing of the colored moving picture taken on Volunteer Day.

Our September issue of THE NEWS asked all families and friends of staff members and graduates of M.G.H. who are in the armed services to lend pictures or interesting souvenirs of these men and women for our exhibition. If you have not yet sent your articles to Dr. Benjamin Castleman, Massachusetts General Hospital, please do so as soon as you can.

In the Archives department there is a sizable collection of material concerning the first public demonstration of the use of ether, the widespread interest that was aroused, and the heated controversies that ensued. Included in this memorabilia is a letter which, in the interest of diversion from the more familiar side of the subject, is transcribed for you here—entirely unedited. It was written, as you see, a little less than two months after that first much-discussed operation was performed in the Bulfinch Dome. The letter is as follows:—

> Findlay Hancock Co. Ohio Dec. 12th 1846
>
> Gentlemen I have been reading in the publick prints some important opperations by stupyfying the patient by taking drugs as I am one of these unfortuneate subjects by accident I have concluded to write you relative to my case I have hardly means to come so fur to get relief but would if you think I am a fit subject my case is this on the 8 of June last while in the Rocky Mountains 900 miles from Medical aid my mule throwed me and Broke my arm which is now well & dislocated my shoulder by throwing the socket bone out which now lays between my neck & point of shoulder from the point of my shoulder my arm has fell down rendering my arm useless I can not ease it nor have any use of it from my Elbow up I am 35 years of age of ordernary nerves please address me as above whether you could stupyfy me and set my shoulder without pain on recept of this
>
> Respectfully [signature]
>
> Drs Bigelow & Morton

The paper is folded to form the envelope, as was the general custom at that time. The superscription, in itself quite as interesting as the body of the letter, reads:—

> 4 Corners 0 Paid 10
> Dec 12th
> Dr. Bigelow or Morton
> of the Massachusetts Hospital
> Boston
> P M will please forward this to where the Hospital is if not located in Boston

The original letter is now on display in the Archives room, along with other mementos of Ether Day.

Anticipating the query that would surely be put to us, we are very disappointed to have to report that there is no record of Mr. S——'s having journeyed to M.G.H. for that operation under "stupification".

The youngest of the family. By Joseph Garland, M.D. [*CM* 1919 & *EM* 1921], Physician to Children's Medical Department, Massachusetts General Hospital; Consulting Pediatrician, Massachusetts Eye and Ear Infirmary; Instructor in Pediatrics, Harvard Medical School. Revised edition. Pp. 182; 11 illustrations. Cambridge, Massachusetts: Harvard University Press.

"At a time when we are trying to refit the world for future generations we must remember that one future generation is in our hands, and must itself be fitted for life in whatever type of world awaits it. We must try to make it a sturdy generation, conscious of the true values in life, and above all adaptable to the environmental changes it will surely meet." With these words, Dr. Joseph Garland prefaces the revised edition of his manual on infant care.

With the expressed purpose "to make as clear as possible the foundations on which health and normal development are based" Dr. Garland covers the growth and development, care and training, and feeding of infants with such clarity that the scientific and historic background is easily comprehensible to a lay person. Immunization procedures, simple first aid remedies, and contagious disease quarantine periods are discussed, as well as mental hygiene principles.

The content of this slim volume varies from a scientific and abstract discussion of the chemical properties of human milk and cow's milk, to a practical illustration of how to make an infant's sleeping bag. Literary allusions to Greek mythology, and quotations from English and German pediatricians of the pre-Lister era add the unusual quality characteristic of Dr. Garland's writings.

E. G. A.

* * *

The Institute of Pastoral Care, which has assumed the responsibility for the clinical training of theological students and clergy at Massachusetts General Hospital, reports a successful Summer School. A total of thirty-four men were in attendance, representing ten denominations as well as thirteen States and Canada.

In coöperation with the Psychiatric Service, the Institute is now sponsoring a seminar in psychiatry. Lectures will be given by members of the psychiatric staff, and those attending the seminar will serve as part-time orderlies on the psychiatric wards. The course is open to parish clergy as well as to seminarians.

It may be of interest to the physicians, nurses, and other members of the staff of the Hospital to know that most of the work of the Institute has been made possible through an annual grant assigned to the Reverend Rollin J. Fairbanks, Executive Director of the Institute, by the Ella Lyman Cabot Trust, a fund dedicated by Dr. Richard C. Cabot, in memory of his wife, for aid to individuals who give promise or actual proof of important contributions to humanity in any walk of life.

MASSACHUSETTS EYE & EAR INFIRMARY

The American Board of Otolaryngology held an examination in Chicago, October 4-7. Dr. Harris P. Mosher (*ES* 1897) has been President of the Board since its organization. Our staff was also represented by Dr. LeRoy A. Schall (*c. Oto-Lar.*) and Dr. Werner Mueller (*Oto-Lar.* 1933).

The forty-ninth annual convention of the American Academy of Ophthalmology and Otolaryngology was held in Chicago, October 8-12. Dr. Moses H. Lurie (*s. Oto-Lar.*) read a paper on deafness. Drs. Mosher, Meltzer (*Aural* 1919), and Mueller took part in the instruction courses. Dr. Schall presented an exhibit on "Cancer of the larynx" and Dr. Kazanjian one on "Plastic surgery".

Major Waldemir Salem of the Medical Corps of the Brazilian Air Force has spent the last two months observing our methods and techniques at the Infirmary.

Every one was delighted to see Comdr. Edwin B. Dunphy, MC (*Oph.* 1923) back again. He was on leave from his duties which have kept him in England and thereabouts for the past year and a half. We understand he is to be assigned to the U.S. Naval Hospital at Chelsea, Mass., and we are hoping he will soon be back with us at the Infirmary. Commander Dunphy is Chief of the Department of Ophthalmology, on leave.

Lt. Comdr. Frederick Stephens, MC (*Oph.* 1939) came in to see us the other day. He has been in the South Pacific with the Marines for two years, and is now attached to the U. S. Naval Air Station at Quonset Point, Rhode Island.

It is rather interesting to note that men from Syria, Brazil, and Ecuador have applied for residencies at the Infirmary. Dr. John J. Ayash, from Lebanon, Syria, is now serving as Resident on the Oto-Laryngological Service. Dr. Ayash, before coming to this country, held the rank of Captain in the British Army Medical Corps and served in the African Campaign.

Dr. João C. Guimarães, from Rio de Janeiro, Brazil, has received an appointment as Resident on the Oto-Laryngological Service and is to report for duty November 15.

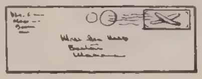
Dr. Enrique (Moreira) Ortega, from Guayaquil, Ecuador, sponsored by the Pan-American Congress of Ophthalmology—W. H. Kellogg Foundation, is an Accessory Resident in Ophthalmology.

It may interest the former House Officers at the Infirmary to know that the length of the resident service is now back to two years. In September 1942, at the request of the Procurement and Assignment Service and the Army and Navy, the residency was shortened to one year. This did not work out very well, and it was decided to return to the two-year service and to appoint only women or men who are ineligible for service in the armed forces.

Comdr. Virgil G. Casten, MC (*Oph.* 1931) is now stationed at the U. S. Naval Hospital, Pearl Harbor, Honolulu, Hawaii.

Miss Johnson, Miss Sleeper (as chairman), and Mrs. Andrews have been appointed on the Advisory Committee to the Division of Nursing Education at Boston University School of Education.

A new class of eighty-three pre-clinical students entered the school on September 6, 1944. This group, combined with the July class, made one hundred thirty-seven students in the blue pre-clinical uniform on that date.



All News material that goes to press—and this includes pictures—is first cleared for publication by the local Public Relations Department of the Army or Navy. In addition, everything of a personal nature which, in the opinion of the editor, was not intended for public consumption is deleted. The office of The News is in close touch with the constantly changing censors' lists of place names that *may* be mentioned and those which may *not.* Also, you will notice that when the name or number of an overseas unit is given, the location is omitted, or *vice versa.* Often information is withheld which is not only allowable but is quite generally known. We'd rather lean toward the safe side than be sorry.

The following new addresses have been received:—

Lt. Comdr. Harold E. Dyer, DC (*a. dn. s.*), Dental Dispensary, D. North, U. S. Naval Training Station, Sampson, N. Y.
Capt. James M. Faulkner, MC, USNR (*EM* 1925); U. S. Naval Hospital, Newport, R. I.
Major Edward A. Gall, MC (*r.p.P* 1937), Valley Forge General Hospital, Phoenixville, Penn.
Lt. Walter S. Kerr, Jr., MC, AUS (*WS* 1943), 658 Clearing Co., Camp Rucker, Ala.
Lt. Comdr. Hugh Montgomery, MC (*EM* 1932), U. S. Naval Hospital, Corona, Cal.
Lt. Comdr. Richard D. Nies, MC (*An.* 1941), U. S. Naval Air Station, Daytona Beach, Fla.
Major William A. Perkins, MC, (*ES* 1917), Station Hospital, Fort Missoula, Mont.

We have received word from Lt. Lester Meister, MC, AAF (*CM* 1937) that he is no longer in military service, having been retired for medical reasons. His present address is Southern Permanente Hospital, Fontana, Cal.

Col. Walter Bauer, MC (*r.p. WM* 1927) is still at 8th Service Command Headquarters, Dallas, Texas, when he is "at home"—which doesn't appear to be very often, according to this letter to Dr. Faxon, written in July:—

Yours truly continues to function in much the same manner. I am, as you know, peripatetic professor, visiting physician and consultant, or, as the S.G.O. puts it, Medical Consultant to the 8th Service Command. I still devote practically my entire time to visiting army and air force hospitals scattered throughout the five states in this service command. The large number of hospitals and the distances one has to travel prevent me from visiting each installation as often as I should like. It would be highly desirable for consultants to visit each institution at least every three months. When you have approximately 150 hospitals located in the states of Texas, Louisiana, New Mexico, Arkansas, and Oklahoma, this becomes extremely difficult—if not impossible—to do in a three-month period because of the scarcity of railroads. However, by resorting to busses, army cars, army planes, and by guess and by God, one gets there.

When visiting a hospital I devote almost my entire time making ward rounds. These begin at 8:00 A.M. and continue throughout the day—and into the evening. However, we do take time out to eat. It is my job to demonstrate by example what constitutes the practice of good medicine. During the past year I have been greatly aided in this regard by having nationally known men visit with me two or three weeks out of each month.

The educational program financed by the Rockefeller Foundation has proved most successful. To date we have been able to institute the following: weekly clinicopathological conferences made possible by the generosity of the Massachusetts General Hospital; the supplying of additional books for medical libraries; the reviewing of the autopsy protocol of each soldier dying in the 8th Service Command and the recording of pertinent notes on same before returning them to the hospital; and invitations to nationally known internists, surgeons, orthopedists, and neuropsychiatrists to visit our command each month with the respective consultants. The clinicopathological conferences have been most enthusiastically received. The medical officers like them because they always come away with a final answer to the case under discussion. Furthermore, they keep us in touch with certain types of clinical problems which are very infrequently —if ever—encountered in army installations. Needless to say, I have profited considerably from this experience. It has made possible contacts with thousands of doctors from various sections of the country, and this gives one an excellent opportunity to judge the many shortcomings of American medical education. In addition, it furnishes me with many very unusual clinical experiences. I presume I have profited most from my work with infectious diseases. I do so hope that after the war we can put into effect the measures which will correct, at least in part, some of the past errors of American medical education.

I have made it a practice to work days and travel nights. This, as you might suspect, frequently results in many long days. Upon returning from a three- or four-week trip one is reasonably tired. When on the road, I work seven days a week. When at headquarters, I do the same—except that occasionally we do take Sunday afternoon off. My time at headquarters is kept at a minimum because I am of much more use to the service command when in the field. At headquarters, most of my time is devoted to writing reports. Life would be much easier if I could dispense with them, but the Army says "No".

I am glad to report that the Rockefeller Foundation continued our grant for the year July 1, 1944 to July 1, 1945.

Alan Gregg [*WM* 1917] visited our command for a few weeks, a month or so ago, and seemed very enthusiastic concerning the post-graduate medical educational possibilities that exist in a service command like this. Needless to say, we profited greatly from various suggestions made by him.

When we had just about come to the conclusion we never would be able to catch up with Lt. Col. W. Wallace McKay, ED, RCAMC (*CM* 1921), a letter came from him, dated September 12. He says:—

My new address is R. R. #1 Aylmer Road, Hull, Quebec. For your records I may state that I organized a casualty clearing station in 1939, and returned from overseas September 1942. In April 1943 I was transferred to the Department of Pensions and National Health, Health Division.

A letter from Lt. Col. James S. Stillman, MC, AAF (*a. M*) announces a change of address and rank. Colonel Stillman is now stationed at Pasadena ASF Regional Hospital, Pasadena 2, Cal., and his promotion is as of March 2. His letter goes on to say:—

After serving for three years as Regimental Surgeon for an anti-aircraft regiment, I was assigned to this hospital as Chief of the Medical Service, and have been here slightly over a year. The hospital is beautifully situated in what was formerly the Vista del Arroyo Hotel, is well equipped and staffed, and the work is very interesting.

A week or so ago I met Lt. Comdr. Montgomery [*EM* 1932], but otherwise I have seen very few people from Boston in the past few years. This makes THE NEWS very valuable to me in keeping up with my friends and associates.

Lt. Col. Harold H. Hamilton, MC (*r.s. PH* 1933) has been transferred from "The Siege of Holyoke", as he recently styled his assignment at Westover Field, Mass. On August 24 he wrote:—

This is to notify you that my address has at long last been changed to the 113th Evacuation Hospital, Camp Gordon, Ga.—a more or less nomadic tribe of men and tents, just now in bivouac "Somewhere in Gnat-Flats, Georgia".

My job with this outfit is, on paper, the same as I had at Westover for over two years —running the Surgical Service (or *vice versa*). Actually, it is a far cry from anything I've ever seen before in this world, and stating that our present work is exciting and stimulating would be gross understatement.

Our present C.O., Colonel Blank, is an old campaigner out of New Guinea, and he makes many flattering remarks about the work of George Marks [*ES* 1931] and "Gus" Thorndike [*WS* 1923] down in that section.

I would be grateful to receive an "S.O.P." from some veteran of the surgical side of an evacuation hospital, either through the columns of THE NEWS or by direct communication. Such individuals do not seem to be very prolific in their literary efforts so far in this war. I believe I can guess some of the reasons why. Probably these fellows are saving it all up for a two-volume post-war treatise on the subject—the first one and three-quarters being devoted to the grass-chigger, the gnat, and the Georgia climate in August; and the final chapter on the gentle pastime of jeep-riding in the rear of a motor convoy under black-out conditions on red-clay roads.

Beloved Editor, please rally our voters to the polls this fall, and have an amendment inserted on the ballot to give Georgia back to the Huguenots and the Seminoles.

Capt. George F. Emerson, MC, AAF (*ES* 1939) called at THE NEWS office one day in August. He was on his way back to San Antonio, Texas.

Lt. Comdr. Mark M. Exley, MC (*r.s. U* 1938) is with the Public Health Department, U. S. Marine Hospital, Hampton Blvd., Norfolk, Va.

Lt. Cornelius J. Shea, MC, USNR (*ES* 1943) wrote from a west coast Navy Yard in August:—

My June copy of THE NEWS had traveled to three or four major cities before I received it. I am now waiting to go to the South Pacific.

Frederick G. Munn, SF 3/c, one of our past employees, now a CB, paid us a very pleasant call at the office of THE NEWS one day in August. He has spent nine months in Newfoundland, returned last January, and is now with a Naval Construction Battalion, Camp Endicott, Davisville, R. I. (In case you might like that "SF" de-coded—as we did—it means Ship Fitter).

Donald Giberson, a former plaster man on the orthopedic wards, appeared the other day at the office of THE NEWS to report his transfer to the paratroopers. He has finished a four-weeks' basic training course at Fort Benning, Ga., during which he made four day-jumps and one night-drop. He has returned to Benning for his advanced training which he hopes to finish within four weeks. After that he expects overseas duty.

Many will remember Patricia Gilbert, ARC, as an efficient clerk at the information desk at the front door of the White Building. This letter from her was written August 23.

Here I am in Iceland! My idea of Iceland was a place bleak with snow and ice and Eskimos. That is not true. We have had a beautiful summer, with warm weather and bright flowers, but no trees.

My title is Staff Assistant, and my work is in a Red Cross Club in a city—perhaps you might call it a leave area. The men come into town when given passes, and the Red Cross is the only place where they can go. The Icelanders have not accepted the boys even now —after two years—but the feeling is somewhat warmer.

My best wishes to all my friends at the General.

Lt. Col. Donald T. Chamberlin, MC (*P* 1931 & *NS* 1931) was Chief of the Medical Service in a 750-bed station hospital in England since last November. He received his promotion in March. On August 12 he wrote:—

Tuesday I leave this place to take up my new duties as Chief of the Medical Service of a general hospital which has just come over.

Back in June Miss Betty Dumaine wrote a letter to her father which we had hoped to publish before this. Miss Dumaine is Assistant Club Director of the American Red Cross. Her letter says, in part:—

As I write, this paper is stuck up by my hand. Am dripping wet! I don't know what the temperature is today, but it has been 129°.

Have to go on a long trip today to straighten out a colored troops club. People running it not doing a good enough job. It's near the ocean, so I'll be cooler for a few days, at least. Hope I can get a swim.

Lots going on and we are busy. So many girls want and need leave, yet all installations must carry on and we have no substitutes in this heat.

We go to the office now at 6:30 A.M., and sleep out-of-doors nights. There is a breeze then and it's slightly cooler. Peacocks and parrots wake me up at 6 (so I'm never late) and eat the bread and toast I throw at them while I'm having my tea. They are getting tame, but "foolish". The big boy doesn't come down off the roof and balcony. I guess he knows how handsome he is posed up there.

So many lovely letters from home! I don't know when I'll ever be able to answer them all.

The following letter somehow seems to say quite as much between the lines as in the wording itself. Its date line is Guam, August 15, and it came from Lt. Leonard D. Rosenman, MC, AUS (*ES* 1943).

The July News was delivered to me on the lines. It was a helpful medicine. Now that the battle is over, I must write my thanks for it and for all the past issues.

My job is Battalion Surgeon, and I have been busy. The present quiet is almost unnerving. The noise of our artillery and small arms is really quite as cheering to us as it is fearful to the Nips.

I have been well, and have no scars from this battle, other than those of fatigue and from a little bacillary dysentery.

I know I can expect The News to keep coming—wherever I may be.

The first direct report to reach us from Lt. Comdr. H. Bristol Nelson, MC(V)S (*a. obst.*) came in a recent letter to Dr. Henry R. Viets. Commander Nelson is Reg. Surgeon, attached to a division of Marines in the Southwest Pacific.

Although I can't state my location now, I am at liberty to say that the recent experiences I had on Saipan and Tinian were more than thrilling. Irad Hardy [*ES* 1939] is one of my Battalion Surgeons and, as might be expected, has been excellent. We often talk of the Massachusetts General and, naturally, would love once again to set foot within her doors; but how long we will be out here is hard to say. However, this rugged life has done us no harm, and the experience has been excellent.

Capt. James D. Schuler, MC, AUS (*CM* 1939) is now with an auxiliary surgical group. An all too brief note from him, written August 20, says:—

Dear Alumni:

Since joining this auxiliary, August 2, 1944, I have had an interesting and active time near the front lines in France. This is a real treat after the previous dull time spent in training. The results of treating the very seriously wounded are gratifying.

I recently had an interesting chat with Capt. Eugene Record [*NS* 1937 & *Or.* 1941] who is a member of this group.

Over a year since we heard from Major Leo B. Burgin, MC (*CM* 1932) until a recent letter, written August 30. Major Burgin is still with a Medical Battalion, now in France.

If I have not written earlier it is, be assured, not a matter of "out of sight out of mind", but rather one of modesty. Nothing extraordinary has happened to me. I am now in my fourth year with the same unit—some sort of a record, in view of the frequent transfers experienced by some of my colleagues. I "bump" into old MGH-ers much too infrequently, but hope to make up for all this when the war is over.

I was pleasantly awakened recently from my "medical lethargy" by being asked to see a French youngster who was ill with a typical textbook case of diphtheria. I was amazed to think one could remember a textbook after devoting the last few years to Army field manuals on "How to lure flies to their death", "K rations—a substitute for eating", etc.

I'll leave descriptions of the country to my literary friends. I'd welcome a sight of Fruit Street and the Charles in preference to the Champ Elysées and the Seine!!

My best to Dr. Faxon, Dr. Butler, and all my friends.

P.S. I have a complete file of The News.

Major Ward I. Gregg, MC (*WS* 1935) wrote in August from an evacuation hospital overseas:—

The News is so much appreciated by all of us who have insufficient time to keep in touch with the rest of the crowd, we do not want to miss a single issue.

We are at present in cool rolling country—most pleasant after the cold and wet of Normandy and the dry heat of deep Brittany. Our adventures have been varied and interesting, but we spear-headed only one attack—or so it seemed. Professionally we had an opportunity to compare our present methods with those of the last war, as we evacuated and cared for a large German prisoner-of-war hospital. Every wound was inspected and all treatment was a makeshift Carrel-Dakin method. That, combined with lack of supply, made our problem interesting; and it was truly amazing to see what penicillin, sulfadiazine, and lots of good food and nursing did for these Americans, English and Canadians who had been there for some time.

My best to all the crowd.

Dr. Arthur W. Allen has received a letter from Capt. Theodore P. Robie, MC, AUS (*ES* 1943) which carries the heading "Somewhere in France, August 12."

Our surgery in the front line consists largely of first aid. The most important aspect of the work is not ours, but that of the litter-bearers who bring the boys in from the ditches and fields. Upon their courage and speed have depended many lives. All we can do is to give plasma, and apply splints and snug bandages. Only one bleeder have we tied. Chest wounds of the sucking type have been few and have responded well to simple sealing. We have lost only two patients in our station—one a brain injury who had bone spicules all through his head and who wouldn't continue breathing despite a tank of captive German oxygen, and the other an old abdominal injury in a German prisoner whose bowels lay all over the stretcher. Thanks to plasma, we have lost none on the trip through collecting to clearing, either. One's professional mind lags a bit doing such procedures, as you might expect.

After visiting collecting and clearing companies of the division I don't envy them professionally, either. It is purely a problem of transportation after we get through with casualties until they reach the evacuation hospital and an X-ray tube. And, luckily, our road-net and transportation service has been good.

Our hardest tasks are among the neglected sick and wounded French peasants who hide away as the front passes over them, and then dribble in to the Red Cross flag. One little girl of five—with gas gangrene resulting from a small shrapnel puncture of the buttock—was saved with diazine, quick transportation, and excision of a muscle or two. Gall bladder disease and its complications seems to be the most frequent civilian female complaint, along with amenorrhea. Fifteen children in one house had impetigo superposed on scabies. "Fever of unknown origin" has been conspicuous by its absence, and typhus, malaria, and the various other continental exotic fevers have not shown up yet. I hope I can drop that "yet".

MGH men are hard to find—perhaps because we stick pretty close to our stations, without the chance to visit. Harvard graduates are more abundant, and they all devour the MGH News as a light from home.

We have just received another letter from Cpl. Malcolm A. Conner, our past efficient Hospital newsboy. He is still with the Hq. Detachment of a medical group, and is helping make good newspaper copy himself, these days. This last letter was written August 10.

I arrived in France nine days after the invasion. Needless to say, the trip across the channel was an experience long to be remembered—especially when you were under fire for the first time. I spent my first night in Normandy, in a ditch beside a hedgerow; and the terrific barrage from artillery and anti-aircraft guns, along with the constant bellowing of cattle in the nearby fields, made sleep impossible. By the time morning arrived, even an issue of canned rations looked good. From then on it was a fight to keep dry from the almost constant rain, and there was always a foxhole to be dug whenever you moved into a new area. You never hesitated about digging it deep and tunneling out one side to roll under, in order to avoid the falling pieces of flak from anti-aircraft guns and an occasional shell from a German 88 which might happen to come your way.

I was able to be in Cherbourg less than twenty-four hours after it was captured. Snipers were still active and mines were going off with pretty much regularity. The railroad station was a shambles—rails, switch-points, signal towers, and cars torn to pieces. I passed through a large square which was covered with wrecked German equipment, and in the middle of the whole mess lay a dead German soldier. He was all through promoting any world plans for the "master race".

One of the greatest experiences I have had was seeing the mass bombing of the German lines. For several hours the sky was black with planes. As they came in to bomb their objective you could see black bursts of anti-aircraft fire strike up at them. The ground under my feet shook from the concussion, and after it was over it looked as if a storm had suddenly come up in the sky.

Have seen Valognes, Montebourg, Ste. Mère Église, Carentan, Isigny, Tessy sur Vire, and St. Lo. Of all these towns I believe St. Lo comes the nearest to symbolizing all that modern warfare means in death and destruction. There is one part of the city which will always stand out in my memory as a classic picture of the war. Descending a rather steep hill, you can look down over the side—about a hundred feet—into a huge pool of dirty black water, filled with the wreckage of smashed houses and burned out motor vehicles. Here and there are patches of thick green slime floating on top. It's hard to tell how many bodies may be lying at the bottom, and I suppose no one will know until the water is drained off.

In spite of these sights, I have seen some very beautiful French countryside; and for the past few weeks there has even been a let-up in the rain!

Lieutenant Colonel Richard Warren (*WS* 1936)—and friends

In connection with the picture shown in this issue, there is a story—a thrilling one—that should be told about that rank of Lieutenant Colonel.

Dr. John L. Newell telephoned The News office one day in late August to say he had received a letter from Lt. Col. John E. Dunphy, a Peter Bent Brigham man who is with the 5th General Hospital. In his letter Colonel Dunphy stated that Richard Warren is Chief of the Surgical Service in a hospital in England. The Surgeon General went there to make rounds one day, and was so impressed with Major (as he was then) Warren's work that he gave him a "battlefield promotion" to the rank of Lieutenant Colonel.

From Lt. Mary E. Wilson, MC (*MGH* 1935), to a member of the Orthopedic Service, to us! A roundabout way to receive word of the promotion of Major Otto E. Aufranc, MC (*Or.* 1938). Lieutenant Wilson's letter was written August 20.

> This is to tell you that Otto E. Aufranc is a Major. I know, at the rate he writes letters, he will never get around to tell any one himself, and I thought you would all like to know it.
>
> We're spending a lazy Sunday afternoon in the Officers' Club, with half the people asleep in their chairs, Sunday papers (of June vintage) spread all over the floor, and all the awake people drinking beer. It must sound like quite a war, but it isn't often like this, so we're making the most of it.
>
> We went on a delightful picnic with Major Gundersen yesterday. He is the picnickingest person I've ever known. He has a barracks bag full of picnic equipment—sugar, coffee, salt and pepper, dishes, etc. And he also has a "different" kind of transportation to get us to the lake and back. So we swam and drank beer and ate grilled hot dogs and tomatoes and tuna fish and fried onions and canned lobster and toast and cantaloupes and blackberries that we picked at the expense of our hands which were a mass of scratches. We fished—without luck, and listened to a portable radio. Good fun.

Lt. Col. George S. Reynolds, MC (*Thd. S* 1924) is with the 128th General Hospital, overseas.

Dr. George A. Moore received a letter from Major John C. Angley, MC, AAF (*a. M*), written June 17. Dr. Moore has given us permission to publish the sections that will be of interest to Major Angley's friends.

> My job is really one of a traveling minstrel, as I continually make the rounds of the entire area, wherever there are air fields. I am Malariologist for the Air Forces in the entire Mediterranean theatre. East Italy was mine alone, in addition to the others, until additional personnel arrived. Now I have a Malariologist with each of the separate components, so the work has eased up greatly. It is my job to make the over-all plans and coördinate them, as well as to keep the supplies going. The first thing was education, so the first two months were spent almost entirely in conducting schools [teaching British medical officers]. Have had grand coöperation and think we're going to have a record we won't be ashamed of.
>
> The continuous traveling becomes quite tiring. Air travel is fine; but the trouble with it is, that you don't have ground transportation when you get to the destination.
>
> Met Freddie Kranes, Charles Short, Claude Welch, and many others last week. John Stewart holds the job of Surgical Consultant for the Air Forces, so we share the same offices, scattered throughout the theatre, and the same apartment in one place. He is a fine fellow and does a grand job.
>
> The front has moved so rapidly we are way behind now. It has required many changes of location in the fighter side of the outfit, and I am now about to leave for a tour of the new area, which will be a change and should be interesting.

Dr. Moore deciphered those letters for us (AAFSC/MTO) which appeared last month in the short article about Major Angley. The solution is always so obvious when you're told what the garbled alphabet stands for, you're embarrassed you couldn't have guessed. But we *did* ask, and the answer is: Army Air Force Service Command, Mediterranean Theatre of Operations—just in case there's some one else who didn't know.

Major O. Sherwin Staples, MC (*Or.* 1938) reports a recent transfer to the 95th Evacuation Hospital where Lt. Col. Grantley W. Taylor, MC (*WS* 1924) is Chief of the Surgical Service.

Lt. William R. Eyler, MC, AUS (*CM* 1943) is with the 115th General Hospital.

A new overseas address has arrived for Capt. John B. Millet, MC, AUS (*WS* 1943). He is now attached to the 129th General Hospital.

In our last issue Major T. Stewart Hamilton, MC (*a. dir.*) carried us through the ordeal of moving a large hospital from Africa to its present location in Italy. He concluded his account with: "What we found there is another story." The next instalment came to Major Hamilton's family in a letter dated July 17.

> We are still going to beat the band. The professional services haven't cried "Uncle" yet, but they are looking a bit haggard. They are working like Trojans and doing a fine job.
>
> We have our building well cleaned out, and it now looks like a hospital. More and more of our plumbing has been put into shape, but it is still taxed.
>
> We have been too busy to make our tents very comfortable, but we are there so little it doesn't matter. Some of the folks have put in brick floors, but only a few. Ants are a problem, but our insect powder works pretty well. There's a little fellow over here which bites like anything.
>
> We are located out of town, which has both good and bad points. The distance from an adequate source of supply makes things difficult. We have no officers' Post Exchange, as such, but draw rations and distribute them at the hospital. It makes it a little tough for us who need to buy our own things, but we get along.
>
> I had occasion, the other day, to go to a Canadian general hospital, and met a really delightful group of officers. They are from all over, but several had been to Hopkins and one knew [Capt.] Gene Record very well at McGill. I've also been to a local French hospital and met a most pleasant group.

The News begins its third year with this October issue. We need not dwell upon its success. That is self-evident. Our subscription list has increased by over three hundred during the past year.

One of the two predecessors of The News was discontinued at the beginning of the War of 1917-1918 from motives of economy—a "penny-wise and pound-foolish" policy. What a pleasure it would have been to the members of M.G.H. in the service then! What a valuable source of information to the hospital historian!

As this war with Germany and Japan approaches its successful end, and our personnel begins to return, we shall hope that lips which have been sealed will open and give us the individual stories, many of which will be of great interest. They should be preserved for posterity. The News stands ready to receive and perpetuate them.

F. A. W.

THE NEWS

No. 26 Boston, Mass. November 1944

DERMATOLOGIC SERVICE AFFAIRS

The Dermatology Service has continued to be a busy service. With the reduced staff it was fortunate that the total number of visits to the O.P.D. Clinic decreased in 1942 and 1943. There has been a definite increase in the total number of visits in the first six months of 1944 so that the clinic will probably have a total of 18,000 visits for the year. Admissions to Ward G have remained about the same and there has usually been a waiting list most of the time. Part of the decrease for the past two years can be explained by the fact that more patients are at work and can afford to consult private physicians, and that they cannot, perhaps, obtain time off to make visits during the daytime hours. Some of the decrease can also be explained by the need for limiting the attendance at the clinic because of the somewhat decreased staff. With the appointment system and with the coöperation of the Admitting Office, it has seemed advisable to curtail both the new admissions and the total number of patients to be seen at the clinic, although it has limited the material available for teaching.

We have lost Dr. Tolman to the Navy and Dr. Freedberg to the Army; and Dr. Hill, because of Dr. Dieuaide's absence in military service, has had to give up the Dermatologic Service in the Out-Patient and supervise the South Medical Clinic. There is now only one resident and one house officer on the service. In the Out-Patient Clinic the one resident serves for five days a week, and the house officer is present only three days during the week because of the amount of work to be done for the ward patients. The resident is permitted only a nine months' service, and the internship period is only a six weeks' term in the Out-Patient and on the Ward. This is, of course, not satisfactory from the point of view of these men, or from the service standpoint, but it is the best that can be done at present.

Teaching has continued throughout the year for third-year students, with a vacation of one month at the end of a nine months' term. This means, of course, that each member of the staff has more teaching than formerly, and during the year he has been having only one month off from teaching and hospital work. The fourth-year teaching has practically disappeared because of the fact that there are very few opportunities for electives to be chosen by the fourth-year students. Very few graduates are coming for study at the present time, but it is expected that as demobilization begins there will be a demand for further teaching in this field. It is expected that the department will be able to return to a two-resident system and possibly a three-resident system with the former number of house officers when the emergency is over.

A mimeographed monthly bulletin has been distributed, announcing the department staff meetings, together with a report of the ~~previous meeting~~ and various items of interest about the staff and the department.

Staff meetings have been held at monthly intervals from October to June each year. Interesting cases which have appeared during the previous month have been demonstrated, and frequently there has been a talk on some subject of particular interest to this group.

Ward rounds have been conducted at 8:30 Wednesday mornings and interesting cases on the Ward are reviewed, as well as the records of patients discharged during the week.

The staff conferences, except for dermatopathology, which had been developed particularly as an aid to the second-year residents and graduate assistants, have had to be called off for the duration, but it is planned to resume them at the earliest practical moment.

Every one has been so busy with hospital work, teaching, and practice that research projects have suffered; but it is of interest that plans are being made for an enlargement of the work of Dr. I. H. Blank, research fellow in the department.

C. Guy Lane, M.D.,
Chief of Service

* * *

The metric system for all measurements, except temperature, is now being used throughout the Hospital. Nurses are still "forever giving hypos", but now they use 11.0 mgs of a drug instead of 1/6.

* * *

The Medical Staff Meetings were resumed on Monday, October 2, at 5 P.M., when Dr. P. J. Kloppers of Johannesburg, South Africa, gave a talk on "Bronchiectasis". Dr. Kloppers has been visiting the Hospital since last May, and he had many very interesting things to say on the title given. "Bronchiectasis" was the subject of his thesis for his medical degree in South Africa, and he has given the subject a great deal of study. All who attended the meeting felt well repaid.

Tea was served in the Medical Staff Room before the meeting.

Our United War Fund drive for 1945 is on at the Hospital!

We couldn't even wait for the official opening date and started off on our campaign October 23. On the afternoon of the 24th a mass meeting of the personnel of both the Massachusetts General and the Eye and Ear Infirmary was held in the Moseley Rotunda. Speakers stressed in sincere and convincing manner the necessity for digging deeper into our wallets this year and the responsibility that rests upon each one of us who has good health and a job to do just that. The United War Fund film "Red feather magic" and the moving picture of Volunteer Day were shown.

The Hospital is fairly bristling with red feathers and posters of a most original character. But it is our 1945 "thermometer" that warrants detailed description. We are all familiar with the campaign thermometers that have been used in years past. Our unique thermometer this year is such as never was! Seen through its graduated tube is an illuminated replica of a vertical section of the White Building, from ground to roof. Up, floor by floor, till we reach the top, will our dollars drive the simulated fluid.

Last year the quota for Massachusetts General was $11,650; we raised $12,820. The 1944 quota for the Eye and Ear Infirmary was $1,480; $1,801 was raised. This year's quota for the General has been increased to $12,000, and for the Infirmary to $1,500.

If each new member of the Hospital family gives just as much as he can afford, and all of us who contributed last year should make it possible to give a dollar more this time—or even fifty cents—we'd find our thermometer pushing up through the White Building roof and looking round for a flag-pole up which to climb higher.

* * *

One of the American Red Cross committees is that which charts its medical and health program. Included in this committee's membership are the following:—Dr. Alan Gregg (*WM* 1917), Director of Division of Medical Sciences, Rockefeller Foundation, New York, N. Y.; Dr. Roger I. Lee (*EM* 1907), Boston, Mass., President of the American Medical Association; and Dr. Henry R. Viets (n.), Boston, Mass., Secretary of the committee, Lecturer on Neurology, Harvard University Medical School.

THEODORE PARKS ROBIE

With real tragedy comes word of the loss of Captain "Ted" Robie, in France, on September nineteenth. He graduated from the Hospital only a year ago, had been advanced from the rank of First Lieutenancy, and at the time of his death was serving in an advance evacuation hospital in Northern France. Something of his typical buoyancy, enthusiasm, and optimism for the future can be found in a recent letter from him published in this bulletin last month.

Theodore Parks Robie was born at Copper Cliff, Ontario, Canada, on August 15, 1917. Most of his youth was spent in Riverdale, New York. He was graduated from Harvard College *cum laude* in 1938, and four years later from Harvard Medical School. In August 1943 he completed a one-year internship on the Surgical Service and immediately thereafter entered active military duty as a First Lieutenant in the Army Medical Corps. He had spent only a few months overseas before his untimely death.

His life was marked by industry and hard work. Summers were spent tutoring and teaching. He excelled at sail-boating and instructed in sailing, both on Long Island Sound and at Marthas Vineyard. He made his first appearance at the M.G.H. as an undergraduate student House Officer in the Baker Memorial. Later he became interested in the Norfolk Community House Centre and was one of the more energetic members of that group. He and his wife, Mrs. Natalie Attwill Robie, were living there at the time of his departure overseas.

All who knew him will agree that he was an extrovert of the first order. In Medicine he was tenacious, resourceful, and critical. This last characteristic was sometimes carried so far as to irk, but there was always a ready smile and an evident eagerness to learn. He was conspicuous as an Intern, and it was obvious from the start that he would make an excellent physician in the broadest sense of the word.

He had a short life—but, all in all, a very pleasantly full one.

A.W.A. and G.A.D.

⁂

Miss Gertrude Dowling, head nurse on White 5AC, is to be granted a scholarship from the Joint Orthopedic Advisory Service. She is now on leave of absence, attending Teachers College at Columbia University, where she is taking the advanced course in Orthopedic Nursing.

⁂

Major George A. Marks, MC (*ES* 1931) has returned after twenty-eight months in the Southwest Pacific. He has been Surgical Consultant for advance bases in New Guinea, under Col. Barkley Parsons, Chief Surgical Consultant for the Southwest Pacific.

OFFICIAL NOTICES

Owing to the shortage of graduate nurses, the departure of graduate students to the Army, Navy, and to home hospitals, and the necessity of granting vacations to students, it became apparent there would be a period of approximately two months' duration during which the number of nurses available for general duty would be so low that it would be necessary to reduce the number of beds in the Hospital. Therefore, on October 1, 1944 White-9, the male West Surgical floor, was closed and White-6 and the male East Surgical floor was divided between the two Services. On the same date Baker-10 was also closed.

These two floors will be reopened not later than December 1, 1944.

Beginning September 25, 1944 Hinton and Wassermann tests from the General Hospital, Baker Memorial, Phillips House, Eye and Ear Infirmary and the Staff, Nerve and South Medical Clinics will be performed by the City of Boston Health Department. The Hinton tests for the Out-Patient Department except for the above mentioned clinics will continue to go to the State Laboratory.

The following notice applies to blood specimens to be sent to the City Health Department:

Tubes are to be deposited, as is now being done, in the refrigerator on the third floor of the Pathology Laboratory. Special test tubes to which have already been attached the white City Laboratory forms are to be used. In order to help in the separation of the serum, test tubes containing the freshly drawn blood should be slanted for at least 15 minutes before being placed in the vertical position.

Results of the tests on individual cards will be sent directly from the City Health Department to the Record Room and will then be distributed to the various wards and floors. A special rubber stamp to transfer the report to the record will be provided.

In order that the report reach the patient's record without delay, it is important that *name, unit number, division of hospital,* and *ward* be filled in clearly on the form.

N. W. Faxon, M.D.,
Director

Dr. Gilbert L. Adamson (*r.p. N* 1930) is now Consultant Neuropsychiatrist to the R.C.A.F. for the U.K., with headquarters in Ottawa, Ontario. His rank is that of Wing Commander. Late in July he went overseas, where his duties include inspection of all hospitals of all services—British, American, and Canadian. A letter written in September said he was off to France, after which he expected to return to Canada.

This information came to us in a recent letter from Mrs. Adamson.

At their meetings on September 15 and 29, the Board of Trustees voted to appoint:

Dr. Elizabeth Conrad as Assistant Resident Physician on the Children's Medical Service, to begin October 5, 1944;
Dr. George C. Cotzias as Assistant Resident in Medicine beginning July 1, 1945;
Dr. Toufic Kalil as Resident in the Radiological Department from October 1, 1944 through June 30, 1945;
Dr. Janet W. McArthur as Assistant in Medicine;
Martin Wenig, D.M.D., as Intern on the Dental Service beginning on or about October 23, 1944.

The Trustees voted to grant leaves of absence to:

Dr. Austin M. Brues, effective November 1, 1944, because of important defense work, it being understood he may resume his present position on the Staff upon completion of this assignment;
Dr. Fathollah K. Mostofi, effective October 1, 1944, because of military service.

The Trustees also voted:

That the names of Drs. Burnet M. Davis and Robert S. Grier, who are now on duty with the U.S. Public Health Service, be included in the Honor Roll;
That Dr. Francis F. Foldes be promoted to the position of Assistant Anesthetist, effective October 1, 1944.

The General Executive Committee, at their meetings on September 14 and October 4, voted to appoint:

Drs. Rodolfo E. Herrera and Richard C. Webster, Jr. as Clinical Fellows in Surgery, effective October 1, 1944;
Dr. Bernard W. Robinson as Research Fellow in Surgery from October 1 to December 15, 1944;
Dr. Tetsuo Sugiyama as Graduate Assistant in Surgery, assigned to the Urological Out-Patient Clinic, pending the approval of Procurement and Assignment Service that we be granted an additional Assistant Resident on the Urological Service.

⁂

Dr. Austin M. Brues (*EM* 1932), who was granted leave of absence by the Board of Trustees at their September 15 meeting, notifies us that after October 31 his address will be P.O. Box 5207, Chicago 80, Illinois.

⁂

Every one should read this letter. It came from Caroline Perry, 39 South Russell St., Boston, addressed to the Superintendent of Nurses, Massachusetts General Hospital. Comments seem out of order.

Oct. 1, 1944

Dear nurse,

I am only ten but I am writing you about being a nurse. A nurse's aid has some training. But it doesn't take some training to take some linen to a nurse or tell a story to a patient in the Children's ward or even to give a temperature glass to a nurse. It seems to me, though I'm only ten, I could surely do these few little jobs and many more like them, after school and on Saturday. It's a wish I've always prayed for, and to me it's very possible. Of course to you it might seem impossible but it seems to me a group my age could easily do this and give a nurse or nurse's aid a chance to do more important work. I have to be saying goodbye now.

Due to war conditions, the 98th anniversary of Ether Day was celebrated very informally. The high light of this year's festivities was a large array of snapshots of almost all of the staff members, and many of the graduates, now in military service. These were obtained, from the men's wives or from the men themselves, by Dr. Benjamin Castleman, who was in charge of the exhibit.

The entire outside wall of the Brick Corridor was lined with large red, white, and blue placards covered with photographs—red for the Pacific Theatre of War, white for the men still in the United States, and blue for the European and Mediterranean Theatres. Outstanding were pictures of the 6th and 105th General Hospitals, George Marks's experiences during the Buna Campaign, Prime Minister Fraser and Admiral Halsey visiting McGinn's and Carmody's wards in New Zealand, Tracy Mallory flanked by a pyramid and sphinx in Egypt, Colonel Churchill and John McKittrick near a volcano in Italy, Irad Hardy at Saipan and Tinian, and John Talbott's Climatic Research Laboratory in Lawrence.

On the opposite wall was an excellent display of water colors painted by Grantley Taylor while he was in North Africa and Italy.

In the corner, near the door leading into the Yard, was a section labelled "CAPTURED BOOTY". This included a Nazi flag, taken by Leo Burgin while going through France with the 1st Division; a Japanese flag, brought back by Sylvester McGinn; a set of Japanese surgical instruments, picked up by Theodore Pratt while in Guadalcanal; a copy of a farewell address from a Japanese general to his men at Saipan before committing hara-kiri, sent in by Mrs. Robert Barker; and two German helmets, from Mrs. Ludwig.

Colored moving pictures of the 6th General Hospital, taken in Africa and Italy, and of Volunteer Day here at M.G.H. were shown in the Bulfinch Dome.

Punch and cookies were served in the Brick Corridor.

So many people are continuing to show interest in the Brick Corridor exhibit that it has been decided to allow the pictures to remain on display for a while longer as a part of the campaign material for our United War Fund drive.

Appreciation for the attractive appearance of the exhibition is extended to Miss McLatchie and her staff in the Medical Illustration Department, and to the Photographic Department.

* * *

Lt. Col. John C. Snyder, MC, AUS (*WM* 1939) has received promotion to this rank. He is now with the Medical Section at Headquarters of USAFIME.

About a month ago Miss Holbrook, archivist, showed to me a silver pitcher which was inscribed the "Sir Cuthbert Wallace Inter-Hospital Tennis Trophy No. 2, presented by Dr. Harvey Cushing". On it were inscriptions which showed that the Peter Bent Brigham Hospital had won this trophy twice and that the Massachusetts General Hospital had won it three times, the last being in 1929.

In the Spring of 1922 Sir Cuthbert Wallace of London gave a cup in order to give impetus to friendly inter-hospital tennis rivalry. To own the cup, a given hospital team should win it on three occasions. The hospitals originally included in the contest for the cup were the Peter Bent Brigham, the Massachusetts General, the Homeopathic, the Children's, the Psychopathic, and the Boston City Hospital. The tournament created much amusement. The Brigham Hospital won the cup in 1922, 1923, and 1924, thus holding it forever. Dr. Cushing, in 1925, offered the "Sir Cuthbert Wallace Inter-Hospital Tennis Trophy No. 2", to be played for until it could bear no more inscriptions.

Inquiry as to why this trophy has not been played for since 1929 has brought forth a multitude of conflicting statements, from which emerges only the certainty that there is no official record that it has been played for since then.

It seemed unfortunate that the friendly rivalry in sports between the hospitals, encouraged by reason of this trophy, should not be continued; and, consequently, the Brigham was asked if they desired to challenge for the trophy—a request which met with their hearty approval. Matches were arranged to be played on Sunday, September 24, 1944, on the Brigham grounds. The result was that the Brigham won three out of the four single matches and both of the doubles.

It is hoped that these annual tennis matches may be continued.

N. W. Faxon, M.D.

* * *

Last month we reported that Lt. Lester Meister, MC, AAF (*CM* 1937) had been retired from military service for medical reasons. On September 27 Dr. Meister sent us an interesting outline of his activities since his return to civilian life.

> After leaving military service I worked for some months as an epidemiologist in the Communicable Disease Division of the Massachusetts State Health Department. Following this, I became the internist at the Southern Permanente Hospital, Fontana, Cal., which serves primarily the employees of the Kaiser Steel Mill here and their families. The Steel Mill, as you may know, is a pioneer adventure in California heavy industry. It has great prospects of becoming, in the post-war era, the nucleus of heavy industry in the far West, without, however, seriously affecting the agricultural aspect of the region. I think you will hear more and more of this place as time goes on.

Lt. Comdr. Hannibal Hamlin, MC (*r.s. NS* 1942) has been transferred to the U.S. Naval Hospital, Chelsea, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

There may be some of the House Officers who do not know that Dr. and Mrs. LeRoy A. Schall gave the Infirmary our service flag. It is hung over the door which leads from the rotunda on the first floor to the Out-Patient Eye Clinic. Each member of the medical staff, nurses, orderlies, attendants, technicians, social service workers, and kitchen men who have left for duty with the armed forces is represented by a blue star. We have just added three new stars, and there are now 72 on the flag. It is a good showing for the Infirmary, and we are proud of those who represent us.

Major Earl S. Seale, MC (*Oph.* 1940) dropped in at the Infirmary the other day for a friendly chat. He commented upon the fact that there were very few people here whom he knew. Well, there are a few of us "old timers" who are trying our best to keep things going on an even keel, although there are days when we wonder if we will weather the blow.

Major Seale is on furlough from the Regional Hospital, Camp Shelby, Mississippi, where he has charge of the Eye Service.

Lt. Comdr. S. Forrest Martin, MC (*Oph.* 1938) gives us the following excerpt from a recent letter from Major Thomas Cavanaugh, MC (*Oph.* 1940):—

> France, 18 Sept., 1944
>
> We are having a "breather", and the rest is good for all of us. We have had the chance to do a lot of work here and we got in early enough to see practically everything since the original invasion. It is good to watch real history unfold before you. Here is the war scene pictured to me this morning by a German officer (prisoner of war):—"The American Army—too much material; the Russian Army—the Russian soldier has no fear; the American Air Corps—too many and too fast; the German Army—no gas!"—to which I said, "C'est bon!"

Dr. David G. Cogan (*Oph.* 1935) has passed on to us a letter he received from Capt. Sumner D. Liebman, MC, AUS (*Oph.* 1943). It is dated September 26.

> A lot has happened since my last letter. We are all pretty seasoned campaigners now. Perhaps "experienced" is better than "seasoned", for the latter implies that we have made an adjustment to the Army, war, and being overseas—which is anything but true. But we have had quite a wide variety of experiences, both medical and otherwise. In Normandy we had a few close calls when we were situated near military objectives. At one time I was operating on an ankle when the bombs began to drop. Automatically I dropped to the ground, lying on my back, with hands in the air holding a scalpel and tissue forceps, in an effort to keep "sterile". When I realized what I had done, I looked around the O.R. floor—at first shamefacedly; but the panorama revealed every other surgeon and nurse in the place in a similar attitude. There was a lot of strafing going on, too, but luckily everything was aimed at and hit the fields on the opposite side of the road.
>
> We have several large ward tents joined together in such a way that patients are brought into a pre-op ward, are examined

> quickly, taken into the adjoining X-ray tent, then back to the pre-op to await surgery. The shock ward, surgical supply, pre-op, and X-ray are all under one canvas roof. This summer the work came in gigantic spurts, during which we would receive as many as 125 patients — all requiring surgery — within 24 hours. Our organization was in the process of formation, and we were swamped. We were given some help from auxiliary surgical teams and various clearing and collecting companies. Dr. Stanley Cobb's son worked on a medical ward for a short time. Zollinger visited us once but I didn't see him.
>
> We have had the widest possible variety of cases, and, of course, most of them have multiple wounds. The percentage of eye cases has been very low — under the 8% figure of the African campaign. When the eyes are hit they are usually ruptured, requiring enucleation. I have done only four conjunctival flaps with iridectomy, and about twenty-five enucleations. A few patients had multiple corneal F.B.'s. Often these are tiny particles of sand, and very difficult to see without a slit lamp. There have been a few intraocular F.B.'s, but I have no magnet of any kind. Often precious time is lost in evacuating these patients to the rear, since their other wounds must be treated and time allowed for recovery from the anesthetic.
>
> Many of the more severe eye injuries involve the sinuses, facial bones, skull, and brain. My first enucleation was followed by the unexpected presentation of cerebral tissue. I am supposed to be the ENT man, also, and have had to deal with the injuries of the sinuses and mastoid in a most amateurish manner; but thus far have had no complaints from the rear. Often three teams will operate on one patient, in relays or simultaneously if possible. We usually do the brain first, then the wounds of the face are debrided and cleaned up, then I remove the eye, and the maxillo-facial team does the plastic work on the face. They do just the opposite to Kazanjian's teaching. Instead of irrigating and hot-packing wounds for 24-48 hours, they prefer to operate on the wounds as early as possible. All our cases get penicillin, and we have seen *no* post-op infection. I also do a few refractions each day and take care of the EENT Clinic.
>
> Right now our major problem is the mud. It is ankle deep, sticky, and soupy—and the rain is incessant. However, we have electricity and little stoves scattered about which greatly add to our comfort. Our food is fair—much better than it used to be in England or in Oregon. We have frequent dinners made from fresh meat captured from the Germans.
>
> Our patients were largely German prisoners; at other times Russian, Ukrainian, French (FFI and civilians); and—when the going got hard—Americans.
>
> When I visited San Diego on leave, I met Hugo Lucic who collaborated on the article in the *American Journal of Ophthalmology* for July or August. Last January Lucic told me he thought that foreo-macular retinitis was caused by exposure to U-V light. I saw some of the cases, too. I referred him to Elek, and suggested that Würdeman's case was the only one on record in which a retinal lesion was found after exposure to U-V light. I notice that the author, Cordes, summed up that possible etiology in exact accordance with what I had learned from my Dad and from Elek.
>
> Haven't seen [Capt.] Bob Mattis [MC, AUS (*Oph.* 1942)] since the day we landed on the Normandy beach together, but he is never far away.

A very lovely tribute has been paid to the memory of the late Mary Hayden. It is a folder containing a recollection of her many fine qualities as a nurse and as a woman. In conclusion, Miss Hayden is given the title, "The Mother of Mosher's Men"; and the signatures of Dr. Ralph J. Frackelton and Dr. Burton E. Lovesey reveal the authorship.

Lt. John F. Bell, MC, AUS (*Or.* 1941) wrote from "Somewhere in Texas" on October 12:—

> Since entering the service I have had so many changes of address that the front of the envelopes containing my copies of The News no longer have space for another correction. Ulysses, Pa. is where my family will probably be living until after the war, so could you please change my address to read that way.
>
> I certainly have enjoyed getting the publication. I feel that the material is definitely worth while and that The News should continue functioning after the war is over.

Not since the November 1942 issue has the name of Capt. Samuel B. Beaser, MC, AUS appeared on our pages. A brief letter, written October 15, says only:—

> I am now situated close to "home base" at the Waltham Regional Hospital, where I am Cardiac Consultant for the First Service Command. No matter how close, though, I always look forward with interest to reading each edition of The News.

Captain Beaser was Graduate Assistant in Diabetes at M.G.H. before he entered military service. Wonder where he's been during all this time?

Capt. Clarke Staples, MC, AAF (*gr. asst. S* 1942) is now with a Field Hospital.

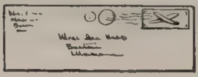
Lt. James E. Conley, MC-V(S), USNR (*WS* 1941) returned last January from his post in a Naval hospital in the North Atlantic Area. He was recently assigned to a ship, and stopped in at M.G.H. for a visit before starting off on his second tour of foreign duty.

Our August issue contained the report that Lt. Frederick C. Gevalt, Jr., MC, USNR (*r.p.* 1943) had been wounded during the invasion of Normandy. Lieutenant Gevalt has somewhat specialized in invasions, having made the complete circuit from North Africa to France.

He appeared at the office of The News the other day, and sat down for what proved to be a most interesting visit. During the conversation we inquired about the seriousness of his injuries and received the reply we might have expected: — "Very slight, very slight." And that's all there was to *that* particular subject.

Due to one story Lieutenant Gevalt told, we now wonder—as never before—under what possible situations each copy of The News, sent overseas, may be read. He said, in effect:—"I have read The News under almost as many different conditions as there have been issues. The last one I received over there I read, from cover to cover, curled up in a fox-hole. My nearest neighbor had dashed out of his hole to get the mail for both of us. He came running back to me, holding high above his head a letter and The News. That's how I read that one."

Since his return Lieutenant Gevalt was in North Carolina for a short while, and is now transferred to Chelsea Naval Hospital.



All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

The following new addresses have been received:—

Lt. Donald V. Baker, Jr., MC, AAF (*ES* 1943), Sec M, 223rd B.U., Dyersburg AAF, Tenn.
Lt. Dante Campagna-Pinto, MC, AUS (*M* 1943), 109th General Hospital, Fort Bragg, N. C.
Lt. Stephen L. Madey, MC, AUS (*CM* 1944), Cushing General Hospital, Framingham, Mass.
Comdr. John P. Monks, MC (*WM* 1931), Corps Evacuation Hospital #2, Camp Pendleton, Oceanside. Cal.
Lt. Fathollah K. Mostofi, MC, AUS (*a. P*), Tilton General Hospital, Fort Dix, N. J.
Capt. Frederic W. Rhinelander, II, MC, AUS (*ES* 1937 & *Or.* 1938), DeWitt General Hospital, Auburn, Cal.
Lt. Thomas S. Risley, MC, AUS (*ES* 1942), 6th Service Command, Veterans Administration, Hines, Ill.
Lt. Royal S. Schaaf, MC, AUS (*WM* 1943), Station Hospital, Randolph Field, Tex.
Major Richard Schatzki, MC (*r.*), McGuire General Hospital, Richmond 19, Va.

We are sorry to learn that Major Henry H. Faxon, MC (*ES* 1927) is a patient at Fitzsimons General Hospital, Denver, Colorado. Major Faxon has been with the 6th General Hospital Unit since its earliest days at Camp Blanding.

A letter from Lt. Col. David B. Dill, QMC (*res. fel. M* 1925-27), written October 5, contains, in its last paragraph, a question for all of you to answer. It will be interesting to have, from Colonel Dill, a report as to the number of responses.

> I spent 1941, 1942, and part of 1943 at the Aero-Medical Laboratory, Wright Field, in charge of physiological research in problems of military aviation. Since then I have been in the Office of the Quartermaster General, and am now Assistant for Product Analysis. Here in the Military Planning Division (Col. Georges F. Doriot, Harvard School of Business Administration, Director), we are concerned with all the soldier's individual equipment and are responsible for research and development on clothing, footgear, handgear, rations, stoves, and mildewcides. We set up laboratory and field tests, send observers to theatres of operation, determine mosquito protective qualities of clothing in Florida, the nutritional adequacy of our rations in Colorado, and the performance of new combat clothing in Italy.
>
> It was my privilege to spend several weeks in North Africa and Italy as a Quartermaster observer during November and December 1943.
>
> May I add a "military request" to this note? I would appreciate hearing from any medical officer who receives your most informative and well-read News and who has any constructive criticism to make of Quartermaster equipment. For example, we are now being told that mosquito protection in clothing is no longer an important military characteristic. What do your readers say?

Colonel Dill's address is Office of the Quartermaster General, Washington 25, D. C.

Capt. J. Wallace Zeller, MC, AUS (*WM* 1935) is with the 140th Station Hospital.

Capt. Sedgwick Mead, MC, AUS (*EM* 1940 & *P* 1941) has been promoted to this rank.

A search for the whereabouts of Comdr. Robert F. Legge, MC (*Or.* 1935), after his August News was returned to us, brought forth a letter from Mrs. Legge. She wrote, on October 15:—

> Dr. Legge was promoted to the rank of Commander in October 1943. He went on active duty at Mare Island Naval Hospital, San Francisco, Cal., on December 17, 1941, was transferred in July 1942 to a base hospital in the New Hebrides, and later had temporary duty on Guadalcanal. His entire medical unit received a Presidential Citation for services during this period.
>
> In May 1943 he was transferred to a seaplane tender, where he became senior Medical Officer in December 1943. His tender was at Tarawa and Kwajalein. In May 1944 he was detached and assigned as Chief of Orthopedic Service at Treasure Island Naval Hospital, San Francisco. After three months' service there he was sent to the U.S. Naval Air Station Dispensary, San Diego, Cal. He is still there, in charge of the Orthopedic Service.

Capt. Luke Gillespie, MC, AUS (*a. obst.*) writes from an advance New Guinea base:—

> Have landed in enemy territory, and the more I actually see of this war the better I like it. It seems incredible that you can sun bathe on a beautiful South Sea Island beach, and watch our side strafe, bomb, and shell hell out of Jap positions only a few miles away.
>
> Have changed from pidgin English—relatively easy—to the Malay language—rather difficult. The natives here are quite intelligent and very friendly, but take up a lot of time and effort by their constant saluting—men, women, children, and even some of the babies that the women carry on their backs. Not to return their greetings would hurt their feelings.
>
> The following story, said to be true, gives a good picture of the fighting out here: A Jap prisoner, questioned as to the jungle-fighting ability of the various armies, replied, "Australians the best, then native infantry, then the English." The American examiner, rather upset, asked about the Americans. The answer was, "Americans come, jungle go."

We have a letter from Lt. Comdr. Bernard M. Jacobson, MC (*a.p.*)—the first since he was assigned to a station "beyond the seas". It was written September 24.

> This is a hospital on a tiny island in the middle Solomons. Since March 20, when we opened for patients, we've been extremely busy, serving a vast area in this expanse of water. A continual stream of casualties from unpublicized events arrive here from as far north as the Admiralties, and the recent battles of Saipan and Guam have contributed their share.
>
> MGH sons (and daughters) are scarce out here. Tom Gephart [*WS* 1941] was on this island until recently, after having seen action further north. And one of our finest nurses is Mary Staats, who graduated in '37, and who shares with me the periodic lift to our spirits brought by The News.

Lt. Comdr. Harry M. Spence, MC (*WS* 1932) is still at an Advance Base in the Southwest Pacific. In a letter to Mrs. Means, which announces his promotion, he writes:—

> Just completing my sixteenth month on the "Coconut Circuit", doing general surgery and a surprising amount of urology. Also run a native yaws clinic on the side.

Dr. Henry R. Viets received a letter from Comdr. Robert S. Schwab, MC (*r.s. N* 1935), written in September. Dr. Viets has sent it on to us. Commander Schwab, now with an LCT Flotilla, writes:—

> I have finally got some sea duty that is most interesting to me. It is really a good change to get away from shore hospitals for a while.
>
> You might tell Dr. Faxon I have recently seen [Comdr.] Casten [*N* 1929 & *Oph.* 1931] and [Comdr.] Channing Swan [*WS* 1925], and they are looking fine. Also, that the MGH News is most interesting to get, even if it takes so long in coming.
>
> I hope the Brain Wave job got a renewal from the Polio Foundation. [It did. *Editor.*]
>
> I still have not seen a single case of myasthenia since I have been out here, nor have I heard of any.
>
> I still have an interest in seasickness, and see cases even in the placid Pacific.

On August 21 Capt. William V. McDermott, Jr., MC, AUS (*WS* 1943) wrote his first letter to The News.

> Due to my own failure to inform you of my change of address, The News did not follow me into or across France. News from home is always at a premium over here, and your paper is one of the few contacts with friends from the M.G.H., both at home and abroad. From reading some of the letters in the past issues, it is unnecessary to try to emphasize any further how much we all miss the pleasant days at the M.G.H., and how much we look forward to and enjoy The News. So far, the mail seems to be able to travel as fast as the Army, so I have hopes my copies will catch up with me before long.
>
> Regards to every one back at the General.

Another "silent one" heard from! Lt. John H. Peters, MC, USNR (*WM* 1943) is with an LCT Flotilla Staff. His letter is dated France, October 5.

> After a short period of indoctrination at the Naval Training Station, Newport, Rhode Island, I was ordered to the amphibious force and assigned as medical officer to this outfit. After some time spent in Norfolk, we came overseas in February. Prior to D-day I left the outfit for other duty, and have spent most of my time in or near France since, having returned to my original outfit some time ago.
>
> I have seen no MGH people over here, although I have missed Lt. Ben Eiseman [MC, USNR (*ES* 1943)], Capt. Robert S. Palmer [MC, USNR (*WM* 1927)], and Lieutenant Commander Tolman by narrow margins, at various times. At the moment all present are watching the news closely and dreaming of Christmas in the States. May it come true!

An undated letter, together with some snapshots, came to Dr. Faxon from Lt. Col. Moses S. Strock, MC (*oral s.*). Colonel Strock is included in the "Over there" group pictured in our September issue. This interesting letter from him reads:—

> The reasons for my seeming neglect about writing are many and varied—but underlying them all is the inertia that gradually takes hold of us. I remember that at first I could think of letters about our peaceful existence in England that would interest you. Then our anticipation of D-day made me want to wait until we'd at least reached France. Our first few months in France were so full there was little time for writing. Now we think of Christmas coming up—the third abroad—and get apathetic about writing.
>
> Yet I know there is much here that folks at home would like to hear about — and I wish I were able to describe some of the daily scenes. If I could but draw the high lights in this study of contrasts, it would, I think, give you a paragraph or two. It is the notice in The News about a photographic exhibition that finally gets me down to writing. I'm afraid these snaps won't reach you for October 16, but they may, so I'll tell you about them.
>
> In the bathing scene our men are enjoying their first bath in France. These portable installations, set up by the Q.M., by the side of a small stream, were like manna from heaven. It is impossible to describe the sensation of a *warm* shower after about four weeks of trying to wash out of a helmet. Most of us had the feeling that no Army except ours would plan ahead to set these up so early in the game. It's too bad the picture doesn't show the sport that went on under these showers.
>
> The "clear of mines" picture shows our earliest French neighbors trying to describe a mine accident. For weeks after the Front moved away from us our worst casualties were French civilians, mostly children and old people. The wounds of these children beggar all description. Schrapnel in a soldier is one thing. But to see six or eight children all brought in at once, injured by a single mine, is another. Usually sisters and brothers, the havoc is increased when one sees the picture *in toto*. The father, a prisoner in Germany; the mother, frail and war-worn and unable to understand English, comes with most of her family, all felled by this sudden blow. They had been evacuated. They returned to their battered home to find, after a week or so, that some of their possessions could be salvaged. Then, as though planned by the Devil himself, concealed near the cider barrel or in an abandoned outhouse or shed, this diabolic thing!
>
> The snapshot of German prisoners at work shows two of them carrying planks to form seats for an improvised Jewish high holiday service. These two prisoners work in the dental clinic. Efforts to understand the true feelings of these prisoners were of no avail. One said he was a Chek, born in Prague and forced into the Germany Army. The other made no pretense about not being German. But after two months we learned to trust neither one. Particularly after the arrival of the wounded from Brest, the arrogance of most of them was very trying. To see these haughty so-and-so's, walking by the wards where the French kids lay, was to set most of the French visitors on fire. And I couldn't blame them at all.
>
> Lt. Col. Earle Glendy [*r.p.* 1934] visited us several times, but I haven't seen him for three or four weeks—probably moved up.
>
> The picture which you printed in the September News shows nearly all of the MGHers who were with the 5th. It didn't include [Lt. Col.] Ted Badger [*EM* 1928] who was then Chief of the Medical Service. Ted is now in England, Consultant in Medicine to a group of hospitals. The picture included [Lt. Col.] Neal Crone [*WM* 1933] who is Consultant in Medicine to the 1st Army and who was visiting us that day. [Lt. Col.] Rich Warren [*WS* 1936] was not in the picture, either. He also has left us to be Chief of the Surgical Service of the 158th General. Other than these changes the group is intact, [Capt.] Henry Brewster [*WM* 1940] having rejoined us after recovering in England as our first casualty in France.
>
> Life in October in a tent in France is not exactly what it has been cracked up to be—and this letter has exhausted the kerosene in my lamp.
>
> Please give my best regards to all my old friends.

Major Champ Lyons, MC (*WS* 1933) receiving the congratulations of Major General Morrison C. Stayer, the Surgeon, NATOUSA, who has just presented him with the Legion of Merit for his work in initiating and guiding the use of penicillin in the Mediterranean Theatre of War.

Lt. Irad B. Hardy, Jr., MC, USNR (*ES* 1939) receiving the Navy and Marine Corps Medal "for extraordinary heroism while serving against enemy Japanese forces on Kwajalein atoll, Marshall Islands, January 31, 1944".

Capt. A Merton Bassett, MC, AUS is now at Headquarters of the 8th Air Force. Captain Bassett was Research Fellow in Medicine here in 1941-42.

Notice of a promotion and a new address has arrived for Capt. John S. Chase, MC, AUS (*ES* 1940). He is now with the 21st General Hospital.

Capt. Lewis K. Dahl, MC, AUS (*r.p. WM* 1942) has been transferred to the 105th General Hospital.

Capt. Daniel S. Ellis, MC, AUS (*EM* 1941) is at Headquarters of the 133d Field Artillery Battalion.

We have received word that Major Merrill Moore, MC has been transferred to the 21st Evacuation Hospital. Major Moore was Graduate Assistant in Neurology in 1933-34.

Lt. Harold E. Elrick, MC, USNR (*M* 1944) is now on a DE boat.

Dr. Faxon has received a long letter from Col. Thomas R. Goethals, MC (*ES* 1917), written on September 22. Here are the sections of general interest (pun intended, this time):—

> We had a relatively quiet August, but with recent activities north of Florence we have begun to pick up again. The rains have started and have converted our camp site into a respectable quagmire. We had considered moving the nurses into the building, but they seem to prefer tent life to being packed into dormatories. Perhaps they are right. A rash of matrimonial intentions has broken out among them and I have spent more than a little time, like the Lord Chancellor, considering whether or not evidence of a long engagement or courtship entitles them to special consideration.
>
> With reorganization under the revised Table of Organization we have lost Burrage, Goldstein, and Long. The last two were with us for ten and six weeks respectively; but Burrage, you will recall, was one of the original contemptibles. We, too, are short of nurses, since very few nurse replacements are coming to this theatre. How we shall fare if NATOUSA and ETOUSA combine remains to be seen.
>
> Organization Day was celebrated on the 1st of the month. My speech this year was a résumé of progress from 1943 to 1944 and is hardly worth repeating here. In the evening the men of the detachment staged a really excellent show, burlesquing some of the foibles of the officers and nurses. At present the hospital baseball team is either the champion or the runner up in the Base Section playoffs. This afternoon's game will settle the point.
>
> Sherman Thorndike's job with us has, after a year of uncertainty, been finally washed out. He has been assigned to the medical section of the headquarters of the Rome Allied Area Command. We hate to see him go and he dislikes the idea, too; but since he has been rendered excess with us by the impersonal effects of a change in Tables of Organization, I think he is finally convinced that the move has not been in any way a reflection on his capability. His present job is a good one, if not too arduous, and there is some ground for belief that he may achieve command of a station hospital. I hope so, for it will definitely "fix" him in a job where he'll be his own boss, in so far as any one in the service can be.

THE NEWS

No. 27 Boston, Mass. December 1944

NEUROLOGICAL SERVICE AFFAIRS

The Neurological Staff entered the World War with a group of mature men, and therefore has lost rather less than most services. Three are over the retiring age, but are retained "for the duration". We like to think that, like the fifty over-age destroyers, these three over-age men are helping to win our war.

Dr. Schwab was early in military service, at first stationed at Charlestown with the privilege, for more than a year, to continue his work here. During this period electroencephalography for the Navy was one of our contributions. For two years he has been in the Pacific, and letters state that he is busy and still interested in the seasickness problem.

Dr. Caner has recently gone to Washington on undeclared business, presumably for four months.

Needless to say, our Staff has been well represented on the draft board. Dr. Cole has collaborated with Dr. Denny-Brown on some work for the national research council, and Dr. Viets has traveled extensively on missions for the same body.

Our resident staff has of necessity been halved, and periods of service shortened. We now have one resident for 9 months, and one house officer in rotation on the medical service for 6 weeks. Naturally, this arrangement is inadequate and makes it essential that both remain in perfect health. It is hoped that the government will be more generous in the near future in the staffing of civilian hospitals.

Teaching has altered somewhat. The 3rd year groups in neurology are now eight men instead of four; but individual teaching is still possible by dividing the groups between O.P.D. and wards, thus saving the number of instructors and maintaining the personal contact of student and patient. Fourth year teaching has almost ceased, as the new prescribed month in psychiatry leaves almost no possibility of elective.

Laboratories intimately associated with neurology continue to function with little change and no loss in efficiency, thanks to the excellent technical help which has been built up over the past years. E.E.G. under Dr. Abbott and E.M.G. under Dr. Brazier are doing more and more work. Coöperation with Dr. Watkins and Dr. Finesinger in the clinical fields has been especially effective.

The spinal fluid laboratory continues to function as usual; and Dr. Kubik's neuropathological laboratory runs smoothly and yields its quota of cases for C.P.C. conferences. His study of sub-dural empyema may be singled out as of especial significance.

Two special sub-clinics, begun before the war, continue without interruption. Dr. Viets' clinic for myasthenia and certain other muscle disorders shows a gradual increase in patients, so that this group now consists of well over 100, a large number for a rare disease. Evaluation of thymectomy in myasthenia is one treatment under present discussion. Thus far Dr. Viets has been noncommittal on the success of surgery. Dr. Cole has not only continued his clinic for speech and language disorders, but has installed one of his associates on White 11 to carry out comprehensive tests of cerebral function in a more complete manner than normally performed for the estimation of intelligence quotient.

Histamine Therapy in multiple sclerosis was recently suggested by Horton of the Mayo Clinic. It has been capitalized by the lay press to a disturbing extent. We have used it in a number of cases, and will continue to do so until proof of its value is established. To date a fair estimate seems to be as follows: acute symptoms and signs *may* resolve more quickly than with no treatment; chronic symptoms seem to be unaffected. We have seen no ill effects from this form of treatment which is somewhat arduous, requiring daily prolonged intravenous injections of histamine for a period of five weeks.

The efficient hospital program of the government absorbs all war wounded, so that this type of neurology and neurosurgery, too, is similar to peace time. This fact precludes our staff from having any significant opinion as to war neurology.

We are now looking forward to the future and the return of our missing staff members. We hope, also, for one or two men of experience to study our ever-increasing problems. The patients and the facilities are still here and we are hopeful that those who return will find the opportunities as wide and generous as they have always been at the Massachusetts General Hospital.

James B. Ayer, M.D.,
Chief of Service

♣ ♣ ♣

MUSIC IN THE CHAPEL

In these times of stress, many people have found that the little Chapel at M.G.H., where they may get away from the workaday world and into a devotional atmosphere, has added much to their peace of mind and helped renew their spiritual strength. Because of the thoughtfulness of the founders of the Chapel two fine musical instruments were included—an organ and an automatic radio-phonograph; and in an effort to utilize the Chapel to its best advantage, programs of religious and other great music have been presented for some time.

On Wednesday and Sunday evenings at seven o'clock, members of the hospital staff, patients, and occasional visitors gather for a service of singing. Some come, perhaps, because their hospital duties have kept them from church, and others because they simply enjoy getting together and singing their favorite hymns, which can be requested. At some of the services there have been as many as nine beds and several wheel chairs in the Chapel.

On Monday and Thursday evenings from seven to eight, the recorded concerts of great classical and devotional music are being continued from last Spring. There is usually a major work —such as a symphony, concerto, or chorale—and one or two shorter pieces. The Hospital already has a small collection of records which it plans to enlarge, and several members of the staff have been generous in their loans of records for these concerts. The program selections have been made to include not only classic favorites—such as Beethoven and Tschaikovsky symphonies, negro spirituals and other religious music—but to present some of the finer works of lesser known composers. Any suggestions for these programs are most welcome.

As time goes on, it is expected that "Music in the Chapel" will grow in its scope and in its function of bringing greater devotional opportunities.

G. H. H.

War Service has moved into bigger and better quarters and is anticipating a very active winter. Our goal will be reached when we can do *all* the errands (with no errors) asked of us by the nursing service. To accomplish this we can use at least thirty workers daily. It is with pride we can say we have hit a high of 130 hours combined total for *one day*, and we are still growing.

In order that the quality of our work may be stepped up, a new system of checking on the old workers, and of more thorough training of new workers, is being used.

As volunteers we recognize the fact that we are inexperienced in hospital life, and suggestions for improvement of the War Service are always welcome. We thank the hospital personnel for their patience and help.

THEODORE PARKS ROBIE

With real tragedy comes word of the loss of Captain "Ted" Robie, in France, on September nineteenth. He graduated from the Hospital only a year ago, had been advanced from the rank of First Lieutenancy, and at the time of his death was serving in an advance evacuation hospital in Northern France. Something of his typical buoyancy, enthusiasm, and optimism for the future can be found in a recent letter from him published in this bulletin last month.

Theodore Parks Robie was born at Copper Cliff, Ontario, Canada, on August 15, 1917. Most of his youth was spent in Riverdale, New York. He was graduated from Harvard College *cum laude* in 1938, and four years later from Harvard Medical School. In August 1943 he completed a one-year internship on the Surgical Service and immediately thereafter entered active military duty as a First Lieutenant in the Army Medical Corps. He had spent only a few months overseas before his untimely death.

His life was marked by industry and hard work. Summers were spent tutoring and teaching. He excelled at sail-boating and instructed in sailing, both on Long Island Sound and at Marthas Vineyard. He made his first appearance at the M.G.H. as an undergraduate student House Officer in the Baker Memorial. Later he became interested in the Norfolk Community House Centre and was one of the more energetic members of that group. He and his wife, Mrs. Natalie Attwill Robie, were living there at the time of his departure overseas.

All who knew him will agree that he was an extrovert of the first order. In Medicine he was tenacious, resourceful, and critical. This last characteristic was sometimes carried so far as to irk, but there was always a ready smile and an evident eagerness to learn. He was conspicuous as an Intern, and it was obvious from the start that he would make an excellent physician in the broadest sense of the word.

He had a short life—but, all in all, a very pleasantly full one.

A.W.A. and G.A.D.

* * *

Miss Gertrude Dowling, head nurse on White 5AC, is to be granted a scholarship from the Joint Orthopedic Advisory Service. She is now on leave of absence, attending Teachers College at Columbia University, where she is taking the advanced course in Orthopedic Nursing.

* * *

Major George A. Marks, MC (*ES* 1931) has returned after twenty-eight months in the Southwest Pacific. He has been Surgical Consultant for advance bases in New Guinea, under Col. Barkley Parsons, Chief Surgical Consultant for the Southwest Pacific.

OFFICIAL NOTICES

Owing to the shortage of graduate nurses, the departure of graduate students to the Army, Navy, and to home hospitals, and the necessity of granting vacations to students, it became apparent there would be a period of approximately two months' duration during which the number of nurses available for general duty would be so low that it would be necessary to reduce the number of beds in the Hospital. Therefore, on October 1, 1944 White-9, the male West Surgical floor, was closed and White-6 and the male East Surgical floor was divided between the two Services. On the same date Baker-10 was also closed.

These two floors will be reopened not later than December 1, 1944.

Beginning September 25, 1944 Hinton and Wassermann tests from the General Hospital, Baker Memorial, Phillips House, Eye and Ear Infirmary and the Staff, Nerve and South Medical Clinics will be performed by the City of Boston Health Department. The Hinton tests for the Out-Patient Department except for the above mentioned clinics will continue to go to the State Laboratory.

The following notice applies to blood specimens to be sent to the City Health Department:

Tubes are to be deposited, as is now being done, in the refrigerator on the third floor of the Pathology Laboratory. Special test tubes to which have already been attached the white City Laboratory forms are to be used. In order to help in the separation of the serum, test tubes containing the freshly drawn blood should be slanted for at least 15 minutes before being placed in the vertical position.

Results of the tests on individual cards will be sent directly from the City Health Department to the Record Room and will then be distributed to the various wards and floors. A special rubber stamp to transfer the report to the record will be provided.

In order that the report reach the patient's record without delay, it is important that *name, unit number, division of hospital,* and *ward* be filled in clearly on the form.

N. W. Faxon, M.D.,
Director

Dr. Gilbert L. Adamson (*r.p. N* 1930) is now Consultant Neuropsychiatrist to the R.C.A.F. for the U.K., with headquarters in Ottawa, Ontario. His rank is that of Wing Commander. Late in July he went overseas, where his duties include inspection of all hospitals of all services—British, American, and Canadian. A letter written in September said he was off to France, after which he expected to return to Canada.

This information came to us in a recent letter from Mrs. Adamson.

At their meetings on September 15 and 29, the Board of Trustees voted to appoint:

- Dr. Elizabeth Conrad as Assistant Resident Physician on the Children's Medical Service, to begin October 5, 1944;
- Dr. George C. Cotzias as Assistant Resident in Medicine beginning July 1, 1945;
- Dr. Toufic Kalil as Resident in the Radiological Department from October 1, 1944 through June 30, 1945;
- Dr. Janet W. McArthur as Assistant in Medicine;
- Martin Wenig, D.M.D., as Intern on the Dental Service beginning on or about October 23, 1944.

The Trustees voted to grant leaves of absence to:

- Dr. Austin M. Brues, effective November 1, 1944, because of important defense work, it being understood he may resume his present position on the Staff upon completion of this assignment;
- Dr. Fathollah K. Mostofi, effective October 1, 1944, because of military service.

The Trustees also voted:

- That the names of Drs. Burnet M. Davis and Robert S. Grier, who are now on duty with the U.S. Public Health Service, be included in the Honor Roll;
- That Dr. Francis F. Foldes be promoted to the position of Assistant Anesthetist, effective October 1, 1944.

The General Executive Committee, at their meetings on September 14 and October 4, voted to appoint:

- Drs. Rodolfo E. Herrera and Richard C. Webster, Jr. as Clinical Fellows in Surgery, effective October 1, 1944;
- Dr. Bernard W. Robinson as Research Fellow in Surgery from October 1 to December 15, 1944;
- Dr. Tetsuo Sugiyama as Graduate Assistant in Surgery, assigned to the Urological Out-Patient Clinic, pending the approval of Procurement and Assignment Service that we be granted an additional Assistant Resident on the Urological Service.

* * *

Dr. Austin M. Brues (*EM* 1932), who was granted leave of absence by the Board of Trustees at their September 15 meeting, notifies us that after October 31 his address will be P.O. Box 5207, Chicago 80, Illinois.

* * *

Every one should read this letter. It came from Caroline Perry, 39 South Russell St., Boston, addressed to the Superintendent of Nurses, Massachusetts General Hospital. Comments seem out of order.

Oct. 1, 1944

Dear nurse,

I am only ten but I am writing you about being a nurse. A nurse's aid has some training. But it doesn't take some training to take some linen to a nurse or tell a story to a patient in the Children's ward or even to give a temperature glass to a nurse. It seems to me, though I'm only ten, I could surely do these few little jobs and many more like them, after school and on Saturday. It's a wish I've always prayed for, and to me it's very possible. Of course to you it might seem impossible but it seems to me a group my age could easily do this and give a nurse or nurse's aid a chance to do more important work. I have to be saying goodbye now.

Due to war conditions, the 98th anniversary of Ether Day was celebrated very informally. The high light of this year's festivities was a large array of snapshots of almost all of the staff members, and many of the graduates, now in military service. These were obtained, from the men's wives or from the men themselves, by Dr. Benjamin Castleman, who was in charge of the exhibit.

The entire outside wall of the Brick Corridor was lined with large red, white, and blue placards covered with photographs—red for the Pacific Theatre of War, white for the men still in the United States, and blue for the European and Mediterranean Theatres. Outstanding were pictures of the 6th and 105th General Hospitals, George Marks's experiences during the Buna Campaign, Prime Minister Fraser and Admiral Halsey visiting McGinn's and Carmody's wards in New Zealand, Tracy Mallory flanked by a pyramid and sphinx in Egypt, Colonel Churchill and John McKittrick near a volcano in Italy, Irad Hardy at Saipan and Tinian, and John Talbott's Climatic Research Laboratory in Lawrence.

On the opposite wall was an excellent display of water colors painted by Grantley Taylor while he was in North Africa and Italy.

In the corner, near the door leading into the Yard, was a section labelled "CAPTURED BOOTY". This included a Nazi flag, taken by Leo Burgin while going through France with the 1st Division; a Japanese flag, brought back by Sylvester McGinn; a set of Japanese surgical instruments, picked up by Theodore Pratt while in Guadalcanal; a copy of a farewell address from a Japanese general to his men at Saipan before committing hara-kiri, sent in by Mrs. Robert Barker; and two German helmets, from Mrs. Ludwig.

Colored moving pictures of the 6th General Hospital, taken in Africa and Italy, and of Volunteer Day here at M.G.H. were shown in the Bulfinch Dome.

Punch and cookies were served in the Brick Corridor.

So many people are continuing to show interest in the Brick Corridor exhibit that it has been decided to allow the pictures to remain on display for a while longer as a part of the campaign material for our United War Fund drive.

Appreciation for the attractive appearance of the exhibition is extended to Miss McLatchie and her staff in the Medical Illustration Department, and to the Photographic Department.

* * *

Lt. Col. John C. Snyder, MC, AUS (*WM* 1939) has received promotion to this rank. He is now with the Medical Section at Headquarters of USAFIME.

About a month ago Miss Holbrook, archivist, showed to me a silver pitcher which was inscribed the "Sir Cuthbert Wallace Inter-Hospital Tennis Trophy No. 2, presented by Dr. Harvey Cushing". On it were inscriptions which showed that the Peter Bent Brigham Hospital had won this trophy twice and that the Massachusetts General Hospital had won it three times, the last being in 1929.

In the Spring of 1922 Sir Cuthbert Wallace of London gave a cup in order to give impetus to friendly inter-hospital tennis rivalry. To own the cup, a given hospital team should win it on three occasions. The hospitals originally included in the contest for the cup were the Peter Bent Brigham, the Massachusetts General, the Homeopathic, the Children's, the Psychopathic, and the Boston City Hospital. The tournament created much amusement. The Brigham Hospital won the cup in 1922, 1923, and 1924, thus holding it forever. Dr. Cushing, in 1925, offered the "Sir Cuthbert Wallace Inter-Hospital Tennis Trophy No. 2", to be played for until it could bear no more inscriptions.

Inquiry as to why this trophy has not been played for since 1929 has brought forth a multitude of conflicting statements, from which emerges only the certainty that there is no official record that it has been played for since then.

It seemed unfortunate that the friendly rivalry in sports between the hospitals, encouraged by reason of this trophy, should not be continued; and, consequently, the Brigham was asked if they desired to challenge for the trophy—a request which met with their hearty approval. Matches were arranged to be played on Sunday, September 24, 1944, on the Brigham grounds. The result was that the Brigham won three out of the four single matches and both of the doubles.

It is hoped that these annual tennis matches may be continued.

N. W. Faxon, M.D.

* * *

Last month we reported that Lt. Lester Meister, MC, AAF (*CM* 1937) had been retired from military service for medical reasons. On September 27 Dr. Meister sent us an interesting outline of his activities since his return to civilian life.

> After leaving military service I worked for some months as an epidemiologist in the Communicable Disease Division of the Massachusetts State Health Department. Following this, I became the internist at the Southern Permanente Hospital, Fontana, Cal., which serves primarily the employees of the Kaiser Steel Mill here and their families. The Steel Mill, as you may know, is a pioneer adventure in California heavy industry. It has great prospects of becoming, in the post-war era, the nucleus of heavy industry in the far West, without, however, seriouslv affecting the agricultural aspect of the region. I think you will hear more and more of this place as time goes on.

Lt. Comdr. Hannibal Hamlin, MC (*r.s. NS* 1942) has been transferred to the U.S. Naval Hospital, Chelsea, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

There may be some of the House Officers who do not know that Dr. and Mrs. LeRoy A. Schall gave the Infirmary our service flag. It is hung over the door which leads from the rotunda on the first floor to the Out-Patient Eye Clinic. Each member of the medical staff, nurses, orderlies, attendants, technicians, social service workers, and kitchen men who have left for duty with the armed forces is represented by a blue star. We have just added three new stars, and there are now 72 on the flag. It is a good showing for the Infirmary, and we are proud of those who represent us.

Major Earl S. Seale, MC (*Oph.* 1940) dropped in at the Infirmary the other day for a friendly chat. He commented upon the fact that there were very few people here whom he knew. Well, there are a few of us "old timers" who are trying our best to keep things going on an even keel, although there are days when we wonder if we will weather the blow.

Major Seale is on furlough from the Regional Hospital, Camp Shelby, Mississippi, where he has charge of the Eye Service.

Lt. Comdr. S. Forrest Martin, MC (*Oph.* 1938) gives us the following excerpt from a recent letter from Major Thomas Cavanaugh, MC (*Oph.* 1940):—

> France, 18 Sept., 1944
>
> We are having a "breather", and the rest is good for all of us. We have had the chance to do a lot of work here and we got in early enough to see practically everything since the original invasion. It is good to watch real history unfold before you. Here is the war scene pictured to me this morning by a German officer (prisoner of war):—"The American Army—too much material; the Russian Army—the Russian soldier has no fear; the American Air Corps—too many and too fast; the German Army—no gas!"—to which I said, "C'est bon!"

Dr. David G. Cogan (*Oph.* 1935) has passed on to us a letter he received from Capt. Sumner D. Liebman, MC, AUS (*Oph.* 1943). It is dated September 26.

> A lot has happened since my last letter. We are all pretty seasoned campaigners now. Perhaps "experienced" is better than "seasoned", for the latter implies that we have made an adjustment to the Army, war, and being overseas—which is anything but true. But we have had quite a wide variety of experiences, both medical and otherwise. In Normandy we had a few close calls when we were situated near military objectives. At one time I was operating on an ankle when the bombs began to drop. Automatically I dropped to the ground, lying on my back, with hands in the air holding a scalpel and tissue forceps, in an effort to keep "sterile". When I realized what I had done, I looked around the O.R. floor—at first shamefacedly; but the panorama revealed every other surgeon and nurse in the place in a similar attitude. There was a lot of strafing going on, too, but luckily everything was aimed at and hit the fields on the opposite side of the road.
>
> We have several large ward tents joined together in such a way that patients are brought into a pre-op ward, are examined

> quickly, taken into the adjoining X-ray tent, then back to the pre-op to await surgery. The shock ward, surgical supply, pre-op, and X-ray are all under one canvas roof. This summer the work came in gigantic spurts, during which we would receive as many as 125 patients — all requiring surgery — within 24 hours. Our organization was in the process of formation, and we were swamped. We were given some help from auxiliary surgical teams and various clearing and collecting companies. Dr. Stanley Cobb's son worked on a medical ward for a short time. Zollinger visited us once but I didn't see him.
>
> We have had the widest possible variety of cases, and, of course, most of them have multiple wounds. The percentage of eye cases has been very low — under the 8% figure of the African campaign. When the eyes are hit they are usually ruptured, requiring enucleation. I have done only four conjunctival flaps with iridectomy, and about twenty-five enucleations. A few patients had multiple corneal F.B.'s. Often these are tiny particles of sand, and very difficult to see without a slit lamp. There have been a few intraocular F.B.'s, but I have no magnet of any kind. Often precious time is lost in evacuating these patients to the rear, since their other wounds must be treated and time allowed for recovery from the anesthetic.
>
> Many of the more severe eye injuries involve the sinuses, facial bones, skull, and brain. My first enucleation was followed by the unexpected presentation of cerebral tissue. I am supposed to be the ENT man, also, and have had to deal with the injuries of the sinuses and mastoid in a most amateurish manner; but thus far have had no complaints from the rear. Often three teams will operate on one patient, in relays or simultaneously if possible. We usually do the brain first, then the wounds of the face are debrided and cleaned up, then I remove the eye, and the maxillo-facial team does the plastic work on the face. They do just the opposite to Kazanjian's teaching. Instead of irrigating and hot-packing wounds for 24-48 hours, they prefer to operate on the wounds as early as possible. All our cases get penicillin, and we have seen *no* post-op infection. I also do a few refractions each day and take care of the EENT Clinic.
>
> Right now our major problem is the mud. It is ankle deep, sticky, and soupy—and the rain is incessant. However, we have electricity and little stoves scattered about which greatly add to our comfort. Our food is fair —much better than it used to be in England or in Oregon. We have frequent dinners made from fresh meat captured from the Germans.
>
> Our patients were largely German prisoners; at other times Russian, Ukrainian, French (FFI and civilians); and—when the going got hard—Americans.
>
> When I visited San Diego on leave, I met Hugo Lucic who collaborated on the article in the *American Journal of Ophthalmology* for July or August. Last January Lucic told me he thought that foreo-macular retinitis was caused by exposure to U-V light. I saw some of the cases, too. I referred him to Elek, and suggested that Würdeman's case was the only one on record in which a retinal lesion was found after exposure to U-V light. I notice that the author, Cordes, summed up that possible etiology in exact accordance with what I had learned from my Dad and from Elek.
>
> Haven't seen [Capt.] Bob Mattis [MC, AUS (*Oph.* 1942)] since the day we landed on the Normandy beach together, but he is never far away.

A very lovely tribute has been paid to the memory of the late Mary Hayden. It is a folder containing a recollection of her many fine qualities as a nurse and as a woman. In conclusion, Miss Hayden is given the title, "The Mother of Mosher's Men"; and the signatures of Dr. Ralph J. Frackelton and Dr. Burton E. Lovesey reveal the authorship.

Lt. John F. Bell, MC, AUS (*Or.* 1941) wrote from "Somewhere in Texas" on October 12:—

> Since entering the service I have had so many changes of address that the front of the envelopes containing my copies of The News no longer have space for another correction. Ulysses, Pa. is where my family will probably be living until after the war, so could you please change my address to read that way.
>
> I certainly have enjoyed getting the publication. I feel that the material is definitely worth while and that The News should continue functioning after the war is over.

Not since the November 1942 issue has the name of Capt. Samuel B. Beaser, MC, AUS appeared on our pages. A brief letter, written October 15, says only:—

> I am now situated close to "home base" at the Waltham Regional Hospital, where I am Cardiac Consultant for the First Service Command. No matter how close, though, I always look forward with interest to reading each edition of The News.

Captain Beaser was Graduate Assistant in Diabetes at M.G.H. before he entered military service. Wonder where he's been during all this time?

Capt. Clarke Staples, MC, AAF (*gr. asst. S* 1942) is now with a Field Hospital.

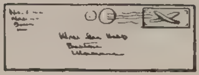
Lt. James E. Conley, MC-V(S), USNR (*WS* 1941) returned last January from his post in a Naval hospital in the North Atlantic Area. He was recently assigned to a ship, and stopped in at M.G.H. for a visit before starting off on his second tour of foreign duty.

Our August issue contained the report that Lt. Frederick C. Gevalt, Jr., MC, USNR (*r.p.* 1943) had been wounded during the invasion of Normandy. Lieutenant Gevalt has somewhat specialized in invasions, having made the complete circuit from North Africa to France.

He appeared at the office of The News the other day, and sat down for what proved to be a most interesting visit. During the conversation we inquired about the seriousness of his injuries and received the reply we might have expected: — "Very slight, very slight." And that's all there was to *that* particular subject.

Due to one story Lieutenant Gevalt told, we now wonder—as never before —under what possible situations each copy of The News, sent overseas, may be read. He said, in effect:—"I have read The News under almost as many different conditions as there have been issues. The last one I received over there I read, from cover to cover, curled up in a fox-hole. My nearest neighbor had dashed out of his hole to get the mail for both of us. He came running back to me, holding high above his head a letter and The News. That's how I read that one."

Since his return Lieutenant Gevalt was in North Carolina for a short while, and is now transferred to Chelsea Naval Hospital.



All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

The following new addresses have been received:—

Lt. Donald V. Baker, Jr., MC, AAF (*ES* 1943), Sec M, 223rd B.U., Dyersburg AAF, Tenn.
Lt. Dante Campagna-Pinto, MC, AUS (*M* 1943), 109th General Hospital, Fort Bragg, N. C.
Lt. Stephen L. Madey, MC, AUS (*CM* 1944), Cushing General Hospital, Framingham, Mass.
Comdr. John P. Monks, MC (*WM* 1931), Corps Evacuation Hospital #2, Camp Pendleton, Oceanside. Cal.
Lt. Fathollah K. Mostofi, MC, AUS (*a. P*), Tilton General Hospital, Fort Dix, N. J.
Capt. Frederic W. Rhinelander, II, MC, AUS (*ES* 1937 & *Or.* 1938), DeWitt General Hospital, Auburn, Cal.
Lt. Thomas S. Risley, MC, AUS (*ES* 1942), 6th Service Command, Veterans Administration, Hines, Ill.
Lt. Royal S. Schaaf, MC, AUS (*WM* 1943), Station Hospital, Randolph Field, Tex.
Major Richard Schatzki, MC (*r.*), McGuire General Hospital, Richmond 19, Va.

We are sorry to learn that Major Henry H. Faxon, MC (*ES* 1927) is a patient at Fitzsimons General Hospital, Denver, Colorado. Major Faxon has been with the 6th General Hospital Unit since its earliest days at Camp Blanding.

A letter from Lt. Col. David B. Dill, QMC (*res. fel. M* 1925-27), written October 5, contains, in its last paragraph, a question for all of you to answer. It will be interesting to have, from Colonel Dill, a report as to the number of responses.

> I spent 1941, 1942, and part of 1943 at the Aero-Medical Laboratory, Wright Field, in charge of physiological research in problems of military aviation. Since then I have been in the Office of the Quartermaster General, and am now Assistant for Product Analysis. Here in the Military Planning Division (Col. Georges F. Doriot, Harvard School of Business Administration, Director), we are concerned with all the soldier's individual equipment and are responsible for research and development on clothing, footgear, handgear, rations, stoves, and mildewcides. We set up laboratory and field tests, send observers to theatres of operation, determine mosquito protective qualities of clothing in Florida, the nutritional adequacy of our rations in Colorado, and the performance of new combat clothing in Italy.
>
> It was my privilege to spend several weeks in North Africa and Italy as a Quartermaster observer during November and December 1943.
>
> May I add a "military request" to this note? I would appreciate hearing from any medical officer who receives your most informative and well-read News and who has any constructive criticism to make of Quartermaster equipment. For example, we are now being told that mosquito protection in clothing is no longer an important military characteristic. What do your readers say?

Colonel Dill's address is Office of the Quartermaster General, Washington 25, D. C.

Capt. J. Wallace Zeller, MC, AUS (*WM* 1935) is with the 140th Station Hospital.

Capt. Sedgwick Mead, MC, AUS (*EM* 1940 & *P* 1941) has been promoted to this rank.

A search for the whereabouts of Comdr. Robert F. Legge, MC (*Or.* 1935), after his August NEWS was returned to us, brought forth a letter from Mrs. Legge. She wrote, on October 15:—

> Dr. Legge was promoted to the rank of Commander in October 1943. He went on active duty at Mare Island Naval Hospital, San Francisco, Cal., on December 17, 1941, was transferred in July 1942 to a base hospital in the New Hebrides, and later had temporary duty on Guadalcanal. His entire medical unit received a Presidential Citation for services during this period.
>
> In May 1943 he was transferred to a seaplane tender, where he became senior Medical Officer in December 1943. His tender was at Tarawa and Kwajalein. In May 1944 he was detached and assigned as Chief of Orthopedic Service at Treasure Island Naval Hospital, San Francisco. After three months' service there he was sent to the U.S. Naval Air Station Dispensary, San Diego, Cal. He is still there, in charge of the Orthopedic Service.

Capt. Luke Gillespie, MC, AUS (*a. obst.*) writes from an advance New Guinea base:—

> Have landed in enemy territory, and the more I actually see of this war the better I like it. It seems incredible that you can sun bathe on a beautiful South Sea Island beach, and watch our side strafe, bomb, and shell hell out of Jap positions only a few miles away.
>
> Have changed from pidgin English—relatively easy—to the Malay language—rather difficult. The natives here are quite intelligent and very friendly, but take up a lot of time and effort by their constant saluting—men, women, children, and even some of the babies that the women carry on their backs. Not to return their greetings would hurt their feelings.
>
> The following story, said to be true, gives a good picture of the fighting out here: A Jap prisoner, questioned as to the jungle-fighting ability of the various armies, replied, "Australians the best, then native infantry, then the English." The American examiner, rather upset, asked about the Americans. The answer was, "Americans come, jungle go."

We have a letter from Lt. Comdr. Bernard M. Jacobson, MC (*a.p.*)—the first since he was assigned to a station "beyond the seas". It was written September 24.

> This is a hospital on a tiny island in the middle Solomons. Since March 20, when we opened for patients, we've been extremely busy, serving a vast area in this expanse of water. A continual stream of casualties from unpublicized events arrive here from as far north as the Admiralties, and the recent battles of Saipan and Guam have contributed their share.
>
> MGH sons (and daughters) are scarce out here. Tom Gephart [*WS* 1941] was on this island until recently, after having seen action further north. And one of our finest nurses is Mary Staats, who graduated in '37, and who shares with me the periodic lift to our spirits brought by THE NEWS.

Lt. Comdr. Harry M. Spence, MC (*WS* 1932) is still at an Advance Base in the Southwest Pacific. In a letter to Mrs. Means, which announces his promotion, he writes:—

> Just completing my sixteenth month on the "Coconut Circuit", doing general surgery and a surprising amount of urology. Also run a native yaws clinic on the side.

Dr. Henry R. Viets received a letter from Comdr. Robert S. Schwab, MC (*r.s. N* 1935), written in September. Dr. Viets has sent it on to us. Commander Schwab, now with an LCT Flotilla, writes:—

> I have finally got some sea duty that is most interesting to me. It is really a good change to get away from shore hospitals for a while.
>
> You might tell Dr. Faxon I have recently seen [Comdr.] Casten [*N* 1929 & *Oph.* 1931] and [Comdr.] Channing Swan [*WS* 1925], and they are looking fine. Also, that the MGH NEWS is most interesting to get, even if it takes so long in coming.
>
> I hope the Brain Wave job got a renewal from the Polio Foundation. [It did. *Editor.*]
>
> I still have not seen a single case of myasthenia since I have been out here, nor have I heard of any.
>
> I still have an interest in seasickness, and see cases even in the placid Pacific.

On August 21 Capt. William V. McDermott, Jr., MC, AUS (*WS* 1943) wrote his first letter to THE NEWS.

> Due to my own failure to inform you of my change of address, THE NEWS did not follow me into or across France. News from home is always at a premium over here, and your paper is one of the few contacts with friends from the M.G.H., both at home and abroad. From reading some of the letters in the past issues, it is unnecessary to try to emphasize any further how much we all miss the pleasant days at the M.G.H., and how much we look forward to and enjoy THE NEWS. So far, the mail seems to be able to travel as fast as the Army, so I have hopes my copies will catch up with me before long.
>
> Regards to every one back at the General.

Another "silent one" heard from! Lt. John H. Peters, MC, USNR (*WM* 1943) is with an LCT Flotilla Staff. His letter is dated France, October 5.

> After a short period of indoctrination at the Naval Training Station, Newport, Rhode Island, I was ordered to the amphibious force and assigned as medical officer to this outfit. After some time spent in Norfolk, we came overseas in February. Prior to D-day I left the outfit for other duty, and have spent most of my time in or near France since, having returned to my original outfit some time ago.
>
> I have seen no MGH people over here, although I have missed Lt. Ben Eiseman [MC, USNR (*ES* 1943)], Capt. Robert S. Palmer [MC, USNR (*WM* 1927)], and Lieutenant Commander Tolman by narrow margins, at various times. At the moment all present are watching the news closely and dreaming of Christmas in the States. May it come true!

An undated letter, together with some snapshots, came to Dr. Faxon from Lt. Col. Moses S. Strock, MC (*oral s.*). Colonel Strock is included in the "Over there" group pictured in our September issue. This interesting letter from him reads:—

> The reasons for my seeming neglect about writing are many and varied—but underlying them all is the inertia that gradually takes hold of us. I remember that at first I could think of letters about our peaceful existence in England that would interest you. Then our anticipation of D-day made me want to wait until we'd at least reached France. Our first few months in France were so full there was little time for writing. Now we think of Christmas coming up—the third abroad—and get apathetic about writing.
>
> Yet I know there is much here that folks at home would like to hear about — and I wish I were able to describe some of the daily scenes. If I could but draw the high lights in this study of contrasts, it would, I think, give you a paragraph or two. It is the notice in THE NEWS about a photographic exhibition that finally gets me down to writing. I'm afraid these snaps won't reach you for October 16, but they may, so I'll tell you about them.
>
> In the bathing scene our men are enjoying their first bath in France. These portable installations, set up by the Q.M., by the side of a small stream, were like manna from heaven. It is impossible to describe the sensation of a *warm* shower after about four weeks of trying to wash out of a helmet. Most of us had the feeling that no Army except ours would plan ahead to set these up so early in the game. It's too bad the picture doesn't show the sport that went on under these showers.
>
> The "clear of mines" picture shows our earliest French neighbors trying to describe a mine accident. For weeks after the Front moved away from us our worst casualties were French civilians, mostly children and old people. The wounds of these children beggar all description. Schrapnel in a soldier is one thing. But to see six or eight children all brought in at once, injured by a single mine, is another. Usually sisters and brothers, the havoc is increased when one sees the picture *in toto*. The father, a prisoner in Germany; the mother, frail and war-worn and unable to understand English, comes with most of her family, all felled by this sudden blow. They had been evacuated. They returned to their battered home to find, after a week or so, that some of their possessions could be salvaged. Then, as though planned by the Devil himself, concealed near the cider barrel or in an abandoned outhouse or shed, this diabolic thing!
>
> The snapshot of German prisoners at work shows two of them carrying planks to form seats for an improvised Jewish high holiday service. These two prisoners work in the dental clinic. Efforts to understand the true feelings of these prisoners were of no avail. One said he was a Chek, born in Prague and forced into the Germany Army. The other made no pretense about not being German. But after two months we learned to trust neither one. Particularly after the arrival of the wounded from Brest, the arrogance of most of them was very trying. To see these haughty so-and-so's, walking by the wards where the French kids lay, was to set most of the French visitors on fire. And I couldn't blame them at all.
>
> Lt. Col. Earle Glendy [*r.p.* 1934] visited us several times, but I haven't seen him for three or four weeks—probably moved up.
>
> The picture which you printed in the September NEWS shows nearly all of the MGHers who were with the 5th. It didn't include [Lt. Col.] Ted Badger [*EM* 1928] who was then Chief of the Medical Service. Ted is now in England, Consultant in Medicine to a group of hospitals. The picture included [Lt. Col.] Neal Crone [*WM* 1933] who is Consultant in Medicine to the 1st Army and who was visiting us that day. [Lt. Col.] Rich Warren [*WS* 1936] was not in the picture, either. He also has left us to be Chief of the Surgical Service of the 158th General. Other than these changes the group is intact, [Capt.] Henry Brewster [*WM* 1940] having rejoined us after recovering in England as our first casualty in France.
>
> Life in October in a tent in France is not exactly what it has been cracked up to be—and this letter has exhausted the kerosene in my lamp.
>
> Please give my best regards to all my old friends.

Major Champ Lyons, MC (*WS* 1933) receiving the congratulations of Major General Morrison C. Stayer, the Surgeon, NATOUSA, who has just presented him with the Legion of Merit for his work in initiating and guiding the use of penicillin in the Mediterranean Theatre of War.

Lt. Irad B. Hardy, Jr., MC, USNR (*ES* 1939) receiving the Navy and Marine Corps Medal "for extraordinary heroism while serving against enemy Japanese forces on Kwajalein atoll, Marshall Islands, January 31, 1944".

Capt. A Merton Bassett, MC, AUS is now at Headquarters of the 8th Air Force. Captain Bassett was Research Fellow in Medicine here in 1941-42.

Notice of a promotion and a new address has arrived for Capt. John S. Chase, MC, AUS (*ES* 1940). He is now with the 21st General Hospital.

Capt. Lewis K. Dahl, MC, AUS (*r.p. WM* 1942) has been transferred to the 105th General Hospital.

Capt. Daniel S. Ellis, MC, AUS (*EM* 1941) is at Headquarters of the 133d Field Artillery Battalion.

We have received word that Major Merrill Moore, MC has been transferred to the 21st Evacuation Hospital, Major Moore was Graduate Assistant in Neurology in 1933-34.

Lt. Harold E. Elrick, MC, USNR (*M* 1944) is now on a DE boat.

Dr. Faxon has received a long letter from Col. Thomas R. Goethals, MC (*ES* 1917), written on September 22. Here are the sections of general interest (pun intended, this time):—

> We had a relatively quiet August, but with recent activities north of Florence we have begun to pick up again. The rains have started and have converted our camp site into a respectable quagmire. We had considered moving the nurses into the building, but they seem to prefer tent life to being packed into dormatories. Perhaps they are right. A rash of matrimonial intentions has broken out among them and I have spent more than a little time, like the Lord Chancellor, considering whether or not evidence of a long engagement or courtship entitles them to special consideration.
>
> With reorganization under the revised Table of Organization we have lost Burrage, Goldstein, and Long. The last two were with us for ten and six weeks respectively; but Burrage, you will recall, was one of the original contemptibles. We, too, are short of nurses, since very few nurse replacements are coming to this theatre. How we shall fare if NATOUSA and ETOUSA combine remains to be seen.
>
> Organization Day was celebrated on the 1st of the month. My speech this year was a résumé of progress from 1943 to 1944 and is hardly worth repeating here. In the evening the men of the detachment staged a really excellent show, burlesquing some of the foibles of the officers and nurses. At present the hospital baseball team is either the champion or the runner up in the Base Section playoffs. This afternoon's game will settle the point.
>
> Sherman Thorndike's job with us has, after a year of uncertainty, been finally washed out. He has been assigned to the medical section of the headquarters of the Rome Allied Area Command. We hate to see him go and he dislikes the idea, too; but since he has been rendered excess with us by the impersonal effects of a change in Tables of Organization, I think he is finally convinced that the move has not been in any way a reflection on his capability. His present job is a good one, if not too arduous, and there is some ground for belief that he may achieve command of a station hospital. I hope so, for it will definitely "fix" him in a job where he'll be his own boss, in so far as any one in the service can be.

THE NEWS

No. 27 Boston, Mass. December 1944

NEUROLOGICAL SERVICE AFFAIRS

The Neurological Staff entered the World War with a group of mature men, and therefore has lost rather less than most services. Three are over the retiring age, but are retained "for the duration". We like to think that, like the fifty over-age destroyers, these three over-age men are helping to win our war.

Dr. Schwab was early in military service, at first stationed at Charlestown with the privilege, for more than a year, to continue his work here. During this period electroencephalography for the Navy was one of our contributions. For two years he has been in the Pacific, and letters state that he is busy and still interested in the seasickness problem.

Dr. Caner has recently gone to Washington on undeclared business, presumably for four months.

Needless to say, our Staff has been well represented on the draft board. Dr. Cole has collaborated with Dr. Denny-Brown on some work for the national research council, and Dr. Viets has traveled extensively on missions for the same body.

Our resident staff has of necessity been halved, and periods of service shortened. We now have one resident for 9 months, and one house officer in rotation on the medical service for 6 weeks. Naturally, this arrangement is inadequate and makes it essential that both remain in perfect health. It is hoped that the government will be more generous in the near future in the staffing of civilian hospitals.

Teaching has altered somewhat. The 3rd year groups in neurology are now eight men instead of four; but individual teaching is still possible by dividing the groups between O.P.D. and wards, thus saving the number of instructors and maintaining the personal contact of student and patient. Fourth year teaching has almost ceased, as the new prescribed month in psychiatry leaves almost no possibility of elective.

Laboratories intimately associated with neurology continue to function with little change and no loss in efficiency, thanks to the excellent technical help which has been built up over the past years. E.E.G. under Dr. Abbott and E.M.G. under Dr. Brazier are doing more and more work. Coöperation with Dr. Watkins and Dr. Finesinger in the clinical fields has been especially effective.

The spinal fluid laboratory continues to function as usual; and Dr. Kubik's neuropathological laboratory runs smoothly and yields its quota of cases for C.P.C. conferences. His study of sub-dural empyema may be singled out as of especial significance.

Two special sub-clinics, begun before the war, continue without interruption. Dr. Viets' clinic for myasthenia and certain other muscle disorders shows a gradual increase in patients, so that this group now consists of well over 100, a large number for a rare disease. Evaluation of thymectomy in myasthenia is one treatment under present discussion. Thus far Dr. Viets has been noncommittal on the success of surgery. Dr. Cole has not only continued his clinic for speech and language disorders, but has installed one of his associates on White 11 to carry out comprehensive tests of cerebral function in a more complete manner than normally performed for the estimation of intelligence quotient.

Histamine Therapy in multiple sclerosis was recently suggested by Horton of the Mayo Clinic. It has been capitalized by the lay press to a disturbing extent. We have used it in a number of cases, and will continue to do so until proof of its value is established. To date a fair estimate seems to be as follows: acute symptoms and signs *may* resolve more quickly than with no treatment; chronic symptoms seem to be unaffected. We have seen no ill effects from this form of treatment which is somewhat arduous, requiring daily prolonged intravenous injections of histamine for a period of five weeks.

The efficient hospital program of the government absorbs all war wounded, so that this type of neurology and neurosurgery, too, is similar to peace time. This fact precludes our staff from having any significant opinion as to war neurology.

We are now looking forward to the future and the return of our missing staff members. We hope, also, for one or two men of experience to study our ever-increasing problems. The patients and the facilities are still here and we are hopeful that those who return will find the opportunities as wide and generous as they have always been at the Massachusetts General Hospital.

James B. Ayer, M.D.,
Chief of Service

* * *

MUSIC IN THE CHAPEL

In these times of stress, many people have found that the little Chapel at M.G.H., where they may get away from the workaday world and into a devotional atmosphere, has added much to their peace of mind and helped renew their spiritual strength. Because of the thoughtfulness of the founders of the Chapel two fine musical instruments were included—an organ and an automatic radio-phonograph; and in an effort to utilize the Chapel to its best advantage, programs of religious and other great music have been presented for some time.

On Wednesday and Sunday evenings at seven o'clock, members of the hospital staff, patients, and occasional visitors gather for a service of singing. Some come, perhaps, because their hospital duties have kept them from church, and others because they simply enjoy getting together and singing their favorite hymns, which can be requested. At some of the services there have been as many as nine beds and several wheel chairs in the Chapel.

On Monday and Thursday evenings from seven to eight, the recorded concerts of great classical and devotional music are being continued from last Spring. There is usually a major work—such as a symphony, concerto, or chorale—and one or two shorter pieces. The Hospital already has a small collection of records which it plans to enlarge, and several members of the staff have been generous in their loans of records for these concerts. The program selections have been made to include not only classic favorites—such as Beethoven and Tschaikovsky symphonies, negro spirituals and other religious music—but to present some of the finer works of lesser known composers. Any suggestions for these programs are most welcome.

As time goes on, it is expected that "Music in the Chapel" will grow in its scope and in its function of bringing greater devotional opportunities.

G. H. H.

War Service has moved into bigger and better quarters and is anticipating a very active winter. Our goal will be reached when we can do *all* the errands (with no errors) asked of us by the nursing service. To accomplish this we can use at least thirty workers daily. It is with pride we can say we have hit a high of 130 hours combined total for *one day*, and we are still growing.

In order that the quality of our work may be stepped up, a new system of checking on the old workers, and of more thorough training of new workers, is being used.

As volunteers we recognize the fact that we are inexperienced in hospital life, and suggestions for improvement of the War Service are always welcome. We thank the hospital personnel for their patience and help.

JOHN HARPER BLAISDELL

John Harper Blaisdell, 58, formerly on the Dermatologic Staff, died suddenly on October 25, 1944. He had served as dermatologic house officer from July 1 to December 31, 1911, and was graduate assistant from 1911 to 1916, at which time he became a member of the Dermatologic Staff, serving until 1928 when he resigned. During this period he also taught in the Harvard Medical School as Assistant and Instructor in Dermatology.

Dr. Blaisdell received the degree of A.B. from Dartmouth in 1907 and M.D. from the Harvard Medical School in 1911. On February 15, 1912 he married Inez Frances Kimball of Rockford, Ill. They had two sons, John Harper, Jr. and Elliott Kimball. Immediately upon completing his internship he began the practice of dermatology and continued active practice in this specialty until his death. It was during his internship that Ehrlich's "606" began to be available in this country and Dr. Blaisdell had the opportunity of administering some of the earliest "606" given at this Hospital. He was also one of the earliest dermatologists in New England to make use of radium for cutaneous therapy. He also became a member of the Staff of the Boston Dispensary dermatology department about 1914 and continued in that capacity for several years.

Dr. Blaisdell's particular medical interest and his greatest contribution was in industrial dermatology. He appeared frequently before the Industrial Accident Board and he was sought by numerous insurance companies and employers for opinions concerning patients with cutaneous diseases associated with occupational causes. He was interested not only in the correct diagnosis and just settlement of each individual case, but also in the intricacies of the rules and laws which concerned the particular case. His numerous reports in this field were clear, logical, and often expressed in striking phrases to emphasize special features of the case.

He had been successively secretary, vice-president, and president of the New England Dermatologic Society. He was a diplomate of the American Board of Dermatology and Syphilology and had been a member of the American Dermatological Association since 1930. He was consulting dermatologist for several hospitals about Boston.

He had numerous other interests. He had been a director of the Associated Hospital Service Corporation since its inception in 1937, having been elected as one of the representatives of the Massachusetts Medical Society. He attended its meetings conscientiously and contributed actively to the success of the Blue Cross and Blue Shield. Furthermore, as a councillor for many years and as a member of the Public Relations Committee of the Massachusetts Medical Society, he was active in clarifying the relations between the society, its members, and the public. In recent years, as a member of the By-laws Committee, he had an important part in formulating the By-laws under which the Society now operates. He had also been President of the East Middlesex District Medical Society. In his home town of Winchester he was much interested in civic affairs, serving as chairman of the finance committee, member of the Board of Selectmen, and Chairman of the Board of Health for many years.

As hobbies he maintained constant interest through the years in philately and genealogy. He was an enthusiastic stamp collector, and he had made many extensive studies of his own and related families. He had been instrumental in forming the Blaisdell Family Association and was its President. An excellent dermatologist, an able teacher, and a forceful witness in court and before the Industrial Accident Board, given to strong convictions and capable of expressing himself forcefully and logically, Dr. Blaisdell has left his imprint for the better upon the community.

C. G. L.

It is our sad duty to report another casualty in our Hospital employee group. Joseph Comeau, who had worked as an orderly at the Baker Memorial from November 7, 1940 to May 21, 1942, left with the Massachusetts General Hospital Unit. Word has been received by his family that he was killed in a motor ambulance while in line of duty in France, on September 5, 1944.

Sgt. Karl W. Buschenfeld, Jr. died in a prisoner-of-war camp, somewhere in the European Area, as the result of wounds received in action. Sergeant Buschenfeld's father is head of our Surgical Appliance Shop and has been an employee of the Hospital for many years.

* * *

The regular monthly meeting of the Medical Staff was held in the Ether Dome on Monday, November 6, at 5 P.M. Dr. Juan Reforzo-Membrives of Buenos Aires spoke on "Studies of water and sodium metabolism in Addison's disease". Dr. Reforzo has been working in the Thyroid Research Laboratory for some months, but the report he presented to the Staff was based upon work which he did at the Mayo Clinic.

Two other medical meetings, held in the Dome, are worthy of special notice. On September 26 Professor Herbert M. Evans, Hertz Stein Professor of Biology and Director of the Institute of Experimental Biology of the University of California, addressed the Staff on the subject of "Pituitary growth hormone", of which he was the discoverer. On October 16 Dr. Hans Selye, Associate Professor of Histology at McGill University, Montreal, and Dr. Johne S. L. Browne, Assistant Professor of Medicine at McGill and Physician to the Royal Victoria Hospital, Montreal, spoke on "Alarm reaction", a phenomenon discovered by Dr. Selye.

The *New England Journal of Medicine* for September 21 carried the following article:—

> A limited number of fellowships are being offered for training in extramural child psychology. Selection for these fellowships is made by the National Committee for Mental Hygiene following the recommendation of eligible applicants for appointment. . . . Candidates for fellowship award should have had at least a general internship and two years devoted to psychiatry in an approved mental-hospital service, in addition to other qualities fitting them for extramural service. . . . The stipends vary slightly with location and status of the fellow but in general range between $2000 and $2400. Requests for further information about these fellowships and applications therefor, should be addressed to Dr. Milton E. Kirkpatrick, National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y.

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On November 1, 1944 all nurses, graduates and students, started on a new salary basis. Graduates receive a higher cash salary, but pay for their maintenance and laundry if they live in a residence, or have this money for rent if they live out. All meals are on a cash basis. Student nurses are issued books of tickets which are used in the dining room on the basis of one dollar a day, for three meals. The cafeteria now offers a wide variety of choices and has a "special" at noon and at night. This provides well balanced meals on the daily food allowance. Adjustments and improvements are still in progress, and many comparisons are being made to see what choices are selected and how the nurses manage to stay within or below their budgets.

On October 31 the first day of a two-day Institute on Orthopedic Nursing was held at the Hospital. The second day was spent at the Boston City Hospital. This Institute was sponsored by the Eastern Massachusetts League of Nursing Education, and proved to be very successful. There was a large attendance.

There are now 240 alumnae of the School of Nursing who, we know, are serving with the armed forces at home and abroad. There may be others, in distant units, about whom we shall be glad to have news and addresses.

Among the 44 flight nurses who were awarded air medals by Major General John K. Cannon, Commander of the 12th Air Force, was Lt. Lucia W. Sloper, ANC (*MGH* 1939). These nurses had helped in the aerial evacuation of 170,000 sick and wounded from forward areas in the Mediterranean Theatre, and were cited for "meritorious achievement while participating in aerial flight; for professional skill and devotion to duty displayed by each crew member in evacuating sick and wounded from the combat zone, which reflected high credit upon the military service of the United States."

Copies of the citations which accompanied the awards of merit presented to Major Champ Lyons, MC (*WS* 1933) and Lt. Irad B. Hardy, Jr., MC, USNR (*ES* 1939) arrived after the columns for our November issue had been set up. We did, however, make space for pictures of these two men receiving their medals, and now a more complete story can be given about each of them.

A letter from Col. Edward D. Churchill, MC (*WS* 1922), written to Dr. Faxon on October 10, pays high tribute to the work with penicillin done by Major Lyons. Sections of the letter itself, together with the text of Major Lyons's citation follow.

Despite the news from home that the war is over, there is little evidence of it over here. I have just returned from a tour of 7th Army in France. The weather is setting in—and the mud deep. In a few more days I will be on my way to 5th Army where there is also weather and mud. Everything is going well with the Medical Service, although we are very short on surgeons with training and experience that qualify them for extensive wound management. There is little talk these days of not having enough to do. Many of the men who have been over here nearly two years are getting pretty tired—but so far the high standards that have been set are being rigidly maintained.

I see the 6th from time to time, and also meet up with the individuals that have been moved out. Cantlon, Ludwig, Ellis, and Taylor are all doing well in France. The latter has Staples with him as Orthopedic Surgeon. Sullivan has done an extraordinary job for me on the blood bank system that was set up in February. Now he, Simeone, Mallory, Burnett, and Beecher are on a special study at the front with a mobile laboratory. I wonder, sometimes, whether any of us will be able to settle down again—particularly those of us who have settled into the life of traveling salesmen.

I am sending a short write-up of Champ Lyons. He has done a superb job and brought great distinction to the M.G.H. as well as credit to himself. He will be on his way home shortly, as during the summer he picked up infectious hepatitis without visible jaundice, and kept on at work although feeling miserable. When I finally flagged what was going on I put him in hospital where he has spent the last six to eight weeks. He must have a long convalescence.

Before leaving the North African Theatre, Major Lyons was awarded the Legion of Merit with the following citation:

CHAMP LYONS, O-527945, M.C., AFHQ, Medical Section (U. S.): for exceptionally meritorious conduct in the performance of outstanding services from 4 January 1944 to 1 July 1944. Major Lyons initiated and guided the methods by which the new and potent agent penicillin has been utilized in the treatment of the seriously wounded. From the most forward mobile hospitals of Italy to the large general hospitals of the Interior, he has personally operated upon and studied the treatment of the wounded, instructing his seniors and subordinates alike in a change of surgical procedures that is productive of better results. Lives and limbs of soldiers have been saved and the disability and deformity of wounds materially reduced. His professional judgment, combining a basic knowledge of the science of bacteriology with skill and experience in practical surgery, has cast new light on the age old problem of wound surgery. At no time has he spared himself mentally or physically, and the example he has set is an inspiration to all surgeons in the service.

And now for Lieutenant Hardy.

The Public Relations Section, Hq. Eastern Recruiting Division, U.S. Marine Corps, Philadelphia, sent the Hospital the following release:—

Lieutenant (MC) Irad B. Hardy, Jr., Navy doctor attached to Fourth Marine Division artillery—a former All-American tackle at Harvard and surgeon at Massachusetts General Hospital—has received the Navy and Marine Corps Medal.

The medal was pinned on Lieutenant Hardy by Colonel Louis G. DeHaven, following which the doctor took the salute of the division's entire artillery component, which paraded past him headed by the division band.

Accompanying the medal was the following citation, signed by Admiral Chester W. Nimitz:—

"For extraordinary heroism while serving against enemy Japanese forces on Kwajalein atoll, Marshall Islands, on January 31, 1944. During the early stages of the battle, three LVT's (amphibious tractors) carrying him and 40 Marines capsized on a reef. He, although narrowly escaping death himself, repeatedly swam through the surf, pulling injured and dazed men to a channel marker. After all but seven of the men had reached this point of comparative safety, he, at the risk of his own life, dauntlessly set out over treacherous, submerged reefs for a grounded LCI (Landing Craft Infantry), which was approximately 200 yards away. He obtained a line from the LCI and courageously brought it back to the men precariously stranded on the marker. He then, although exhausted, directed and assisted the injured men to safety aboard the LCI. By his great personal valor, aggressive leadership, and fearless devotion to duty, he saved many lives. His conduct throughout was in keeping with the highest traditions of the Naval Service."

It is very interesting, by way of contrast, to read again Lieutenant Hardy's own casual reference to this episode which was published in last April's NEWS. It had come in a brief letter from him to his family. We can't resist repeating that letter here.

I'll tell you briefly what happened. On our way in to the beach three of our amphibious tractors tipped over in the surf. I was in one of them. I helped get the men ashore. Good gosh, the waves were 20 feet high at least. I lost all my gear I had with me, but am thankful to be alive.

Lieutenant Hardy later wrote that he was sending home his waterproof watch, which "went bad"—after three hours in the water!

Lt. Peter T. Brooks, MC, USNR (*ES* 1943) has received a citation for outstanding services, a copy of which was sent to us by one of our Staff. It reads as follows:—

UNITED STATES PACIFIC FLEET
Flagship of the Commander-in-Chief

The Commander-in-Chief, United States Pacific Fleet, takes pleasure in commending
LIEUTENANT (JG) PETER THACHER BROOKS, (MC)
UNITED STATES NAVAL RESERVE
for service as set forth in the following
CITATION:

"For outstanding services rendered to war casualties at Saipan Island, incident to the invasion of that island, 15-22 June 1944. As a Medical Officer serving aboard an attack transport ship, he worked skilfully and tirelessly administering to wounded men evacuated from the combat zone. His professional skill and steadfast devotion to duty were responsible for saving many lives and were in keeping with the highest tradition of the naval service."

(Signed) C. W. NIMITZ
Admiral, U.S. Navy
Commendation Ribbon authorized

At a meeting of the Board of Trustees, held on October 27, it was voted to appoint the following as Interns on the Medical and Surgical Services, beginning July 1, 1945:—

Medical

Jane E. Denton
Carl W. Gottschalk
Buford Hall, Jr.
Richard B. Harvey
Norman P. Hill
Byrl J. Kennedy
Earle D. Mason
Raymond V. Randall
John C. Seed
James M. Stewart
Albert J. Stunkard
Isaac M. Taylor

Surgical

Glenn E. Behringer
John W. Bell
John P. Bunker
John M. Carey
William S. Edwards
Dwight M. Fowler
James A. Martin
Jack S. Parker
John W. Ratcliffe
Thomas Rutter
Worthington G. Schenk, Jr.
Robert S. Shaw
William D. Shorey

The Trustees also voted to appoint:—

Drs. Henry S. Forbes and Harriet L. Hardy as Assistants in Medicine;

Dr. Hans Weisz as Intern in Anesthesia for one year.

At their meeting on November 1, the General Executive Committee voted to appoint Dr. John B. Tompkins as Graduate Assistant in Medicine.

From the Director's Office have come the following notices:—

Dr. Stanley L. Chiu has been appointed Clinical Fellow in Anesthesia, beginning November 1;

Dr. Ralph H. Luikart, Jr. completed his service as Resident on the Dermatological Service November 4, because of being ordered to active duty in the Army.

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MASSACHUSETTS EYE & EAR INFIRMARY

Mrs. Ada Messenger, Librarian at The Lucien Howe Library of Ophthalmology since it was started in 1928, resigned November 1. She is replaced by Miss Jeanette Loessl, formerly of the New York Public Library.

Dr. H. P. Mosher (*ES* 1897) has been re-elected President and Dr. LeRoy A. Schall re-elected to the Executive Committee of the American Board of Oto-Laryngology.

At the recent meeting of the American Academy of Ophthalmology and Oto-Laryngology, held in Chicago, Dr. Moses H. Lurie (*s. Oto-Lar.*) read a paper on "Deafness, its causes and what can be done about it", and Major Clair M. Kos, MC (*Oto-Lar.* 1941) spoke on "The effect of barometric pressure changes upon hearing". Dr. Schall's exhibit on "Cancer of the larynx" was given "First Award—for excellency in presentation".

Fifty-five former students of Dr. Mosher's gathered for dinner on Alumni Evening.

The New England Society of Otology and Laryngology meets at the Infirmary on November 15.

Capt. Joseph Lentine, MC, AUS (*Oto-Lar.* 1936) said in a letter to Dr. Schall, written October 26:—

Once again I'm on the move, this time to Camp Barkeley at the Service Forces Training Center. Nevada was left with some regret because the ENT service was one of the best I have had. On arriving here my assignment was to a general hospital overseas. Unfortunately, I was disqualified because of my back. At present new orders are being expected. There is a possibility I will remain here at the Regional Hospital.

Two weeks ago I met Paul Mertins [*Oto-Lar.* 1936]. He had been with a general hospital and was later removed. He is now assigned to another.

The MGH News is now complete since it has an E&E section. I find it very interesting, and look for it every month to catch up with familiar names and their whereabouts. Of course it gives one nostalgia, but it does make good reading.

Please remember me to the members of the Staff.

Dr. Schall received a letter from Lt. John J. Ballenger, MC, AUS (*Oto-Lar.* 1943), written in September.

Greetings from France! Last evening I came upon Capt. Richard Goldcamp [*r. Oto-Lar.* 1943]—much to my delight—and we immediately settled down to a session of toasting old Boston and all our friends there with the remainder of my precious Scotch. A better time and occasion for use of the whiskey couldn't be found. I remember Boston with a great deal of pleasure, and count my days at the Infirmary among the happiest of my life.

My unit has set up and is now operating a hospital under tents with cement bases, and it works out well enough except when it rains. Our equipment is quite good—better than it was in England—but so far we haven't had many patients. Most of our patients have received fairly adequate definitive care elsewhere, so we have only the loose ends to catch up. I still do all the ENT work, for which I consider myself most fortunate. However, the head and neck cases are far below the extremity wounds on a percentage basis, so I've done some orthopedics, too.

Captain Goldcamp, who is an Assistant Regimental Surgeon, says he spends most of his time inspecting latrines, kitchens, etc., and does very little actual medicine. He is looking forward to returning to the E&E some day.

This letter, replete with tropical atmosphere, was written to Dr. Schall by Lt. Comdr. Herman J. Sternstein, MC (*clin. asst. Oto-Lar.*) in late October.

Much has happened since our last visit together at the Infirmary. To begin with, it wasn't until we were several days out of San Francisco that we learned our destination was to be New Guinea. There were some misgivings about its climatic and malarial conditions. These doubts were in no way dispelled by the sight of the Owen Stanley Range looming up on the horizon. As we drew closer, there was little to suggest civilized inhabitation. The mountains and water were majestic in their scenic beauty, but as far as the eye could see there were dense jungle forests and coconut palms rising from shore to mountains. For the first time, the acute realization dawned upon us of the almost impossible and heroic task which was performed by our Marines and Army to clean out this Jap infested territory and hold their miraculously won beachheads.

We came ashore at one of the large Naval Supply Depots—a real beehive of activity. Road and building construction was going on full blast—dredging along the shore, sand trucks, bulldozers, and jeeps roaring along everywhere. The sharp contrast from the leisurely pace back in the States to the feverish haste seen here created a grim picture of the difficult road that lay ahead for our forces in this part of the world before victory could be won. For the two weeks during which we were stationed at this base, transports, tankers, and LCT's sailed in and out, unloading and loading, then heading for parts unknown. It was common knowledge that everything was underway for the all-out offensive in the Philippines, news of which you have already heard.

While awaiting orders for further transfer, we lived at the Transient Officers' Club—an open air structure with plenty of cots, good (?) mattresses, ample mosquito netting, and a generous supply of moisture. Rain (all 57 varieties), mud, and damp gear became a vital part of our indoctrination. However, there were some brighter aspects to the weather. Presumably, we had arrived at the end (?) of the rainy season and were heading into the hot summer. There was one definite consolation, however — the nights were cool and comfortable.

Our orders finally arrived. Some of the medical officers were transferred to operational amphibious units, others to base dispensaries. Three of us, including Comdr. Bob Joplin [*P* 1929 & *Or.* 1933], were fortunately assigned to this Base Hospital. It is considered one of the nicest activities in this area, ideally located amidst beautiful surroundings. The living accommodations in Quonset huts are excellent, with adequate ventilation. There are hot and cold showers, clean linen, spring beds, and electric light facilities (a luxurious life by comparison with the Army). Our fears about malaria quickly vanished. Malaria is no longer a grave problem—thanks to the excellent work done by malarial control units, and atabrine.

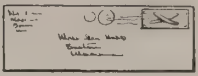
This hospital has 500 beds and is staffed by 18 medical officers. All the services are usually kept busy. Patients are constantly being moved in and out on evacuation parties. We get most of our work from the surrounding dispensaries and smaller hospitals less adequately equipped. This will give you an idea of the scope of our medical care. The other day an Australian medical missionary brought in a little native girl who had fallen from a tall coconut tree four days prior to admission and had sustained a compound fracture of the radius and ulner bones. It had been manipulated and sewn up by a native corpsman at the native village. Staphylococcic dry gangrene developed. The child was admitted moribund. She was given large doses of penicillin and the arm was amputated the next day. She was discharged back to the village in 15 days, happy and well.

There is an interesting variety of EENT cases in our department. Prior to my arrival, Commander Harrington, my Commanding Officer, operated upon an osteomyelitis of the frontal bone, an osteoma of the frontal sinus, and several mastoids, with successful results. We recently had a severe fulminating case of Ludwig's angina with threatened laryngeal obstruction who was treated with large doses of penicillin (50,000 u. for 4 doses daily) and one massive dose of 100,000 I.M. on the 5th day, followed by spontaneous rupture of the abscess into the hypopharynx with rapid recovery. This patient was also given sulfathiazole.

The supply of penicillin is very limited here and is used only in the most critically ill cases.

Surgical and medical problems arising in those who have been out here for 18 months of continuous duty, unless acute, are generally recommended back to the States for further treatment and disposition. It is felt that nothing is to be gained by returning these men to duty in a combat area—many of whom have already developed operational fatigue. It is also the belief in these areas that a more careful screening at the induction centers for physical defects which are rejectable would in the end prevent the tremendous economic expense entailed for the government.

Please convey my best regards to the Staff.



All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

Notifications of the following promotions to ranks as indicated have been received:—

Col. James E. Fish, MC (*ES* 1930)
Major Phillip H. Gates, MC (*r.p.*)
Col. Donald S. King, MC (*EM* 1920)
Capt. James E. Kreisle, MC, AUS (*WM* 1943)
Major Eugene E. Record, MC (*NS* 1937 & *Or.* 1941)

Other promotions are mentioned in Colonel Goethals's letter, published in this issue.

The following new addresses have been received:—

Lt. Robert K. Brown, MC, AUS (*WS* 1939), Camp Pendleton, Oceanside, Cal.
Lt. George H. Carter, MC, AUS (*M* 1943), Newton D. Baker General Hospital, Martinsburg, W. Va.
Lt. Ralph H. Luikart, Jr., MC, AUS (*M* 1944), New England General Hospital, Atlantic City, N. J.
Lt. J. Wister Meigs, MC, AUS (*r.p.* 1943), Carlisle Barracks, Carlisle, Pa.
Lt. John W. Norcross, MC, USNR (*EM* 1937), USNT & D.C., SAH #5, Shoemaker, Cal.
Major David W. Wallwork, MC (*ES* 1932), Station Hospital, 2nd OTU, Homestead AAF, Homestead, Fla.
Lt. John L. Wilson, MC, USNR (*ES* 1940), Dispensary, USMCAS, Cherry Point, N. C.

Pvt. Simeon R. Gagne, Co. C, P.A.C. — R.S., 200 Mill Road, Upper Darby, Penn., was a painter here at the Hospital before he entered military service. A very interesting letter arrived from him recently, written October 24.

I have been very grateful for my regular copies of The News.

My work consists of two or three jobs. I am a pole lineman, field lineman, and a rigger. The latter I will be overseas. We are attached to the Air Corps, known as the A.A.C.S. (Army Airwaves Control Service). We construct all radio antennae and steel towers (radio beam).

Most of our traveling will be done by plane—all of our equipment with us on the same trip. Our destination is not known yet, but we well expect it to be the Hawaiian Sector where most men from here have been going. That sector controls the Southwest Pacific. The work is very interesting, as it covers a great deal in the field of construction, telephone line work, and installation of transmitting and receiving antennae. We expect to cover a lot of the country, as we are to go on a job, return to the sector, and then prepare to go to another job on another island or wherever it may be.

Lt. Stewart P. Seigle, MC, USNR (*EM* 1942) has returned from a year and a half in the Mediterranean Theatre. He says that particular area is "chock full of MGH doctors". He was with the Beach Battalion when they made the invasion of Sicily, and worked on the evacuation of the wounded when Italy was invaded. Lieutenant Seigle is now stationed at the Naval Hospital, St. Albans, N. Y.

We receive far too few letters from our nurses overseas. This highly descriptive one came from Miss Ann Moore, R.N. (*MGH* 1940), former head nurse on White 11. It was written in India, July 10, to Miss Helen Sawyer, our ward secretary on White 11.

It is 4:30 in the morning, and my third night-duty has rolled around. Fortunately, we now have only two weeks of it instead of twenty-eight days, but, of course—the usual catch—we get it more often. We are without electricity from midnight to six, so this letter is carried on with the aid of a kerosene or a Coleman gasoline lamp. I'm afraid of both of them and when they go out, as they frequently do, I sit here at the desk in the dark till the ward-man comes to my rescue.

July 8 was our anniversary. We had been here a year! Also, it rained that day—the first of the monsoons. We have been having very bad sand-storms for the past few months—such that would put an ordinary New England blizzard to shame. One day the temperature was 132°. We have been rationed on water for several weeks, so perhaps you can understand how welcome a few drops of rain would be.

Last week Miss Betty Dumaine was here on a short business trip. She came through here on the way over last year but I didn't see her. She inquired for MGH girls, but apparently we three were working. This time I happened to be off duty so we had a nice chat. She didn't have any more recent MGH information than I did, but I happened to have the June copy of THE NEWS which she was glad to see. Her group is doing wonderful work over here.

August 29

My letter was interrupted by an acute headache and slight temperature which landed me in the hospital for a week. It was just a mild case of dengue fever which is prevalent over here, and really resulted in my getting a few days' rest in bed. However, after my release from the hospital the following week, Ethel, Ginny, and I were sent to rest camp. You see, after we have been here a year we are entitled to two weeks at a rest camp in the hills. We considered ourselves very fortunate because we have been very busy and most leaves were cancelled.

Well, off we started on the twenty-ninth of July. This is what we took as luggage: 1 trunk for clothes; 1 barracks bag, with pillows, blankets, and sheets; 1 barracks bag of food, including thirty quarts of canned fruit juice; small box for ice; and three baskets containing medicines, writing materials, books, dishes, and silverware. Needless to say, people made fun of us, but it's really an experience to travel in India. We started on a two-day train ride across the desert. The three of us had our own compartment, and, after dusting it, spraying it with mosquito repellent, and washing the ladies' room with potassium permanganate solution, we were ready to go. Indian trains have the doors on the sides so you can't pass from one car to the next—and we didn't want to. We lived on crackers, dried cereals, and fruit juices for the two days. The trains have no diners, and we wouldn't have eaten in them or in the stations, anyway, because of the prevalent cholera and typhoid. At every stop—and there were many—natives would pull down the windows, look inside, and try to sell us things.

On the afternoon of the second day the scenery became really beautiful! We were out of the desert, and the land became hilly, with an occasional tree or stream. The third day we traveled in trucks up the mountains to the rest camp which is at an altitude of 7600 feet. At last I've seen some of that beauty of India. The scenery far surpassed anything I have ever seen. It was even more beautiful than the Valley of a Thousand Hills in South Africa. We were riding in and above the clouds; and often, looking down into the valley, the clouds resembled huge lakes. My enthusiasm over the view was somewhat curbed by my apprehension, for the roads were very narrow, the traffic strictly one-way according to a schedule, and the sides of the roads had little or no protection.

When we arrived at the rest camp it was raining and was actually cold. They had a fire in the fireplace! The recreation facilities at the camp were limited—tennis, horseback-riding, movies, card games, and reading being the only pastimes. So we left the next day to go on up to Kashmir.

It took us all day, from ten to six, to ride 165 miles in a taxi. The driver stopped for tea almost every hour. That's one characteristic of the natives—they just never hurry, even to cross streets.

When we arrived the sun was shining so our spirits lifted. The three of us hired a house-boat, on which we lived for eight days. It was really very nice. Outside our door the lake was covered with beautiful lotus blossoms. We had a living-room, dining-room, and bed-room on our boat. Four native servants lived on a smaller boat behind us where they did all our cooking. Our boat was anchored, so we used a smaller boat (shikara) to go to the swimming boats and to go ashore. We had a grand time relaxing in the sun, with cool water nearby to cool us off. The mountains surrounded our lake on every side, and they were beautiful. One day we went, by shikara, to see some famous gardens. (Do you remember the song "Pale hands I loved beside the Shalimar"?) The gardens really weren't any prettier than our own Public Gardens.

On August fifteenth we arrived back at the hospital—twelve hours late because roads and tracks had been washed away during the heavy rains. It seemed good to get back just to receive our mail.

Another night-duty has rolled around and we're really busy. We must have at least 75 cases of malaria. The incidence is extremely high because of the rain. I cover three wards at night and, as one is the isolation ward, I feel something like Paul Revere, mounting my bicycle to ride back and forth.

Miss Lewis has received a letter from Major Norman E. Freeman, MC (*r.s. WS* 1935), dated October 6. One paragraph is of general interest.

It's been a long time since I was back in Boston. At present I'm in Assam, India. We've been here for a year and a half, taking care of Chinese and American troops. It's been interesting and a valuable experience, but we're far off the beaten track and feel very isolated.

Last month we published a letter from Capt. Luke Gillespie, MC, AUS (*a. obst.*) from an advance New Guinea base. A more recent V-mail note is dated Dutch East Indies, October 10. It says:—

I am now Commanding Officer for a Portable Surgical Hospital. Food quite good, weather not too bad, never more than one or two raids a night.

Another letter from the Dutch East Indies, also dated October 10, has been passed on to us by Mrs. Conger Williams. It came from Capt. John J. Kneisel, MC, AUS (*EM* 1940) — the first letter from him it has been our privilege to publish. And what a pity to have been so denied, we thought, as we read this graphic description of happenings out there.

We are set up in a lovely location here, in a clean coconut grove based on gravelly, reddish soil. We overlook, from our bluff, a wide coral beach, whence there is always a cool breeze. The weather is much cooler than Brisbane or New York in summer, and much less humid than New Guinea. The moonlit nights are beyond description.

We landed here on D-day, after a lovely sea trip with impressive naval protection. Following the usual bombardment, dive-bombing, and strafing, we landed immediately behind the assault waves. The beach opposition was well in hand by that time, and after Chilt [Crane] and I did a bit of reconnaissance, we set up and were operating within two hours. Our first job was a Jap who had a lovely 50 calibre slug through his butt. Since then I've done more surgery of every type than I have done in all my previous training. We just keep going day and night, but the work is slacking off now as larger units are becoming established. I have never seen a more extravagant display of all anatomy—shells and bombs tear things wide open and present dissections such as one would see in the Warren Museum. We operate with only gloves and minimal drapes, without gowns, masks, etc. I've seen no sepsis attributable to technique—and I've seen not a single clean wound get dirty. We had only one case of gas gangrene during the last show, and none so far during this one. Some of the cases are fabulous. We had a tail-gunner who bailed out at 3000. His chute didn't open, and he landed in a tree. Except for a contused kidney, which rapidly cleared, and a probable compression of the 4th and 5th lumbar vertebrae, he had nothing wrong but a great sadness that he would have to leave the rest of his crew for a time. We strung him up to an improvised Hawley table (a strip of canvas suspended between two trees) and put a great hyperextension jacket on him for evacuation. The other boys floated to the sea right off our beach, while the pilot and co-pilot crash-landed on a small atoll. The coral ground the plane down until, when it came to rest, both men were sitting on the coral in their seats—not a scratch on them. All the others were picked up, of course.

We've now had about sixty air raids. They are interesting things, I must say. It's really a beautiful sight to watch the heavy ack-ack fill the sky with lazily arching tracers which burst in white and black star-sprays. The noise of the ack-ack is terrific—but then, as night before last, one hears that increasing hissssss (I used to think they went wheeee) of a stick released somewhere overhead, one really presses that earth, murmuring, "Miss me, boy, miss me." Gosh, my heart pounds! Then there is the relative relief when one feels the thuds and hears the whoomp, whoomp, whoomp, whoomp as the stick hits—for the chances are great that you won't hear *the* one. The raids cause surprisingly little damage and casualties, and make one realize how really difficult it is to bomb out a country. They are more a source of annoyance here, for we have been working steadily day and night, and our little rest is of course disturbed. The raids have been running on a fairly regular dusk, 2-4 A.M., dawn schedule—with occasional day raids. The strafing doesn't seem very important. I listened to a plane coming over the tree-tops the other day with its motor missing. When I saw it I noted red spouting from its wings—the "missing" was the dirty bum strafing. He didn't hit a thing.

The Nips have been trying their infiltration tactics, but have gained little. One of the boys attached to us was knifed and slugged the other night when he surprised a couple of the Nips as he went out to cut the generator during an air raid. They were apparently planting a booby trap. He wasn't badly hurt—but was damn scared.

You know, this portable has been in more invasions than any other similar outfit, we were told the other day. And we are keeping up the good work. However, please cross your fingers, for the next one is going to make this seem like a Sunday school picnic. But it's a great feeling to watch the progress being made, and with the constant gains in Europe we are quite confident. However, we know the going here must get tougher and tougher as we approach Hiro's inner defenses. But I've not the slightest doubt of the outcome.

"Juliette" — and, incidentally, Capt. Somers H. Sturgis, MC, AUS (*ES* 1933), whom she adopted

Lt. Henry F. Allen, MC, AUS (*ES* 1943), who is still with his same battalion, sends four short lines.

> We are now in England, awaiting new assignment in the E.T.O. THE NEWS is a good morale builder; keep it coming!

Whenever enthusiasms for THE NEWS, such as this, are published (and practically every letter contains a similar expression), it is done for the sole purpose of passing the appreciation on to *you,* where it belongs. You and your letters *are* THE NEWS. So—as an echo of the above—keep them coming!

Major Howard Ulfelder, MC (*ES* 1939) is home from England for the first time since he went overseas with a Station Hospital in August 1942. He worked his passage back, as he put it, helping care for a shipload of wounded. Lt. Col. Richard Warren, MC (*WS* 1936) returned on the same ship, also "working his passage". Both men expect to return to England at an indefinite later date.

A much beblotted letter from Lt. Col. Donald McNeil, MC (*Or.* 1930) bears the heading Northern France, October 20. Colonel McNeil is now with an Evacuation Hospital.

> Our hospital is an affiliated unit (750-bed) recruited in Sacramento, Cal. My job is Chief of the Surgical Service. One other Harvard man here—Capt. E. T. Rulison, Jr. We were activated October 15, 1942 at Fort Lewis, Wash. Went to Needles, Cal. (the desert, without question) April 1943. Then to Banning, Cal. in July, where we acted as a provisional general hospital until November of that year. Our closing date was stepped up a few days by a windstorm which destroyed most of our canvas and didn't help us very much. Then San Luis Obispo and Camp Cook.
>
> In April 1944 we landed on Goat Hill, Africa. Enough said! After six weeks, on to Italy where the medical officers and nurses were on detached service. Since then, Southern France and Northern France. No scarcity of work over here.
>
> The term "La Belle France" must have been coined in the summer.
>
> Best wishes to all from the —st, and a Merry Christmas.
>
> P.S. The blobs are due to the roof leaking. Sorry.

Lt. Col. Clifford C. Franseen, MC (WS 1932) has received his promotion to this rank. He is still at the same Station Hospital.

Dr. Faxon has received another letter from Colonel Goethals, parts of which are given here. It was written October 29.

> Since my last letter we have reverted to a slower tempo. The hospitals in this area are gradually being moved out to locations further up, and all evidence points to the probability that we will be the last on the list. Our new site has definitely not been picked, since all will depend upon the speed with which the Army advances. Their advance in the past six weeks has not been impressive as regards distance, but the terrain is about as tough as any which has been encountered in Europe to date, and the weather has been atrocious. When it rains here it rains in no uncertain terms, and during the night the water descends upon the tent roofs as though it were being poured on in solid sheets out of a supersized barrel. It certainly must make fox-hole life at the front a bit moist, as well as otherwise uncomfortable.
>
> Donald King is now a full colonel, Sullivan a lieutenant ditto, while Bland and Bartlett are sporting silver leaves. Davenport is now in the ranks of the field officers, while Ottesen and Singer have gone to two and one silver bar(s) respectively. All this came about as a result of changes in our governing table of organization, which have authorized a number of well-deserved promotions. Others will come through in due course. The nurses, too, have benefited, and all details of their advancement will doubtless come through in the Alumnae Magazine.
>
> Probably by this time Sherman [Thorndike] has written you that he is in full-fledged command of a station hospital, for his temporary assignment to the area command was of an evanescent nature and doubtless would not have lasted long. Stewart and I went up to his place a couple of weeks ago and spent the night. Their Officers' Club has a large castle for their demesne—a medieval affair belonging to a wealthy Italian family. There they hold their parties on off-duty occasions, and very luxurious it is. On the night we were there the unit was holding a dance. Several Brazilian officers on duty at a neighboring air unit attended, and we had a chance to get acquainted with some of our most recently arrived allies.
>
> One of the blessings the *boche* left behind when he left this unhappy country was a crippling of all hydroelectric utilities. As a result, we have to depend entirely on GI generators for light and power. The generators are splendid pieces of machinery, but like mice and men they eventually need overhauling and even wear out. We have used our generators hard perforce, and they often must carry an overload. Consequently they go out of whack every so often, and the hospital suffers. In such cases there is no relief of the situation until we send long distances to get spare parts and/or services.
>
> All best wishes to yourself and the Staff at home.

It is very interesting to get a three-way perspective on the case of a wounded soldier—the doctor's report, the nurse's comments, and a letter from the patient himself. The boy is Pvt. Peter Macomber, son of our own Dr. Donald Macomber (*SS* 1911), Assistant Obstetrician. Peter found himself, after the injury, in a bed in a General Hospital. The triple accounts of the situation came in letters to Dr. Macomber.

Major Claude E. Welch, MC (*ES* 1934) wrote:—

> Peter is in good shape. He had a couple of mortar fragments strike him. One penetrated the top of his shoe and entered the dorsum of the foot. It lay superficial to the tendons, and evidently the force of it was spent, because it did not produce a fracture. The other entered just lateral to the patella, and he now has a couple of 2-inch scars on the lower outer thigh, somewhat as if he had donated a piece of fascia for a hernia repair. The wound of the foot is on the left, the other on the right. They are now entirely healed, and he maintains he is having no discomfort at all. In fact, when I went down to see him this afternoon, Somers Sturgis [*ES* 1933], who is in charge of the ward, told me he is having a hard time trying to keep Peter in the hospital, because he is very anxious to get out and get back on duty. The present plans are to send him into the "conditioning ward" for a couple of weeks, in order that he can get his muscles and joints loosened up again before he leaves. Thereafter he will go back to his regiment. If all our patients had the attitude Peter has, we would have little to complain about.
>
> We have been steadily, and at times, intensely busy. It is a great pleasure to work with these young healthy men whose natural tendency is to live regardless of what we do to them.
>
> The colonel will almost surely have a chance to see Peter before he leaves. He, too, had not known he was here.

The nurse, 2d Lt. Bessie McLellan, ANC (*MGH* 1932) wrote:—

> Peter is so unconcerned about it all. I understand that the "higher ups" were a little upset because they didn't know Dr. Macomber's son was a patient, but Dr. Macomber's son didn't bother to tell any one who he was.

And Peter himself has this to say:—

> They are treating me like a king here. My goodness! I have been visited by captains, majors, and even colonels. I am beginning to feel like a celebrity. Bessie McLellan has been swell to me, and Dr. Sturgis, who is in charge of my ward, has been very nice. I expect to be leaving here pretty soon, but it will be a long process before I get back to the front. Red tape, as usual.

THE NEWS

No. 28 Boston, Mass. January 1945

HAPPY NEW YEAR

The News searched through its entire vocabulary, before the December issue went out, in the effort to find reasonable words for a Christmas message to go to you who are overseas. It could find none. But New Year greetings present no problem at all; and The News herewith throws in every happy and hopeful adjective it knows, from "A-bundant" to "Z-estful" to include in its New Year's wish for *all* of you—over there and here at home.

The Ladies' Visiting Committee wishes to thank its patrons of the General Store for their fine loyalty and continued interest, in spite of less satisfactory and inadequate stock. It may be well to remind everybody again that the store is not a "concession", and that every penny of its profits is spent, through the Ladies' Visiting Committee, to benefit the Hospital.

We did it again! We *knew* we would! Over the top we went on our United War Fund drive and exceeded our quota by more than $500. The Eye and Ear Infirmary topped its figure, also.

In keeping with progress in the branch of Physical Medicine, the Physical Therapy and Occupational Therapy Departments have been combined to become the Department of Physical Medicine. The occupational therapists will now have direct medical supervision, as the physical therapists have had in the past. It is particularly appropriate that this change is made now, as three-year fellowships in Physical Medicine are being offered by the Harvard Medical School, supported by funds granted by the Baruch Committee on Physical Medicine. It is expected that in the future these fellows will receive clinical training at the Massachusetts General Hospital in the new Department of Physical Medicine, of which Dr. Arthur L. Watkins is Chief of Service.

On November 17 Dr. Gerald F. Houser was elected President of the Massachusetts Association for Occupational Therapy.

In memory of Lillian Dobie Balboni, a Memorial Fund has been established at the Hospital by Dr. Gerardo M. Balboni and friends. The fund has now reached over $10,000, and is to be used for a free bed or for any other purpose the Trustees may decide upon.

The next instalment of MGH "home affairs" will appear in the February issue, with an article by Dr. Stanley Cobb.

Major Merrill Moore, MC (*gr. asst. N* 1933-34) has been awarded the Bronze Star Medal by Major General O. W. Griswold, Commanding General of the 14th Army Corps. This award, made by direction of the President, reads:—

> For meritorious achievement in connection with military operations against the enemy in the Southwest Pacific.

In recommending Major Moore for this citation, his Commanding Officer said specifically:—

> Your service at this base has been of the greatest benefit to the government and to our war effort. Facing an immense problem, in your energetic and ingenious manner, you rapidly reduced the obstacle of psychoneurosis and related disorders in this area. As the only psychiatrist, at that time, you immediately set about your assigned tasks with complete disregard for personal comfort and safety in your effort to solve existing difficulties. In addition to your regular hospital duties you devoted your personal leisure to consultations and lectures to all unit officers in this organization, often flying long distances to do so, so that they could understand and properly assist soldiers with emotional disturbances.
>
> Of the large number of cases called to your attention by line officers, or referred to you for diagnosis and treatment by medical officers, a remarkably high percentage was returned promptly to effective duty and the majority of the remainder was returned shortly thereafter. In doing this you were always efficient, sympathetic, reasonable, and constructive.
>
> Your performance of duty has been exceptionally meritorious. You have been a decided influence on the morale of our forces and an inspiration to the men with whom you have worked. You have strengthened cooperation and you have established confidence among officers and enlisted men as to the effectiveness of preventive psychiatry in the field as well as the value of mental hygiene for combat troops. Your actions contributed materially to the success of our combat operations.

Staff Education Program—1944-1945

During the week of October 16 it was proposed to all members of the nursing staff of the Massachusetts General Hospital, Baker Memorial, Phillips House, and the Massachusetts Eye and Ear Infirmary, who will be concerned with teaching the student nurses, that we have a series of 15 weekly meetings to discuss our present plans for clinical teaching on the wards. The following week the meetings began and will continue through the middle of February. To maintain the attendance (which is between 65 and 70) without sacrificing nursing care of the patients, the topic discussed on Mondays from 1 to 2:45 P.M. is repeated on Wednesdays. In addition to the graduate nurses, there are 8 selected student senior cadets who attend these meetings. Following the policy always maintained here for staff education programs, one hour per week is allowed on "on duty" time whenever it is compatible with the care of patients.

This course is given by Miss Frances Reiter, Instructor at Boston University and part-time Supervisor of Clinical Instruction at the Massachusetts General Hospital School of Nursing.

We have been able to make arrangements with the Harvard-Boston University Extension courses so that those nurses who wish to, may take this course at the Hospital and receive University credit. This means a landmark in the development of the staff education program.

At their meetings on November 10 and 24, the Board of Trustees voted to appoint:

Dr. Paulo F. Albuquerque as Assistant in Urology;
Dr. Lloyd E. Morris, Jr. as Assistant in Pathology for one year, beginning July 1, 1945;
Dr. Hans P. Mueller as Assistant Radiologist, effective December 1, 1944;
Dr. Arthur S. Spangler as Resident in Dermatology and Syphilology, beginning November 20, 1944.

The Trustees also voted:

To appoint Dr. Wyman Richardson to the General Executive Committee to fill the vacancy caused by Dr. Breed's death;
To promote Dr. John D. Crawford to the position of Resident on the Children's Medical Service, beginning July 1, 1945;
To accept the resignation of Dr. William E. Davis from the position of Radiologist, to become effective December 1, 1944.

The General Executive Committee, at their meetings on November 29, and December 6 and 13, voted to appoint:

Dr. Felipe A. de la Balze as Research Fellow in Medicine, beginning December 1, 1944;
Dr. William C. Bridges as Research Fellow in Medicine, assigned to Cardiology, for one year beginning November 1, 1944;
Dr. William D. Murphy as Research Fellow in Medicine, for one year beginning April 1, 1945;
Lawrence A. Patterson, Ph.D., as Clinical Fellow, assigned to the OSRD Malaria Contract being carried out under the direction of Dr. Butler.

The General Executive Committee also re-appointed Dr. Alan P. Freedberg as Graduate Assistant on the Dermatological Staff.

* * *

White-9 was reopened October 30; and Bulfinch-4, the research ward, was opened November 1.

RICHARD FROTHINGHAM O'NEIL

Dick O'Neil died suddenly of coronary thrombosis on November 30, 1944. For some time it had been evident to his friends that his health was failing, but his death was sudden and unexpected.

He was born in Montevideo, Uruguay, January 2, 1874, the son of Rear Admiral Charles O'Neil and Mary Frothingham O'Neil. His mother was the daughter of the well-known historian, Richard Frothingham, of Charlestown, Mass., for whom Dick was named. He attended various schools in the United States, usually in the neighborhood of the Naval Station to which his father's ship was assigned. From 1882 to 1884 he was in China and Japan, his father being at that time Executive Officer on the "U.S.S. Richmond", the flagship of the Asiatic squadron.

In May 1899 he married Adela Pegram Myers, of Richmond, Virginia, who, with one son, survives him.

In September 1892 he entered the Harvard Medical School, from which he received the degree of M.D. in 1897—one year later than most of his classmates. The reason for this delay is because at that time the M.G.H. customarily appointed medical undergraduates of the Harvard Medical School as House Pupils (as interns were known in those days) and men often deferred taking their final examinations at the Medical School until after the completion of their hospital training, and, although remaining in good standing at the school, did not try to complete the work on time. In his third year in the school he received the appointment of House Pupil on the West Surgical service at the M.G.H., and at the end of his term spent several months on the East Medical where a vacancy had occurred.

After graduating he entered private practice in Boston, also serving as District Physician to the Boston Dispensary and in the Out-Patient clinics at the Carney and St. Elizabeth hospitals. He also acted as private assistant to the late Dr. William M. Conant. At this time he joined the Massachusetts Naval Brigade and, in 1898, when the Spanish-American War broke out, he was commissioned Lieutenant (j.g.) in the U.S. Navy Medical Corps and served throughout the war on the "U.S.S. Catskill".

At the end of the war he returned to private practice and soon became especially interested in genito-urinary surgery through his association with the late Dr. Arthur L. Chute, and he then retired altogether from general practice.

In 1911 he was appointed Genito-Urinary Surgeon to Out-Patients at the M.G.H., and from 1915-17 served as acting Visiting Surgeon and Chief of Service. At the outbreak of World War I he joined Base Hospital 6 A.E.F. with the rank of Captain, and served as assistant to the Chief of the Department of Urology of the hospital in France and Consulting Urologist to Base Section 2. He was advanced to the rank of Major in 1918 and was honorably discharged with the Unit in 1919. He once more returned to private practice and to his work at the hospital, and in 1925 was appointed Associate Urologist, which position he held until 1934, when he reached the retirement age and became a member of the Board of Consultation.

At the outset of World War II he volunteered his services to the hospital to help relieve the emergency created by the absence of younger members of the Staff who had gone into military service and, until shortly before his death, served daily in the G.U. Out-Patient Department. In his later years Dick's interest centred more and more upon the hospital; and, whether he was on duty or not, a visit there was part of his daily routine. This made him one of the best known of the older members of the Staff.

His affiliations with medical societies were numerous. In addition to membership in the local groups, he was a Fellow of the American College of Surgeons. He was a member of the American Genito-Urinary and Urological Associations, in both of which he served as secretary and president. He also held membership in the New England Urological and the Societe Internationale d'Urologie. He was an honorary member of the Aesculapian Society of the Harvard Medical School, a member of the Naval and Military Order of the Spanish War, the Military Order of the World War, and one of the founders of the M.G.H. House Pupils Alumni Association.

Aside from his professional acquirements he will always be remembered for his charm of manner and his lightness of spirit. Perhaps the best examples of his wit are to be found in the records of the "Journal Club", an organization composed of a group of his medical classmates, originally sixteen in number, all of whom served as House Pupils at the M.G.H. between 1895 and 1897. This group has met more or less regularly for well over forty years—of late for convivial purposes only. There are still nine of us living, but no future gathering can again have the sparkle Dick's presence always gave.

F. S. N. and J. W. C.

(The records of the "Journal Club" will eventually be deposited in the Archives of the M.G.H.)

* * *

We learned only recently that Major James H. Townsend, MC (*WM* 1923) was seriously wounded on November 16. Working under fire, he jumped for a fox-hole when the shells began to fall too close, and was hit with shrapnel in both feet. Every one will be glad to know he is making a fine recovery. Mrs. Townsend and several of his friends have received letters from him saying everything is going well.

* * *

Capt. John P. Gens, MC, AAF (*r.s. U* 1943) is now Chief of Urology at AAF Regional Hospital, Hammer Field, Fresno, Cal.

This account of the party for the "Wives of the Sixth General Hospital", along with a motion picture film of the occasion, has been sent to the 6th General. Mrs. Charles Lyman Short was the scribe, and she says, "This is getting to be an annual affair; and, much as we enjoy it, we fervently hope this second picnic will be the final one."

No day, not even in New England in the fall, could have been more beautiful than Saturday, September 30th. Clear, sparkling, warm, it was eminently suitable for a gathering of the wives and children of the officers of the Sixth General Hospital. The clan started to convene about eleven o'clock, after a hectic morning of preparations by the various mamas. Our intrepid and inexhaustible photographers, Mmes. Welch and Kranes must have left Belmont at an early hour, for when the first cars arrived (gasoline hoarded toward this event for weeks), they were fortifying themselves with a substantial "brunch" against the anticipated rigors of the day. Children ran the gamut of age from one-plus (the closest check fails to reveal any under that early age) to late 'teens, and the mamas were all well under twenty-five. Our clothes were bright and gay and went well with the brilliant weather; and, although no fall foliage had yet graced the trees, it was an occasion made for movies.

Everything went like clockwork. With the imposing program outlined and posted for us, it was plain to see that there would be few idle moments and no time for the young to get into trouble. Where Caroline Rogers, with a grown family, ever managed to collect the assortment of tricycles, seesaws, carts, doll equipment, and hobbyhorses that filled her tennis court is a mystery, but one which made the day a vacation for many a harassed mother. In addition to these pleasures, most gracious and efficient nursemaid service was furnished by Midge Rogers and three of her friends.

Each child was name-tagged upon arrival, and it was just as well, for the number of small blonde boys in red overalls was more than a bit overwhelming. Lunch baskets soon disgorged their dainties for the young and their only slightly older mothers, quarts of cocoa and pink sherbet were consumed, and the littlest members of our happy group (if they could be persuaded) retired for well-earned and needed naps.

The picnic grounds could not have been more perfect from every point of view, most especially from that of parents who looked forward to a few hours of relaxation in which one eye would not have to be due north and one due south in an effort to keep track of peripatetic children. The tennis court was a kaleidoscope with the small fry racing, riding any and every sort of moving vehicle; and the neighboring greensward furnished enough room for the exuberant older children to wear themselves out in running, baseball, and wagon-sliding-down-hill, plus countless games of their own invention.

After a long, lazy, relaxed luncheon, during which our indefatigable photographers were busy, our dynamic Emcee, Mme. King, roused us from our comfortable seats and rural contemplation to indulge in a tug of war. It was useless to explain and plead that we were no longer up to such antics and hadn't been for two years. Sides were taken with the help of the various children who, because of the brainy fathers we had provided them, could easily see that Mama needed some assistance, even if only moral. As a consequence, the young got under foot, were trod upon and generally nearly annihilated, while the more experienced cheered or hooted from the side lines. If sore muscles and generous bedewing proved anything, we should have been able to pull up the earth's magnetic core.

The children, having one year more behind them than at our previous picnic, were thus one year better able to enjoy themselves and each other. There were, to the best of our knowledge, no feuds, vendettas, nor acrimonious set-tos of any sort. At one time, there was complete and marvelous rapport and harmony: at the merest whisper of ice cream, a concerted stampede took place from all corners of the playground toward the magic place of its delivery. To top the ecstasy of this moment, there could be seen through the slats of the drying yard a most captivating sight which intrigued the children no end. Upon the emergence of this vision into the light of day, a real, live clown, complete in full regalia and paint, was revealed. He was followed by a train of admirers and faced a spellbound group while he did his magician's tricks. True, his patter was perhaps appreciated a bit more by the adults, but his sleight of hand and clever tricks riveted the attention of all but the smallest child. Mlle. Talbott and M. Lingley were excellent stooges invited from the audience to have eggs appear from their ears and money drop from their mouths, in time honored custom. Mary Beecher enacted the role of audience heckler to the best of her great ability, raising her skirt to show her cut knee until she could easily have shown a broken clavicle, always at the most crucial moment in some enchanting trick.

We mothers, only too glad for such breathless diversion, were soon gathered up again by the executive Emcee to form a baseball team. One team, composed of mothers under seventy played against children over five. Bare feet were perforce popular among the older generation, and painful as it must be to us to admit that our children are not only creeping up on us but exceeding us in practically every way, we were forced to face the truth that our more agile, supple young knocked out much better hits and caught much more difficult balls than we did. Can it be that kitchen police does not fit us for the sporting life? They treated us with complete lack of filial deference and respect, and more than once hooted derisively over our butter-fingers and lack of base-stealing ability. Rogers was the most professional among us and lacked only a wad of gum to complete her enactment of the role of umpire—true to gestures, cap, and partiality! The only casualty reported, however, was the universal one of shortness or complete lack of breath.

Two long reels of movies sent back from you in the Sixth, showing all the daddies, were joyously received by your children and wives. I think you would be touched if you knew how eagerly your children yearn for even a brief view of you on the screen, how anxiously they wait—the younger ones asking Mommie a hundred times to tell them when Daddy is coming, and how intent they are when they see him. They are so patient and will sit through yards of (to them) uninteresting scenery and incomprehensible natives for a glimpse of their own, and are so quietly happy when their Daddy is visible.

Calisthenics, viewed by our photographers from the front and rear, finished up the day. Until we have been at it longer, I fear we will lack the suppleness and unison that your long training has given you. The spirit is willing enough, but . . . .

During all of this long, lovely afternoon your children were playing freely and as they chose, all over the wide playground. Their companions were as many and varied as their activities. A mother, cursed with conscientiousness, would occasionally bring herself to think of her responsibilities and would always find them happy and guarded by some other kind parent.

Even on such a perfect September day, surrounded by our children and well-known and loved companions, our thoughts and words were about you. If wishes could have conjured them up, the Rogers landscape was perhaps peopled with some additional dim forms in military garb. It will make your third Christmas away from home happier to know that we are all well, stout-hearted, hopeful, and filled with love and wishes for the best possible Christmas for all of you. God Rest You Merrie Gentlemen.

MASSACHUSETTS EYE & EAR INFIRMARY

Rose Brennan Garvey died suddenly on November 25th.

Rose will be very kindly remembered by many graduates of the M.G.H. and Eye and Ear as one who not only took care of the doctors' quarters, but also mended their torn shirts and darned their socks. She was keenly interested in their welfare and kept in close touch with many over a period of years.

Since the beginning of the war she wrote regularly to many of her "old boys" and was so happy to share the letters she received from them.

A faithful employee of the Eye and Ear since April 1923, it will be difficult to fill her place.

Lt. Comdr. Stanley A. Myers, MC (*Oto-Lar.* 1937), who was injured while serving with the Marines at Guadalcanal in August 1942, is now a patient in the Chelsea Naval Hospital. We are glad to report he is progressing favorably.

Lt. Comdr. Roland J. Viger, MC (*Oph.* 1937) is serving with the Canadian Navy and is stationed at present in the hospital at Newfoundland.

We are sorry to report that Capt. Charles E. Walker, Jr., MC, AUS (*Oph.* 1935) was killed in action November 22, 1944, somewhere in the European Theatre.

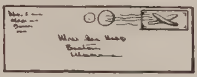
In our November issue we described the "In memoriam" folder which was a tribute to the memory of Mary Hayden. An urgent request has been made that the full text of the memorial be published for the benefit of those who did not receive copies.

The bell has tolled that we may pause, reflect,
Admire and sense a soul gone on,
For Mary Hayden joined the vast elect,
Who pass in memory anon.

We contemplate her impulse, thought and deed.
From her, who served humanity,
We trust no life attain such thoughtless speed
It cannot learn humility.
We pause to recall:
¶Her devotion to supervising the Ear Clinic, an integral part of her life and thought.
¶Her search for the better way to expedite the duties of her province.
¶Her daily pride in the size of the Clinic census and the related earliness of the closing hour.
¶Her encouraging word to the house officer delayed by stragglers and late referrals.
¶Her militant defense of the luckless patient, whose card was lost on the carrier.
¶Her periodic sight-seeing tours to acquaint groups of nurses with a modern Ear Clinic.
¶Her quick response to the call for anaesthesia in the Children's room or the call to a Barany examination.
¶Her effective blanketing of the obstreperous child—a combination of gentleness and firmness in a manner, which on a larger scale would go far toward preserving world peace, before major operations seem necessary.
¶Her genial smile and quiet mirth at humorous reactions of patient, nurse or physican to unexpected events, such as interclinic competitions and grievances, surprise at the hissing gas tanks, the occasional dousing of the ceruminous or Barany-tested patient, in his dizzy plight, or the noisy awakenings of those who inhale the "laughing gas".
¶Her profound respect for vested authority.
¶Her regret that her own authority did not extend far enough to keep house officers within working distance of the clinic at all necessary times.
¶Her eager use of the call system to see whether the Surgeon's Room or the Operating Room concealed the evanescent House Officer.
¶Her looking forward to the occasional afternoon off for well deserved relaxation and rest.
¶Her pleasurable anticipation of attending the conventions of the American Legion to renew the friendships of World War I in which she served her country in its need.
¶Her personal pride in the successes of former House Officers and her motherly gratitude in their achievements.
¶In addition are those traits and personal experiences too numerous to mention but which come to our minds.
In Conclusion:
The bell Beyond for her chimes, "Right this way!"
Though missions close, few colors fade.
Reflection paints for us the Perfect Day.
We sense a soul,—a Friend we've made!

MARY HAYDEN
The Mother of Mosher's Men

Ralph J. Frackelton, M.D.
Burton E. Lovesey, M.D.



All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

Notifications of the following promotions to ranks as indicated have been received:—

Col. Edwin F. Cave, MC (*ES* 1926 & *Or.* 1928)
Lt. Col. Milton H. Clifford, MC (*a.p.*)
Major John R. Graham, MC (*WM* 1936)

If there are other new ranks which The News has not reported, we would appreciate it if you would let us know. We are very eager to keep our military records up to date.

The following new addresses have been received:—

Lt. John J. D'Urso, Mc, USNR (*r.p. D* 1944), U.S. Naval Hospital, Chelsea 50, Mass.
Lt. Joseph P. Holihan, MC, AUS (*ES* 1943), ASF Training Centre, Fort Lewis, Wash.
Lt. Fathollah K. Mostofi, MC, AUS (*a.P*), M.F.S.S., Carlisle Barracks, Carlisle, Pa.
Lt. Nathan D. Munro, MC, USNR (*ES* 1942), U.S. Naval Hospital, San Leandro, Cal.
Lt. Gordon S. Myers, MC, USNR (*WM* 1942), 9th Marine Aircraft Wing, Bogue Field Dispensary, Cherry Point, N.C.
Lt. Col. John C. Snyder, MC (*WM* 1939), Rockefeller Foundation, 66th St. & York Ave., New York, N.Y.
Major Howard G. Weiler, MC, AAF (*Or.* 1932), Baxter General Hospital, Spokane, Wash.

These brief bits of information regarding new assignments may be given:—

Major Lewis Cozen, MC (*Or.* 1938) is with a General Hospital which has a New York APO number.
Capt. Robert H. Detwiler, MC, AUS (*CM* 1940) has written us from India.
Capt. Daniel S. Ellis, MC, AUS (*EM* 1941) has been transferred to the 111th Medical Battalion.
Capt. William W. L. Glenn, MC, AUS (*r.s.* 1941) is with the 30th General Hospital.

Lt. Col. Harold H. Hamilton, MC (*r.s. PH* 1933) has sent an APO number. He is with the same Evacuation Hospital.

Lt. Richard V. Riddell, MC, AUS (*ES* 1943) is with a Field Artillery Battalion, probably in the European Theatre.

Lt. Benson B. Roe, MC, USNR (*WS* 1943) has been assigned to a ship in the Atlantic waters.

Lt. Comdr. George P. Whitelaw, MC (*WS* 1937) has received this promotion in rank. He, too, is now aboard ship somewhere in the Atlantic.

Responses to Dr. Castleman's request for pictures for the Ether Day exhibition included many accompanying letters, some of which have been handed over to us for publication. Regardless of the mixture of locations, parts of these letters are assembled below as a sort of "Castleman contribution".

The first account we have had of Lt. Robert H. Barker, MC, USNR (*WS* 1937) since he left the States is given in this letter from Mrs. Barker. She writes:—

> These pictures of Bob were taken this summer when he was stationed with the Headquarters Squadron of a Marine Air Group, somewhere in the Gilberts. Most of their cases consisted of fungus infections, athlete's foot, and dengue fever, with a few fractures and appendectomies thrown in for good measure. It was cooler there than in Boston, owing to a perpetual breeze and the shade afforded by many palm trees. Now they are on a much busier island farther "out", where it rains a great deal and where the heat has been 156° in the sun. There is no shade, as all the palms were "beheaded" when the Americans took over the island. The clinical thermometer, standing in alcohol, registered 108° the other morning!

A year and a half ago we published a letter from Lt. Joseph A. Holmes, MC, USNR (*P* 1936 & *ES* 1938), written from Tutuila, American Samoa. Lieutenant Holmes is now at the Naval Training School, North Dakota State School of Science, Wahpeton, N. Dak.

> The present setup is not too interesting from the military standpoint, for it is just another school where men are in uniform. But I feel I have had a real break as far as duty is concerned, for although there is little surgery here, I have learned a lot of general medicine and I have been fortunate to have been included in the meetings of the local medical society. It has been a real contact with medicine again. I guess you know that I spoke at the annual meeting of the North Dakota Medical Society, giving two papers—one on a proposed cancer program for the State after the war, and one on tropical medicine. At the present time we are in the process of decommissioning, and the school will be at an end the first of November. As yet, I have no orders, but expect them any day. Where to next is anybody's guess.

Lt. Comdr. Roy E. Mabrey, MC (*a. in S*) gives this brief word about himself:—

> Herb Adams [*ES* 1932] and I have been at this station nearly a year. We've had the opportunity to care for large numbers of casualties from Tarawa, the Marshalls Saipan, Tinian, and Guam. Activity is getting pretty far away from us. Herb is caring for all chest injuries, while I've been looking after compound and simple fractures. We hope to be there for the next Ether Day. . . . You can't beat the Hawaiian climate.

Comdr. John P. Monks, MC (*WM* 1931), Chief of Medicine at a Marine Corps hospital, writes:—

> This hospital is one of the first three hospitals ever organized by the Navy and slated for complete Marine Corps utilization. Our group was organized and trained at Camp Lejeune, and is now awaiting overseas shipment. Presumably we will go in on the third wave of wherever the Marines go in force. Comdr. E. Ross Mintz [*P* 1930 & *r.s. U* 1932] is also with our outfit. Best of luck to every one.

From McGuire General Hospital, Richmond, Va., came a letter from Major Richard Schatzki, MC (*r.*). He says:—

> After having spent the first three months of my stay here getting the department built and equipped, we started slowly with our work. But only since I came back from Chicago have we had enough to keep me busy. The department is very satisfactory. The crew was green—very green, indeed—and had to be trained. Now things run more or less automatically. The material is, of course, rather one-sided, and I often think of the abundance of interesting cases at the old General. We have some good clinicians, and I have had very interesting discussions with some of them. I find it quite healthy to hear viewpoints discussed and argued which are different from our routine, and I have learned quite a bit. Have been reading the Case Reports with great interest. There are few doctors who don't tell me that that is *one* part of current literature they'll always read.

Lt. Comdr. Allen G. Brailey, MC (*EM* 1930) wrote from the Medical Holdover Unit, U.S. Naval Training Center, Sampson, N. Y., on October 11:—

> There is nothing new with me. Either I remain here because I am too valuable at my present job or because the Navy feels I will probably do less harm here than at some other place.

The next day Commander Brailey received orders to report to the west coast.

* * *

One of the happiest bits of information ever to reach us is contained in a recent letter to Dr. Faxon from Major Henry H. Faxon, MC (*ES* 1927). You will find it in the last sentence.

> I was delighted to learn that King, Bland, Bartlett, *et al* had received "boosts", after so long a time in their original grades.
>
> I'm sure others have written you in detail of the really excellent setup we had in Italy. I am grateful that my "enforced hibernation" was not thrust upon me until after I had been working in that location for a month and a half. It has been extremely interesting for me to contrast some of the problems we had in running our hospital with comparable issues they have to face here at Fitzsimons. The turnover here is extremely slow and nursing demands minimal, whereas our turnover was rapid and a good proportion of the cases good and "sick". At both hospitals the number of nurses was relatively small. It seems to me that your non-Army MGH setup must be just about the hardest type of hospital to run these days, and the Fitzsimons figures regarding help must sound like Eutopia to you!
>
> The food here is *extraordinarily* good, and I have gained 23 lbs. in the slightly less than three months I have been here.

Lt. James G. Miller, MC, AUS (*EM* 1943) has been doing psychiatric and psychological medical work in Washington, D. C., since July.

Lt. Donald C. Balfour, Jr., MC, AUS (*EM* 1943) reported at Carlisle Barracks on October 5. He is in the 60th O.T.B., which will be graduated November 17. After that he has been ordered to Hoff General Hospital, Santa Barbara, Cal.

Another "silent one" transferred to the list of "heard-from's". A first letter from Lt. Robert H. Hepburn, MC (V)S, USNR (*r.s. U* 1943), with the heading Naval Dispensary, Submarine Base, New London, Conn., October 27.

> Forgive my uncommunicativeness, but I have been a prey to what I have considered sufficient lack of war romance (after reading about Arthur Willetts) to warrant a discrete silence.
>
> Last January I reported in to the Newport Naval Hospital, Newport, R. I., where I was assigned to the Urological Service. Actually, most of my work consisted of administering penicillin to some fifty cases of sulfa-resistant gonorrhea. They were cured in about sixteen hours, so the turn-over was rapid and the paper work mountainous. When the local naval units could obtain their own penicillin for such cases the number under my care shrank rapidly, and in April, when I left the hospital, I was out of a job, with only one remaining case.
>
> Next stop was with the CB's in Quoddy Village, Maine, till June, whence a small detachment of us put out for Alaska. While we were loading ship on the west coast I caught catarrhal jaundice and had to turn in at the Naval Hospital, Bremerton, Wash., where I later stayed for three months in charge of dermatology (!), syphilology (!!), and contagious disease (!!!). The training I received on White 10 of course made me perfectly suited for the job in the eyes of the Navy. Actually, the truth was that the hospital already had a urologist and didn't have a dermatologist, etc. I learned to do a mean pneumothorax, to call all skin lesions "fungus" till proved otherwise—which was rare, and to suspect syphilis no matter what the clinical cloak.
>
> Just when I was expecting to invade the Philippines orders came to "go back to the beginning", so my wife and I drove back to New London, Conn., where, at the Submarine Base Dispensary I've again got my hands on a cystoscope. Two nights ago, at 2 A.M., I thrashed through a mile of scrub-oak woods to gather the remains of two Navy fighter pilots from a double crash, and this morning I had my eardrums ruptured in a submarine dive-test. So you see urology here is not without interest.
>
> Along with the others I add my "Thank you for THE NEWS". I believe it means more to us doing the run-around than to you doing the work.

Fractures, zinnias, rain, and bananas (along with a few rats) contribute to the composite mental picture left after the reading of this interesting letter from Lt. Comdr. Eugene A. Osius, MC (*WM* 1923). It was written October 17.

> I went on active duty at Great Lakes Naval Hospital in June 1942, attached to the Surgical Service. In August I received orders to go to California to ready myself for extra-continental duty. There ensued a considerable wait, and in the interim I found that John Wilson [*ES* 1940], who was in the outfit, was also an MGH man. Immediately a bond of friendship was formed that has lasted to the present and will continue into the future. One of the truly wonderful advantages of having been a House Officer at the General is the splendid *esprit de corps* that is unconsciously developed, and that binds all alumni of the Hospital to another fellow alumnus as few other things can. It has been the source of greatest pleasure and satisfaction to me to find this so; and wherever I have gone in the States and throughout the South Pacific Area (where I have now been for 21 months) I have found MGH men—and worthy ones they were, too. One of the first few was Hannibal Hamlin [*r.s. NS* 1942] who saw me in consultation at a hospital in March 1943 for a back injury, and later Theodore Pratt [*ES* 1929] also had a hand in the process of making me take what

I usually give out. At the moment I hold forth in the hospital where Hap Kennard [*WS* 1934] was and am quartered in the hut he had, as is evidenced by his name on the walls of Quonset Hut "E". And so it has gone. Doors open wide to MGH men and warm is their welcome everywhere.

Our first outfit left the States in January 1943, and a short time later set up an establishment which became a Base Hospital in the Solomons. There I had charge of a large surgical ward. (I went into Surgical Service a year after leaving the West Medical.) We had a very active Surgical Service, for our hospital was then the closest one to the activities in the Solomons during the Georgia and Munda Campaigns. Later we were joined by other groups, of course.

Our island was a small but pretty one, with the hospital set up on the beach in long Quonsets with good and adequate equipment. Our staff of doctors were from some fifteen States of the Union—as far east as New York, as far south as Alabama, the middle West strongly represented, and as far west as China. It is an interesting fact that this group, brought from all over the country and farther, worked and lived together for over two years in the best of harmony and with a minimum of discord—if any. If one can believe rumors (and what is more prevalent in the Service than scuttlebutt?) this mixture is desirable for units recruited from one area, as there is such a thing as knowing your colleagues too well and having predetermined opinions—and prejudices. Our Commanding Officer was a Harvard graduate and medically able. He was a good mixer, allowed his officers full rein medically, and was one with whom discussions on differences of opinion were not amiss. Our corpsmen developed into efficient assistants, willing always to put forth any and all effort, and during active times a 22-hour day was the routine for M.O.'s and corpsmen alike.

Our cases consisted of all types of casualties, and it may be interesting to know that we had no orthopedic surgeon, as such. Two of us who had the surgical wards handled all fractures, of which we had many. Among them was a fracture of the neck of the femur which I nailed with an improvised Smith-Petersen method that would have made S.P. jealous, I am sure. The pin was manufactured on the compound out of a Steinmann pin, and the result was most satisfying. We had two operating rooms constructed by adding lean-to additions to the sides of a Quonset. There was a cement floor, double screening, and the other usual attributes of tropical O.R.'s, namely, generous exposure to the air, humidity, and heat—the latter two enhanced during black-outs and the 180 inches of annual rainfall which we enjoyed (?). We were quartered in a native-built hut of poles, palm-thatching, and screening, located on the seashore, and shared alike by officers and rats until we were able to cut down our cohabitors in various ways. Our mosquito nets were really protection against rats rather than mosquitoes, as Malaria Control had done a splendid job and only one officer contracted malaria during the sum total of 20 months' residence there.

The flora of the island varied, and the ubiquitous coconut palm was pleasant by its absence. High cliffs surrounded us, covered with many flowers, trees, and shrubs. I had a 5-blossomed orchid in front of the ward, and for pastime raised flowers in a garden that were the pride of the hospital—brilliant hued zinnias 7 inches in diameter, wild gardenias, hibiscus, cosmos, wild poinsettias, and many others. It was surprising the number of men who watched them grow from day to day. The record is for zinnias—seed to first appearance, 60 hours; seed to blossom, 5 weeks; and then blossoming in profusion for more than eight months. One zinnia was trained into a tree-like growth and had 35 blossoms most of the time. I advise a small collection of various flower seeds to all who go into these areas, for with fertilization and a little effort one can achieve fine results. A sunny spot is essential, however, as I have since discovered. Where I am now stationed—in a coconut grove—the flowers do less well.

After a tour of duty in the Solomons I was sent to New Zealand for several months, and, as in the case of many others so stationed, have left that beautiful area a staunch booster and admirer of the country and its people. Could we send students to foreign countries on the same scale in peace times, overcome language difficulties, and receive the same number of foreign students in our land, war could surely be pushed into the background, and a basis for world coöperation became a reality instead of a nebulous hoped-for dream. And at what a reduced cost!

I am at present on the Surgical Service at a U.S. Naval Base Hospital. Hospital and grounds are models of physical fitness and equipment, painted and furbished to the last word. We cut the grass with power lawn mowers, if you please! (Kennard please note; also you, Hamlin—for the contrast to what existed 18 months ago.) A banana tree grows next my hut window. On it is a big stalk of bananas not yet ripe that is being watched by at least fifty purloiners that I know of. Our outside activities consist of picnics at the N.O.C. beach, jungle walks (or Turkish baths thereby), and swimming. There is an island medical society that meets regularly and the meetings are of good general calibre. The medicine practised in the South Pacific Area in this war can take its place with the best. It is such that those who are responsible can well be proud. A record has been set that will be hard to better.

I await The News and the Harper Hospital Bulletin of Detroit (my peace time connection) with eagerness, and find much in both that makes me grateful my professional life has been bound to these two institutions.

Special greetings to my friends and erstwhile contemporary colleagues of the MGH Unit and elsewhere.

Lt. Comdr. H. Bristol Nelson, MC (*a. obst.*) sends us an outline of his military activities to date. Commander Nelson is still attached to a division of Marines in the Southwest Pacific.

Really, The News means more to us out here than you people realize.

After my indoctrination at Chelsea Naval Hospital—which, incidentally, was grand—I went through a Medical Field School training course for the Fleet Marine Force, at New River, N.C. In June 1943 I was assigned to this Marine Division as Regimental Surgeon of the —th Marines—a hard fighting Artillery outfit. From New River we went to Camp Pendleton, California, for training, and left the States January 1, 1944. We were then headed for the Marshall Islands, which we secured with little difficulty, although the islands of Roi and Namur were heavily fortified. The Navy had blasted them for several days prior to our D-day, which made it much easier for us. After the island was secured, the Division Surgeon pulled me out to aid in sanitation, which was a tremendous problem. Men were so near together one had to jump over fox-holes to walk around the island.

Following this, we were returned to a so-called "rest camp", which consisted of tents and cots, plus cold showers and real old fashioned "out houses".

Then, in June, we invaded Saipan and Tinian. I will not go into this except to say it was a bloody fight and I unfortunately lost a number of my officers and men who were real pals of mine. Men get pretty close to each other out here.

We are now back in our former rest camp and enjoying the hospitality of the civilians here. They are very kind to all of us and their homes are ours.

I might add that I have been lucky in that I was able to choose my Battalion Surgeons, three of whom are from Boston—Irad Hardy [*ES* 1939], George Lyons (Tufts), and Nick Pournaras (Tufts). These boys, plus the rest of my staff, are behind me every minute and consequently we have a fine working outfit.

Just where we go from here is "top secret", but you can rest assured that the —th Marines will be in there pitching until these "slant-eyed babies" are all gone.

Written aboard ship on December 14, is a letter to Dr. Faxon from Comdr. Franklin G. Balch, Jr., MC (*ES* 1925).

I have at last left the ranks of the landlubber Navy and am having a taste of sea duty. I joined up with this ship, as Senior Medical Officer, near the end of August, after a little over three years of surgery at the Naval Hospital in Chelsea. This ship is a large seaplane tender, carrying two medical officers and one dental. The work covers the field of medicine and surgery, plus all the specialties except obstetrics and pediatrics.

We are now in the Philippine area where we still see considerable aerial activity. I have not yet run across any of my MGH friends out this way, but expect to any day.

Written on 14 x 10 paper, is a letter from Capt. F. Thomas Gephart, MC, AUS (*WS* 1941) to Dr. Arthur W. Allen. The paper is of an unpleasant texture and is bordered with double red lines. Red lines, also, about a half inch apart, run horizontally across the sheet. Captain Gephart writes:—

As you have guessed, this paper has been furnished by the Japs. Allegedly, the two characters in the center of the page mean "Fold here", but I can't vouch for it.

Our unit joined the convoy which attacked Angaur Island in the Palau Group. We had ringside seats for all the shelling and aerial bombardment, as well as access to much of the pre-invasion information and plans, which made the whole trip extremely interesting. When one of the battalion surgeons was wounded as he hit the beach, I had the opportunity of replacing him, which I did. I spent the next three days there, after which I was relieved and returned to this Field Hospital as Battalion Surgeon. This gave me what "gravy" there is in such a job, without the long months of training, and—now that it's safely over—some interesting experiences.

Our hospital spent a pretty busy four or five weeks treating all types of war wounds—some of which, I think, did surprisingly well. We are now running an air evacuation hospital, which should give us a large turnover of patients. We are all making guesses as to where and when our next move will be.

Lt. William J. Baker, MC, USNR (*WS* 1943) is with a Marine Division F.M.F., somewhere in the Pacific. His first assignment was at Quonset Naval Air Station, Rhode Island, and from there he was sent to the west coast.

Comdr. John P. Monks, MC (*WM* 1931) is now with a Corps Evacuation Hospital in the Pacific Theatre of operations.

Col. James E. Fish, MC (*ES* 1930) is home on leave from Hawaii, where he has been stationed for three years. He expects to return to the same assignment, as Chief of Surgery in a large General Hospital. Just before leaving for home he saw Lt. Comdr. Herbert D. Adams, MC (V)S (*ES* 1932) and Lt. Comdr. Roy E. Mabrey, MC (*a. in S*) who sent their best regards to all their friends at M.G.H.

Major Merrill Moore, MC (*gr. asst. N* 1933-34)

From "Somewhere in Belgium" came a letter from Lt. Col. R. Earle Glendy, MC (*r.p.* 1934) dated November 9. He writes:—

I have just finished a word-by-word reading of the October News which reached me only a few days after the September issue. The latter was late because of my nomadic tendencies since midsummer. The inertia of a General Hospital makes it difficult to keep up with the war, but we are as near to it now as circumstances permit, after staging in southern England, a channel crossing, a beach landing, a bivouac in Normandy, a short stay in the Paris area, and the final leg of our journey to our present location. We are going into operation in tents, but have been hampered by rain and mud. Today, which is no exception to the general pattern, has yielded a generous admixture of rain, sleet, and snow! Gil Hyatt [*WS* 1931 & *Or.* 1934], Chief of our Surgical Service, is my tent mate, and we're taking turns at keeping our pot-bellied stove at forced draft to drive away the cold "humours".

Ed Thorp [*EM* 1931] is near by and I see him often. The only other MGH-er I've encountered recently is Leo Burgin [*CM* 1932] who continues in his capacity as Executive Officer of a Medical Battalion.

To say that we enjoy The News is putting it mildly, and we highly approve of the new column on MGH "affairs".

Another "silent one" to graduate from that class! Capt. Thorolf E. Gundersen, MC, AUS (*r.p. N* 1941) is now on duty with a Convalescent Hospital in Europe. His letter, written November 19, gives us a volume in two paragraphs.

I moved on to this new job two months ago. At present I have the Medical Section of this hospital as my baby, and after a year and a half with combat troops I am happy at the change. As the name of the hospital indicates, most of the work is on ambulatory patients. They present many problems, none the less, and it is interesting work. It was Col. Neil Crone [*WM* 1933] I have to thank for the change. You may be interested to know that he is now a full Colonel.

The Norwegian-American Infantry Unit I served with landed D plus 12, and we were whisked off immediately to Cherbourg and entered the day it fell. In the break-through at St. Lo we were attached to an Armoured Division and had a very rapid and exciting trip through France to the Seine and into Belgium. It was at that point that my transfer orders arrived. Medical service in Battalion Aid Stations is first aid and rapid evacuation — nothing else. The speed of evacuation of casualties in Armoured Units will always be a source of amazement to me. The great majority of our casualties were back to the Collecting Company within the hour—frequently the half-hour.

Otherwise I have little to relate. Fifteen months overseas is about enough for me, but the end is not in sight.

"Somewhere along the Siegfried Line, November 9" is the heading of a letter from Lt. Robert J. Tracy, MC, AUS (*ES* 1943) which we read with more than ordinary interest.

My News is always a treat, keeping me in touch with my friends scattered about the world.

I was assigned to this Evacuation Hospital in May 1944, and had an adequate taste of Texas sun during training at Camp Swift. In July we started on a long trip which left us in England, where we remained for several weeks getting supplies before stepping off for the big adventure. We crossed the channel in luxury and, after getting organized, we set off across France to catch up with our speeding armies. Our "Baptism of Fire" rocked us back on our heels for an instant, but we came through with a good record and feel like old-timers now. We have since moved out of France and have supported another drive. I hope we now go on to Berlin.

I have bumped into only one of the MGH crowd—Capt. Jim Kreisle [*WM* 1943]. He is located several miles ahead of me in this sector.

Please let The News keep coming. My best to the crowd.

It is good to hear again from Lt. Ben Eiseman, MC, USNR (*ES* 1943)—the first direct word from him since those "floating bathtub" days, off the coast of France, in June. This letter is headed "At sea, Nov. 12", and says:—

Since I last reported to you I have been serving aboard both LST's and LCI's in the Normandy invasion and its follow-up. Returned three weeks ago, and was immediately put aboard this ship and sent out the other way—I suppose to make my Amphibious Force background complete. At any rate, I am becoming a master of V.D. and First Aid, as well as of some distinctly kitchen table types of surgery—and those of more major proportions when absolutely required.

If these changes continue, I suppose my next address to you will be care of some Rubber Boat outfit off Antarctica; but until such time please send your most welcome bits of news and gossip as directed.

Word has reached us indirectly that Capt. Don W. Fawcett, MC, AUS (*WS* 1943) has been promoted to this rank.

Lt. Donald V. Baker, Jr., MC, AAF (*ES* 1943) has sent his first overseas address. He is with a Collecting Company.

Another "first letter"—this one from Lt. Col. Staige D. Blackford, MC (*EM* 1927). Colonel Blackford is with an Evacuation Hospital. He says:—

I have been receiving The News regularly and am a cover-to-cover reader. So many letters from so many theatres of this war are fascinating, and I read them all, whether I knew the writer or not.

You ask for news of me. It can be briefly told. In the spring of 1942, I became Unit Director of this group, which was sponsored by the University of Virginia, where I was teaching at the time, and raised the professional officer-nurse personnel. We went on active duty July 1, 1942 and sailed from the States two years ago today. Since the unit was activated, I have been Chief of the Medical Service, which, I can assure you, is no important job in an evac., and I am still wondering what a Chief of Medicine is supposed to do in a surgical outfit. feel about as important as the "sub-pup". but I don't have to work that hard. When the surgeons get busy, as they usually are, they pilfer our medical staff for anesthetists, leaving three of us to care for about 300 patients on the medical side. Then my duties are comparable to those of a clinical clerk, only there is more paper work in our rapid turnover.

As you know, there is no dearth of MGH people in these parts, aside from the —th General. Lt. Cols. Tracy Mallory, Henry Beecher, and Sullivan are just over the hill from me, and Dick Clark is down the road. Pete Churchill drops by from time to time, as does Simeone. Grantley Taylor and Staples used to be around. I have seen more MGH personnel in Italy than I ever saw in the States, outside of Boston. Needless to say, they are all doing a good job. Lang Parsons and Champ Lyons worked with us for a while; and Rip Bland, Gundersen, Mike Pinckney, Charlie Short, Don King, and Heinie Faxon have visited us in times past.

Everybody round here knows that Col. Edward D. Churchill is back home. But, for the benefit of you who are away and may not know about it, we announce his return. He has gone on to Washington to report to Surgeon General Norman Kirk. After a few weeks in Washington and Boston, Colonel Churchill will leave again for overseas.

THE NEWS

No. 29 Boston, Mass. February 1945

PSYCHIATRIC SERVICE AFFAIRS

The Psychiatric Service at the Massachusetts General Hospital has just completed its tenth year, so in writing for THE NEWS we will briefly review the history.

In September 1934 the service took over Ward 26 with Neurology and Neurosurgery. This was the third floor of the Baker, and served as a good interim arrangement until the opening of the White Building when Neurology and Neurosurgery moved to White 11, and Psychiatry, in order to keep in close touch with Medicine, moved into its present quarters in Wards B7 and B8. At this time the number of admissions rose sharply because the new wards had eighteen beds: B7 being an open ward for fifteen ambulatory patients with psychoneurotic troubles, and B8 being a small "disturbed" ward holding from two to four beds under the direct vision of one centrally seated nurse. Thus our facilities for treating and studying neurosis, and for looking after the psychiatric emergencies arriving in the general hospital, were at once increased. Therefore in 1941 the admissions rose to 217 and in 1942 to 265. The further sharp rise in 1943 to 342 is largely due to the increase in the number of "boarders", especially those from the Emergency Ward. The "boarders" are patients sent over to Ward B8 by other services because of noisiness, restlessness, or suicidal risk; these patients are not admitted to the Psychiatric Service in a formal way unless their medical or surgical disorder subsides before their psychosis. The care of these patients is an important service both to the hospital, which thereby saves risk and nurses, and to the patient who is spared transfer to another hospital because of his short delirium or other passing psychosis. The cause for the especially sharp rise in "boarders" in 1943 was a change in policy in the Emergency Ward; whereas previously they had kept disturbed patients over night when necessary, they decided (when the supply of nurses became curtailed) to send them up to B8 and arrange for disposal later. Thus many cases which formerly were mere consultations on the Emergency Ward became "boarders". Besides these explanations of the increase, there is the probability that we are learning to choose our patients better and to treat them more expeditiously.

The type of patient treated on the ward has changed somewhat since the earlier years. At first there was a tendency on the part of the local physician to send in psychotic patients in order to save them from the "stigma" of being in a "mental hospital". By degrees this has been overcome by education so now we are receiving appropriate cases of psychoneurosis, and the only cases of schizophrenia, manic-depressive psychoses, and encephalopathy that we have are those where diagnosis is a difficult problem. Many acute mental disorders come to Ward B8 from the other wards of the hospital, but these are largely cases of delirium with a few of the above-mentioned conditions that develop after admission to the hospital. These are transferred to regular mental hospitals as soon as commitment can be arranged.

Since our association with the Pennsylvania Hospital through the formation of the Hall-Mercer Hospital (of which Ward B7 is the Massachusetts General Hospital branch) an especial effort has been made to study psychoneurotic cases, especially those of the anxiety type. The special study of Neurocirculatory Asthenia for the Office of Scientific Research and Development has given added impetus to this endeavor, and a large series of cases has been seen. In this work Dr. Paul D. White has been most helpful as a cardiac advisor. Also, Dr. Finesinger's interest in respiration has added to the breadth of the work.

Dr. Lindemann and Dr. Chester Jones have been working together on gastrointestinal disorders, especially ulcerative colitis. A number of these severely ill patients have been on the ward for periods of psychiatric treatment, but closely followed by the medical service. We have thus enriched our experience in the psychosomatic field and learned the importance of working closely with a medical physician. Dr. Lane has also sent us a number of patients with dermatitis. Besides this, we occasionally have taken over patients with gastric ulcer, asthma, and thyroid disease.

The other main service given by psychiatrists in the house is the consultation service. The resident psychiatrist and one of the visiting psychiatrists see the patients for whom consultation is requested. This work has increased from 230 consultations in 1936 to an average of 420 in the last three years. The years vary and the number of calls from individual services vary greatly from year to year. This is probably due to the personalities of the resident physicians involved, how well they know each other, and how much experience the resident psychiatrist has had. The drop in number of consultations in the last two years may be due to the fact that the war has shortened the terms of residency, the men change often, do not see each other as intimately, and the resident psychiatrists have not been as experienced in their work as earlier residents. The trend over ten years, however, has been conspicuously upward.

Stanley Cobb, M.D.,
Chief of Service

(The conclusion of Dr. Cobb's article will appear in the March issue.)

* * *

Martin Gilbride, Pharmacist 1/c, a past orderly at Baker Memorial and in the operating room at Phillips House, has received a citation for devotion to duty and exceptional conduct on D-day while caring for both American and British wounded, under fire on the beachhead. Mr. Gilbride has been in the Navy for three years.

On January 4, at Surgical Grand Rounds, Col. Edward D. Churchill spoke briefly on certain problems encountered in the surgical management of the wounded in the North African and Mediterranean Theatre of Operations. The discussion was enlivened by anecdotes, and certain familiar figures appeared on the screen before us from muddy fields and mobile research laboratories. Colonel Churchill's enthusiasm for the surgery of his Theatre can best be told in his own words: "I must constantly emphasize my complete indebtedness to the surgeons of the Theatre, not only those I have mentioned from the M.G.H. but to surgeons from all parts of the country, for their superb coöperation, interest, and enthusiasm. If I ever had needed to have my faith in American surgery restored, it certainly would have been by the privilege of working in close association with the surgeons of the Mediterranean Theatre of Operations."

Major James H. Townsend, MC (*WM* 1923), who was seriously wounded while working under fire, and whose satisfactory recovery we reported in the January number, has been sent back to the States. His present address is O'Reilly General Hospital, Springfield, Missouri.

Just as THE NEWS copy was going out through the door today, on its way to the printer, we were all delightfully surprised to see Major Townsend appear here at M.G.H. He still hobbles a bit, but otherwise is very lively. He will be round here for a month or so.

Lt. Col. Albert G. Engelbach, a former Assistant Director at M.G.H. and Director of Cambridge Hospital since 1937, who has been Executive Officer of the Boston City Hospital Unit, has been made Commanding Officer of a Station Hospital.

The Spirit of Christmas came again to the Hospital.

Early in November, with their usual good will and efficiency, the Ladies' Visiting Committee started plans rolling. Shoppers went hunting for children's things—no small task this year. Voluntary singing groups were approached. And finally, by the week before Christmas, the program was ready and under way.

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N. W. Faxon, M.D.,
Director

The Board of Trustees, at a meeting held December 22, voted to appoint:—

Dr. Richmond Holder as Assistant Resident in Psychiatry for the term July 1, 1945 to March 1, 1946;

Dr. Samuel I. Kaplan as Dental Intern for the term March 1 to June 15, 1945, and Charles E. Rounds and Howard W. Smith as Dental Interns for the nine months' period beginning June 15, 1945.

At their meetings on December 27 and January 3, the General Executive Committee voted to re-appoint as Graduate Assistants for the term January 1 to June 30, 1945:

- Medicine
  - Winifred Chase
  - J. L. Jacobs—Allergy
  - Marian W. Perry—Pulmonary
  - E. A. Polcari—Allergy
  - R. J. Savignac—Allergy
  - J. B. Tompkins
  - P. R. Withington—Allergy
- Dermatology
  - A. P. Freedberg
  - C. S. Sawyer
- Psychiatry
  - Volta Hall
- Surgery
  - J. L. Langohr
  - D. J. Mullane—Tumor Clinic
- X-ray
  - Joseph Ferrucci
  - Harold Thomas
- Pathology
  - R. C. Henry
- Neurology
  - Rudolph Neustadt
  - A. A. Weil
- Children's Medical
  - Harriet M. G. Higgins
  - Beatrice Kershaw
  - Wilhelmina Van Dyke
- Urology
  - Joseph Lipton
  - Tetsuo Sugiyama
- Dental
  - E. J. Waddington
  - R. R. Wyman
- Clinical Fellows
  - E. B. Astwood—Malaria Study
  - S. L. Chiu—Anesthesia
  - Anne P. Forbes—Medicine
  - R. E. Herrera—Surgery
  - Joseph Hindle—Malaria Study
  - Sidney Levin—Malaria Study
  - Curtis Prout—Malaria Study
  - E. C. Reifenstein—Medicine
  - Albert Roos—Malaria Study
  - L. D. Trevett—Malaria Study
  - Samuel Tze-Tao Tsang—Medicine
  - R. C. Webster—Surgery
  - E. O. Wheeler—Medicine

MASSACHUSETTS EYE & EAR INFIRMARY

The seal of the Infirmary, shown above, is to be used hereafter as a symbol to indicate our part of THE NEWS. Its interpretation seems a very fitting one—"The Blind See; The Deaf Hear By The Help Of God". In these busy days one is apt to take things for granted, but it wouldn't hurt any of us to pause a moment and give thought to the fact that without the help of God the miracles which are being performed each day could never be accomplished.

Christmas at the Infirmary was very gay this year. Although we could not have the Christmas greens inside, there were wreathes on the outside of windows and doors, and a cluster of large, white sparkling bells hung from the center light in the first floor rotunda. Really quite festive! Dr. Lovesey (*Oto-Lar.* 1935) again came to the rescue, and the children in the Nursery were thrilled to the "goose pimple" stage by the delightful scenes he painted on the cubicles—to say nothing of the very real Santa who came with presents for each and every one on Christmas morning!

On January 1 a nurses' pay cafeteria was put into operation at the Infirmary. It is a great improvement over the old way of serving meals, and we now have a choice of food. This cafeteria is for the office personnel as well as the nurses. Miss Lynette Bishop is in charge and is doing a fine job.

We were delighted to see Major Thomas Cavanaugh, MC (*Oph.* 1940) during the Christmas holidays. He is home on leave for a short time, after 33 months in the European Theatre. After his visit here he goes to Walter Reed Hospital to be admitted as a patient. We all wish him the best of luck.

Lt. William Donoghue, MC, AUS (*Oto-Lar.* 1942 & *Oph.* 1944), who is stationed at Phinney General Hospital, Thomasville, Pa., came in to see us. He looks as though Army life agrees with him.

Lt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 & *Oto-Lar.* 1944) also made us a short visit. He is attached to DeShon General Hospital, Butler, Pa. Believe it or not, he is in charge of two Orthopedic wards!

We regret to report the death of Dr. William I. Wiggin, Consulting Surgeon in Oto-Laryngology. Dr. Wiggin died on January 3. He had been connected with the Infirmary since 1916.

With equal regret we record the death, on January 5, of Dr. Charles D. Knowlton, Consulting Surgeon in Oto-Laryngology. His association with the Infirmary dates back to 1923.

It was Capt. Richard Goldcamp, MC, AUS (*r. Oto-Lar.* 1943) whose letter a while back sounded as if he were boxing the compass. We wondered where he would head next. It proved to be France. A letter to Dr. Schall, written October 24, says:—

> How are things going with all the folks at the Eye and Ear? When you get a chance say "Hi" to everybody for me.
>
> Ran into John Ballanger [*Oto-Lar.* 1943] back in France. He's taking good care of the Otolaryngology end at a General Hospital. Has a dandy setup there. I'd get homesick as hell every time I went in to see him. Gee, I'd give a half-year's pay to land something like that for just a couple of months. John gave me all the latest news he had about the crowd back home. I said goodbye to him, and moved forward.
>
> We've had rough sledding for the past month, with rain every day and sometimes two and three times a day. The mud is ankle deep. Can't keep anything dry. My little old pup tent has taken such a beating it doesn't shed water any more. But I shouldn't be kicking. There are boys in front of me living in fox-holes 24 hours a day—rain or shine. They're the ones who should get all the credit.
>
> Most of my work has been at night. Things are quiet during the day and we use that time to sleep and rest up. The work is all just first aid. Our station is set up in a bomb shelter. We have a couple of captured German stoves to keep it dry and warm. It's also very easy to black out for night work.

Capt. Joseph Lentine, MC, AUS (*Oto-Lar.* 1936) has been assigned to the ENT section at Regional Hospital, Camp Barkeley, Texas.

Capt. Robert E. McCall, MC, AUS (*Oto-Lar.* 1941) is with a General Dispensary which has a New York APO number.

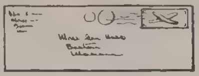
On a Christmas card to Dr. Schall, Capt. Lester A. Brown, MC, AUS (*Oto-Lar.* 1937) says:—

> I often think that on the return trip, if we dock in New York, I shall go by Boston before returning home. I believe that one nostalgic feature is that a goodly number of our nurses and several of our doctors are New Englanders. Which reminds me that some time ago I was in Plymouth and had the opportunity of seeing the place from which the Fathers started to the U.S.A.
>
> All my best to my many friends.

Captain Brown is with a Station Hospital somewhere in the European Theatre.

Comdr. Virgil G. Casten, MC (*Oph.* 1931) is stationed at a U.S. Naval Hospital in the Pacific. He writes in a letter to Dr. Schall:—

> In a few days it will be 14 months since I was detached at Chelsea. I was away from here for about ten days doing eye surgery at the invasion of Leyte. Went ashore on D+1 day. It is very interesting if you don't get hit. I have helped care for casualties from about all the islands in this area. It is a rough game, and a long one apparently. We have over 300 EENT patients now—almost as many as at the Infirmary.
>
> Dr. Macnie is at Espiritu Santos just now, but I believe he is ready to go home soon.
>
> Drs. Mabrey, Adams (Herb)—M.G.H.—Howard Gray, C. Bisgard, Snowden, Hall are here. A Dr. Lewis, ENT, Boston man, just went through here to Guam a few days ago.



All material of a military nature in this and every issue of THE NEWS is first cleared for publication by the local Public Relations Department of the Army or Navy.

The following new addresses have been received:—

- Lt. Comdr. Harvey E. Billig, Jr., MC (V)S (*Or.* 1935), 401 Ross St., Glendale 7, Cal.
- Lt. John J. D'Urso, MC, USNR (*r.p. D* 1944), Naval Construction Training Center, 144th Naval Construction Battalion (ABCD), Davisville, R.I.
- Major Champ Lyons, MC (*WS* 1933), 1664 Government St., Mobile 19, Ala.
- Lt. James J. McCort, MC, AUS (*r.p. R* 1944), Regional Hospital, Camp Shelby, Miss.
- Major Milton L. Miller, MC, AAF (*EM* 1932), Office of the Surgeon, Geiger Field, Spokane, Wash.
- Dr. A. William Reggio, (*WS* 1914), 1835 Phelps Place, N.W., Washington 8, D.C.
- Lt. Comdr. John B. Stanbury, MC (*WM* 1941), Naval Medical School, Epidemiology Dept., Bethesda, Md.

These brief bits of information may be given:—

- Lt. Comdr. Joseph A. Doherty, MC (*a.dn. s.*) is stationed at a Fleet Hospital in the Pacific Area.
- Lt. Walter S. Kerr, Jr., MC, AUS (*WS* 1943) is with the same Clearing Co., which now has a New York APO number.
- Major Sedgwick Mead, MC (*EM* 1940 & *P* 1941) has been promoted to this rank.
- Lt. James W. Newell, MC, USNR (*WS* 1943) has been assigned to a ship in Atlantic waters.
- Lt. Keith A. Shangraw, MC, USNR (*a. dn. s.*) is aboard ship somewhere in the Pacific.
- Major Richard H. Thompson, MC (*ES* 1937) has been transferred to a Station Hospital. He still has a San Francisco APO number.

Capt. John B. Millet, MC, AUS (*WS* 1943) has been transferred to the 199th General Hospital.

All of Bruno Mickeleit's friends, particularly those in the Surgical Laboratory where he served so long and so efficiently, will be glad to know he has received a promotion and has been placed where his natural talents can be utilized. He is now T/5, and is assigned to the Army Medical Museum, Washington, D.C.

In a letter to Dr. Faxon, written December 18, Capt. Louis Nathan, MC, AUS (*Or.* 1930) reports a change of address to Veterans Administration, 1001 Liberty Ave., Pittsburgh 22, Pa.

> I was very much interested in Colonel Churchill's letter in the December issue of THE NEWS. You may pass the word along if you wish. If I had his address I would send this note directly to him.
>
> I would be happy to be transferred overseas, to relieve any tired hands or lend assistance wherever needed.
>
> I wish to thank the members of the Staff for the lovely Christmas card. Season's Greetings to you all, and may the New Year carry the best news ever heard.

Capt. Robert S. Palmer, MC, USNR (*WM* 1927) is back.

It is regrettable that our recent interview with Captain Palmer could not have been broadcast, so that all here at the Hospital might have heard it. It is hopeless to attempt to convey the effect through the written word, for—to paraphrase the childhood poem—you can't write sound. And it was not only what Captain Palmer said, but his ringing enthusiasm for what those here at home are doing that should have been heard by every one at M.G.H. When we interrupted with, "But what about the kind of experiences those overseas are enduring?", Captain Palmer's reply was still nothing but profound appreciation for those here at home who, though overworked and overhoured, continue to carry on the sheer drudgery, deprived of the helpful stimulation and excitement of combat duty. He spoke particularly of the invaluable services of the volunteers here at M.G.H.—and very especially of the *men* volunteers. He was so glad to see many familiar faces here at the Hospital, and concluded with this unique comment, "The boys on the home front are most kind to us returning veterans." (!)

Captain Palmer was Naval Procurement and Assignment Officer here in Boston before he went overseas. He saw quite a bit of England and Scotland while he was attached to a small Navy Hospital and "a couple of" dispensary units. On D-day he went with his group, and has been in or about ports of France since then.

His new address is U.S. Naval Hospital, Brooklyn, N.Y.

From U.S. Naval Dispensary, 230 Fenway, Boston 15, came a note from Capt. Harold C. Bean, MC, USNR (Ret) (*WS* 1918).

> On August 25, 1944 I finally made an extra stripe.
>
> I am still living on borrowed time and enjoying it as Medical Officer-in-Charge of this Dispensary. Lt. Comdr. H. Irving Bixby, MC [*WS* 1924] is back here as our surgeon, and a mighty good one he is. It is a pleasure to work with him.

All of Captain Bean's friends know about his military record, which began in World War I. If you keep your back numbers of THE NEWS, see what he wrote about himself on page 3 of the April 1944 issue. It is well worth rereading.

We have heard from Lt. F. George Johnson, DC, AUS (*Dn.* 1943). His letter bears the heading Co. A, 71st Md. Tng. Bn., Camp Barkeley, Texas.

> My activities have not been spectacular, but very interesting. After leaving M.G.H. I immediately reported to Harmon General Hospital in Longview, Texas, where I received some excellent experience in oral surgery under Lt. Col. Charles Cashman—a Boston man, Harvard graduate, and one time member of the Staff at M.G.H.
>
> On June 10, in Longview, Edith M. MacLaren, R.N., of the MGH Anesthesia Department, and I were married. The following day we left for Camp Barkeley. Have done no dentistry here. Am serving as a field training officer. The work is interesting, but I am hoping for an assignment in a General Hospital soon.

A letter from Lt. John H. Peters, MC, USNR (*WM* 1943), published in November, said every one over there was dreaming of Christmas in the States. "May it come true!" was his concluding sentence. It did—for him. He is now stationed at U.S. Naval Dispensary, Navy Department, Washington, D.C. A recent letter gives a few more details about his experiences overseas.

> D-day found me aboard a merchant ship bound for France, in charge of caring for Merchant Marine, Army, and Navy personnel. I was kept busy at this, off the coast, for about a month, then for six weeks on a British warship with a mixed US-British complement. The latter was an interesting experience, although the Navies of both nations proved too healthy to provide much medical activity.
>
> In late summer I was sent back to my LST's and spent five or six weeks in France. Saw, among other things, the famous artificial harbors and have nothing but praise for the men who designed them. They were miracles, even in the present age of engineering omnipotence.
>
> Received orders to the States in time to have Thanksgiving at home, with regrets only that I had to leave a swell outfit. Am assigned to duty here for an unknown period.

Lt. John L. Ward, MC (V)S, USNR (*EM* 1935) sends a change of address to District Medical Office, Great Lakes, Ill. A recent letter says:—

> In late August I reported to this 9th Naval District Headquarters. My job here, like the one I had for the preceding ten months in Boston, is that of District Venereal Disease Control Officer. Instead of covering little old New England, however, this territory covers a quarter of the country and a third of the population—but only a small fraction of the Navy. Duties include reviewing VD control efforts within the service at various activities, and maintaining coöperation with State and local health departments and enforcement agencies.

Miss Marjorie H. Clarke, former secretary to Dr. Butler, has joined the WAVES and is now stationed at Hunter College, N.Y.

Lt. Lawrence B. Hobson, MC, AUS (*M* 1944) stopped in at the office of THE NEWS one day in December. He is working in Building 357 of the Toxicological Research Laboratory, Edgewood Arsenal, Md., and was in Boston on business.

It is good to hear from Lt. Col. Edward Parnall, MC (*Or.* 1932)—his first letter since returning from Nicaragua, so long ago. It is dated Battey General Hospital, Rome, Ga., November 10.

> Compared with all the exciting Odysseys I read in THE NEWS, my own has been quite unexciting for a long time. Life at a "name" general hospital, ever since the great bulk of surplus and "pool" officers have gone off (I was one, you will remember, at Fitzsimons G.H.) is simply the familiar story of work in a large hospital that is shorthanded in war time. About the only difference between this hospital and the M.G.H. is that here we wear uniforms, the pediatric and women's divisions are not exactly overpopulated, and the staff, while competent and hard working, cannot, of course, boast of the shining and eminent names in medicine that illumine Fruit Street!
>
> There are no MGH men here except myself—the closest approximation being Lt. Harry Kleinfelter, who had a Fellowship in Medicine [*res. fel. M* 1941-42].
>
> The Orthopedic Section, wherein I serve, is an extremely busy one, which keeps me humping to keep track of the patients. And right at this point I would like to take my hat off to the many surgeons in all echelons abroad who have taken such good care of thousands of compound injuries of the extremities. With but few exceptions the original surgical treatment has been skilful and sensible. The way to final reparative treatment has usually been made smooth and easy for us here.
>
> Best regards to all old friends.

Lt. Comdr. Maurice M. Tolman, MC V(S), (*a.d.*), stopped at our office one day in early October to report his return. He has been Chief of the Dermatological Service at a base hospital in England, where he has had a broad experience in casualties to persons other than Navy personnel. An English hospital, capable of caring for 1500 patients, was taken over and made adaptable for the current needs. It was divided up into departments, conforming to a modern general hospital. Commander Tolman said that the ward facilities for treatment of the skin were very adequate, and a large Out-Patient Department served the worthy purpose of cutting down the number of hospital admissions, thus saving many men hours for active military duty. Commander Tolman was also in charge of the Burn Program where large numbers of cases were treated. Capt. James M. Faulkner, MC, USNR (*EM* 1925) was Chief of Medicine, and Comdr. Henry Hudson was Chief of Surgery. Both of these men have also returned to the States.

Commander Tolman said that the period prior to D-day was spent in organizing and drilling the various surgical and medical teams. He paid high tribute to the work of the nurses. He said his was the only Naval establishment able to have nurses over there. He said they did excellent work preparing dressings and battle dressings, and that after D-day their care of the patients proved of tremendous value in the building up of morale.

Commander Tolman was to leave soon for the U.S. Naval Hospital, Seattle, Wash.

Lt. Joseph M. Stowell, MC, USNR (*gr. asst.* 1944) is on the staff of a U.S. Naval Hospital, somewhere in the Pacific Area.

The ship to which Lt. James E. Conley, MC (V)S, USNR (*WS* 1941) was assigned is now somewhere in Pacific waters. On a Christmas card to Capt. James C. White, Lieutenant Conley says:—

> We finally arrived out here where everything is water and/or sky. I did an appendectomy while *en route* which temporarily appeased my desire for surgery.

Frederick G. Munn, one of our past employees, is now with a Naval Construction Battalion in Hawaii. After 9 months in Newfoundland, he was transferred to Camp Endicott, R.I. From there he was sent to Camp Parks in California, and went overseas in October.

The Spirit of Christmas came again to the Hospital.

Early in November, with their usual good will and efficiency, the Ladies' Visiting Committee started plans rolling. Shoppers went hunting for children's things—no small task this year. Voluntary singing groups were approached. And finally, by the week before Christmas, the program was ready and under way.

The cover design on the Occupational Therapy Department's Christmas folder was made by David Christensen of the Civilian Public Service group. It showed the Hospital from the river at night, with the White Building high lighted; and inside was the program for the week. The printing was the first attempt by the O.T.D. to use its small, though real, printing press.

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N. W. Faxon, M.D.,
Director

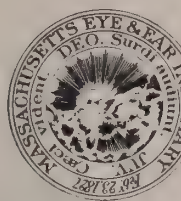
The Board of Trustees, at a meeting held December 22, voted to appoint:—

Dr. Richmond Holder as Assistant Resident in Psychiatry for the term July 1, 1945 to March 1, 1946;

Dr. Samuel I. Kaplan as Dental Intern for the term March 1 to June 15, 1945, and Charles E. Rounds and Howard W. Smith as Dental Interns for the nine months' period beginning June 15, 1945.

At their meetings on December 27 and January 3, the General Executive Committee voted to re-appoint as Graduate Assistants for the term January 1 to June 30, 1945:

Medicine
  Winifred Chase
  J. L. Jacobs—Allergy
  Marian W. Perry—Pulmonary
  E. A. Polcari—Allergy
  R. J. Savignac—Allergy
  J. B. Tompkins
  P. R. Withington—Allergy
Dermatology
  A. P. Freedberg
  C. S. Sawyer
Psychiatry
  Volta Hall
Surgery
  J. L. Langohr
  D. J. Mullane—Tumor Clinic
X-ray
  Joseph Ferrucci
  Harold Thomas
Pathology
  R. C. Henry
Neurology
  Rudolph Neustadt
  A. A. Weil
Children's Medical
  Harriet M. G. Higgins
  Beatrice Kershaw
  Wilhelmina Van Dyke
Urology
  Joseph Lipton
  Tetsuo Sugiyama
Dental
  E. J. Waddington
  R. R. Wyman
Clinical Fellows
  E. B. Astwood—Malaria Study
  S. L. Chiu—Anesthesia
  Anne P. Forbes—Medicine
  R. E. Herrera—Surgery
  Joseph Hindle—Malaria Study
  Sidney Levin—Malaria Study
  Curtis Prout—Malaria Study
  E. C. Reifenstein—Medicine
  Albert Roos—Malaria Study
  L. D. Trevett—Malaria Study
  Samuel Tze-Tao Tsang—Medicine
  R. C. Webster—Surgery
  E. O. Wheeler—Medicine



MASSACHUSETTS EYE & EAR INFIRMARY

The seal of the Infirmary, shown above, is to be used hereafter as a symbol to indicate our part of THE NEWS. Its interpretation seems a very fitting one—"The Blind See; The Deaf Hear By The Help Of God". In these busy days one is apt to take things for granted, but it wouldn't hurt any of us to pause a moment and give thought to the fact that without the help of God the miracles which are being performed each day could never be accomplished.

Christmas at the Infirmary was very gay this year. Although we could not have the Christmas greens inside, there were wreathes on the outside of windows and doors, and a cluster of large, white sparkling bells hung from the center light in the first floor rotunda. Really quite festive! Dr. Lovesey (*Oto-Lar.* 1935) again came to the rescue, and the children in the Nursery were thrilled to the "goose pimple" stage by the delightful scenes he painted on the cubicles—to say nothing of the very real Santa who came with presents for each and every one on Christmas morning!

On January 1 a nurses' pay cafeteria was put into operation at the Infirmary. It is a great improvement over the old way of serving meals, and we now have a choice of food. This cafeteria is for the office personnel as well as the nurses. Miss Lynette Bishop is in charge and is doing a fine job.

We were delighted to see Major Thomas Cavanaugh, MC (*Oph.* 1940) during the Christmas holidays. He is home on leave for a short time, after 33 months in the European Theatre. After his visit here he goes to Walter Reed Hospital to be admitted as a patient. We all wish him the best of luck.

Lt. William Donoghue, MC, AUS (*Oto-Lar.* 1942 & *Oph.* 1944), who is stationed at Phinney General Hospital, Thomasville, Pa., came in to see us. He looks as though Army life agrees with him.

Lt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 & *Oto-Lar.* 1944) also made us a short visit. He is attached to DeShon General Hospital, Butler, Pa. Believe it or not, he is in charge of two Orthopedic wards!

We regret to report the death of Dr. William I. Wiggin, Consulting Surgeon in Oto-Laryngology. Dr. Wiggin died on January 3. He had been connected with the Infirmary since 1916.

With equal regret we record the death, on January 5, of Dr. Charles D. Knowlton, Consulting Surgeon in Oto-Laryngology. His association with the Infirmary dates back to 1923.

It was Capt. Richard Goldcamp, MC, AUS (*r. Oto-Lar.* 1943) whose letter a while back sounded as if he were boxing the compass. We wondered where he would head next. It proved to be France. A letter to Dr. Schall, written October 24, says:—

> How are things going with all the folks at the Eye and Ear? When you get a chance say "Hi" to everybody for me.
>
> Ran into John Ballanger [*Oto-Lar.* 1943] back in France. He's taking good care of the Otolaryngology end at a General Hospital. Has a dandy setup there. I'd get homesick as hell every time I went in to see him. Gee, I'd give a half-year's pay to land something like that for just a couple of months. John gave me all the latest news he had about the crowd back home. I said goodbye to him, and moved forward.
>
> We've had rough sledding for the past month, with rain every day and sometimes two and three times a day. The mud is ankle deep. Can't keep anything dry. My little old pup tent has taken such a beating it doesn't shed water any more. But I shouldn't be kicking. There are boys in front of me living in fox-holes 24 hours a day—rain or shine. They're the ones who should get all the credit.
>
> Most of my work has been at night. Things are quiet during the day and we use that time to sleep and rest up. The work is all just first aid. Our station is set up in a bomb shelter. We have a couple of captured German stoves to keep it dry and warm. It's also very easy to black out for night work.

Capt. Joseph Lentine, MC, AUS (*Oto-Lar.* 1936) has been assigned to the ENT section at Regional Hospital, Camp Barkeley, Texas.

Capt. Robert E. McCall, MC, AUS (*Oto-Lar.* 1941) is with a General Dispensary which has a New York APO number.

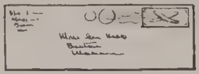
On a Christmas card to Dr. Schall, Capt. Lester A. Brown, MC, AUS (*Oto-Lar.* 1937) says:—

> I often think that on the return trip, if we dock in New York, I shall go by Boston before returning home. I believe that one nostalgic feature is that a goodly number of our nurses and several of our doctors are New Englanders. Which reminds me that some time ago I was in Plymouth and had the opportunity of seeing the place from which the Fathers started to the U.S.A.
>
> All my best to my many friends.

Captain Brown is with a Station Hospital somewhere in the European Theatre.

Comdr. Virgil G. Casten, MC (*Oph.* 1931) is stationed at a U.S. Naval Hospital in the Pacific. He writes in a letter to Dr. Schall:—

> In a few days it will be 14 months since I was detached at Chelsea. I was away from here for about ten days doing eye surgery at the invasion of Leyte. Went ashore on D+1 day. It is very interesting if you don't get hit. I have helped care for casualties from about all the islands in this area. It is a rough game, and a long one apparently. We have over 300 EENT patients now—almost as many as at the Infirmary.
>
> Dr. Macnie is at Espiritu Santos just now, but I believe he is ready to go home soon.
>
> Drs. Mabrey, Adams (Herb)—M.G.H.—Howard Gray, C. Bisgard, Snowden, Hall are here. A Dr. Lewis, ENT, Boston man, just went through here to Guam a few days ago.



All material of a military nature in this and every issue of THE NEWS is first cleared for publication by the local Public Relations Department of the Army or Navy.

The following new addresses have been received:—

Lt. Comdr. Harvey E. Billig, Jr., MC (V)S (*Or.* 1935), 401 Ross St., Glendale 7, Cal.
Lt. John J. D'Urso, MC, USNR (*r.p. D* 1944), Naval Construction Training Center, 144th Naval Construction Battalion (ABCD), Davisville, R.I.
Major Champ Lyons, MC (*WS* 1933), 1664 Government St., Mobile 19, Ala.
Lt. James J. McCort, MC, AUS (*r.p. R* 1944), Regional Hospital, Camp Shelby, Miss.
Major Milton L. Miller, MC, AAF (*EM* 1932), Office of the Surgeon, Geiger Field, Spokane, Wash.
Dr. A. William Reggio, (*WS* 1914), 1835 Phelps Place, N.W., Washington 8, D.C.
Lt. Comdr. John B. Stanbury, MC (*WM* 1941), Naval Medical School, Epidemiology Dept., Bethesda, Md.

These brief bits of information may be given:—

Lt. Comdr. Joseph A. Doherty, MC (*a.dn. s.*) is stationed at a Fleet Hospital in the Pacific Area.
Lt. Walter S. Kerr, Jr., MC, AUS (*WS* 1943) is with the same Clearing Co., which now has a New York APO number.
Major Sedgwick Mead, MC (*EM* 1940 & *P* 1941) has been promoted to this rank.
Lt. James W. Newell, MC, USNR (*WS* 1943) has been assigned to a ship in Atlantic waters.
Lt. Keith A. Shangraw, MC, USNR (*a. dn. s.*) is aboard ship somewhere in the Pacific.
Major Richard H. Thompson, MC (*ES* 1937) has been transferred to a Station Hospital. He still has a San Francisco APO number.

Capt. John B. Millet, MC, AUS (*WS* 1943) has been transferred to the 199th General Hospital.

All of Bruno Mickeleit's friends, particularly those in the Surgical Laboratory where he served so long and so efficiently, will be glad to know he has received a promotion and has been placed where his natural talents can be utilized. He is now T/5, and is assigned to the Army Medical Museum, Washington, D.C.

In a letter to Dr. Faxon, written December 18, Capt. Louis Nathan, MC, AUS (*Or.* 1930) reports a change of address to Veterans Administration, 1001 Liberty Ave., Pittsburgh 22, Pa.

> I was very much interested in Colonel Churchill's letter in the December issue of THE NEWS. You may pass the word along if you wish. If I had his address I would send this note directly to him.
>
> I would be happy to be transferred overseas, to relieve any tired hands or lend assistance wherever needed.
>
> I wish to thank the members of the Staff for the lovely Christmas card. Season's Greetings to you all, and may the New Year carry the best news ever heard.

Capt. Robert S. Palmer, MC, USNR (*WM* 1927) is back.

It is regrettable that our recent interview with Captain Palmer could not have been broadcast, so that all here at the Hospital might have heard it. It is hopeless to attempt to convey the effect through the written word, for—to paraphrase the childhood poem—you can't write sound. And it was not only what Captain Palmer said, but his ringing enthusiasm for what those here at home are doing that should have been heard by every one at M.G.H. When we interrupted with, "But what about the kind of experiences those overseas are enduring?", Captain Palmer's reply was still nothing but profound appreciation for those here at home who, though overworked and overhoured, continue to carry on the sheer drudgery, deprived of the helpful stimulation and excitement of combat duty. He spoke particularly of the invaluable services of the volunteers here at M.G.H.—and very especially of the *men* volunteers. He was so glad to see many familiar faces here at the Hospital, and concluded with this unique comment, "The boys on the home front are most kind to us returning veterans." (!)

Captain Palmer was Naval Procurement and Assignment Officer here in Boston before he went overseas. He saw quite a bit of England and Scotland while he was attached to a small Navy Hospital and "a couple of" dispensary units. On D-day he went with his group, and has been in or about ports of France since then.

His new address is U.S. Naval Hospital, Brooklyn, N.Y.

From U.S. Naval Dispensary, 230 Fenway, Boston 15, came a note from Capt. Harold C. Bean, MC, USNR (Ret) (*WS* 1918).

> On August 25, 1944 I finally made an extra stripe.
>
> I am still living on borrowed time and enjoying it as Medical Officer-in-Charge of this Dispensary. Lt. Comdr. H. Irving Bixby, MC [*WS* 1924] is back here as our surgeon, and a mighty good one he is. It is a pleasure to work with him.

All of Captain Bean's friends know about his military record, which began in World War I. If you keep your back numbers of The News, see what he wrote about himself on page 3 of the April 1944 issue. It is well worth rereading.

We have heard from Lt. F. George Johnson, DC, AUS (*Dn.* 1943). His letter bears the heading Co. A, 71st Md. Tng. Bn., Camp Barkeley, Texas.

> My activities have not been spectacular, but very interesting. After leaving M.G.H. I immediately reported to Harmon General Hospital in Longview, Texas, where I received some excellent experience in oral surgery under Lt. Col. Charles Cashman—a Boston man, Harvard graduate, and one time member of the Staff at M.G.H.
>
> On June 10, in Longview, Edith M. MacLaren, R.N., of the MGH Anesthesia Department, and I were married. The following day we left for Camp Barkeley. Have done no dentistry here. Am serving as a field training officer. The work is interesting, but I am hoping for an assignment in a General Hospital soon.

A letter from Lt. John H. Peters, MC, USNR (*WM* 1943), published in November, said every one over there was dreaming of Christmas in the States. "May it come true!" was his concluding sentence. It did—for him. He is now stationed at U.S. Naval Dispensary, Navy Department, Washington, D.C. A recent letter gives a few more details about his experiences overseas.

> D-day found me aboard a merchant ship bound for France, in charge of caring for Merchant Marine, Army, and Navy personnel. I was kept busy at this, off the coast, for about a month, then for six weeks on a British warship with a mixed US-British complement. The latter was an interesting experience, although the Navies of both nations proved too healthy to provide much medical activity.
>
> In late summer I was sent back to my LST's and spent five or six weeks in France. Saw, among other things, the famous artificial harbors and have nothing but praise for the men who designed them. They were miracles, even in the present age of engineering omnipotence.
>
> Received orders to the States in time to have Thanksgiving at home, with regrets only that I had to leave a swell outfit. Am assigned to duty here for an unknown period.

Lt. John L. Ward, MC (V)S, USNR (*EM* 1935) sends a change of address to District Medical Office, Great Lakes, Ill. A recent letter says:—

> In late August I reported to this 9th Naval District Headquarters. My job here, like the one I had for the preceding ten months in Boston, is that of District Venereal Disease Control Officer. Instead of covering little old New England, however, this territory covers a quarter of the country and a third of the population—but only a small fraction of the Navy. Duties include reviewing VD control efforts within the service at various activities, and maintaining coöperation with State and local health departments and enforcement agencies.

Miss Marjorie H. Clarke, former secretary to Dr. Butler, has joined the WAVES and is now stationed at Hunter College, N.Y.

Lt. Lawrence B. Hobson, MC, AUS (*M* 1944) stopped in at the office of The News one day in December. He is working in Building 357 of the Toxicological Research Laboratory, Edgewood Arsenal, Md., and was in Boston on business.

It is good to hear from Lt. Col. Edward Parnall, MC (*Or.* 1932)—his first letter since returning from Nicaragua, so long ago. It is dated Battey General Hospital, Rome, Ga., November 10.

> Compared with all the exciting Odysseys I read in The News, my own has been quite unexciting for a long time. Life at a "name" general hospital, ever since the great bulk of surplus and "pool" officers have gone off (I was one, you will remember, at Fitzsimons G.H.) is simply the familiar story of work in a large hospital that is shorthanded in war time. About the only difference between this hospital and the M.G.H. is that here we wear uniforms, the pediatric and women's divisions are not exactly overpopulated, and the staff, while competent and hard working, cannot, of course, boast of the shining and eminent names in medicine that illumine Fruit Street!
>
> There are no MGH men here except myself—the closest approximation being Lt. Harry Kleinfelter, who had a Fellowship in Medicine [*res. fel. M* 1941-42].
>
> The Orthopedic Section, wherein I serve, is an extremely busy one, which keeps me humping to keep track of the patients. And right at this point I would like to take my hat off to the many surgeons in all echelons abroad who have taken such good care of thousands of compound injuries of the extremities. With but few exceptions the original surgical treatment has been skilful and sensible. The way to final reparative treatment has usually been made smooth and easy for us here.
>
> Best regards to all old friends.

Lt. Comdr. Maurice M. Tolman, MC V(S), (*a.d.*), stopped at our office one day in early October to report his return. He has been Chief of the Dermatological Service at a base hospital in England, where he has had a broad experience in casualties to persons other than Navy personnel. An English hospital, capable of caring for 1500 patients, was taken over and made adaptable for the current needs. It was divided up into departments, conforming to a modern general hospital. Commander Tolman said that the ward facilities for treatment of the skin were very adequate, and a large Out-Patient Department served the worthy purpose of cutting down the number of hospital admissions, thus saving many men hours for active military duty. Commander Tolman was also in charge of the Burn Program where large numbers of cases were treated. Capt. James M. Faulkner, MC, USNR (*EM* 1925) was Chief of Medicine, and Comdr. Henry Hudson was Chief of Surgery. Both of these men have also returned to the States.

Commander Tolman said that the period prior to D-day was spent in organizing and drilling the various surgical and medical teams. He paid high tribute to the work of the nurses. He said his was the only Naval establishment able to have nurses over there. He said they did excellent work preparing dressings and battle dressings, and that after D-day their care of the patients proved of tremendous value in the building up of morale.

Commander Tolman was to leave soon for the U.S. Naval Hospital, Seattle, Wash.

Lt. Joseph M. Stowell, MC, USNR (*gr. asst.* 1944) is on the staff of a U.S. Naval Hospital, somewhere in the Pacific Area.

The ship to which Lt. James E. Conley, MC (V)S, USNR (*WS* 1941) was assigned is now somewhere in Pacific waters. On a Christmas card to Capt. James C. White, Lieutenant Conley says:—

> We finally arrived out here where everything is water and/or sky. I did an appendectomy while *en route* which temporarily appeased my desire for surgery.

Frederick G. Munn, one of our past employees, is now with a Naval Construction Battalion in Hawaii. After 9 months in Newfoundland, he was transferred to Camp Endicott, R.I. From there he was sent to Camp Parks in California, and went overseas in October.

From Major Arthur A. Holbrook, MC (*CM* 1933 & *EM* 1934) came this exciting letter, written December 20. Major Holbrook is still with the same General Hospital.

Our outfit steamed up on D+ not very much, and before reaching our anchorage spot we were baptized in true Baptist fashion. Though bombs rained on other ships ¼ mile away, as far as I was concerned they were near misses for us. The ach-ach was dense and effective, and at least one suicide diver was blown up by the guns from his ship-target. [Major] Eddie Gordon [*P* 1935] snapped it with his camera. When the smoke had cleared away and the geysers had subsided, all our ships were gratifyingly afloat. We hit the beach in landing craft just like in the movies, and thus began our Philippine experience.

Our area turned out to be miles from the beaches, in a veritable mud-hole on the outskirts of a town. The rainy season had been, was, (and is) in full force, and the accumulative effect could be measured in mud and muck from calf to hip depths. That is, if one was careful! I saw many vehicles with little more than tops showing above seas of mud and water. "Motor pool" was indeed an appropriate term.

For many days we dug ditches and drained and drained. The quagmires were such, however, that the best walking was in the very ditches. Air raids were frequent, and foxholes were used to the full, especially at first. Fortunately our installation lacked a high priority in the Jap aggressions and we were spared actual bombing. As time passed we had other acute situations to deal with. If I tried to describe them, my pages would look like scraggly lace because of the censor. However, we set up for professional service and have been increasingly busy from the start.

Incidentally, I don't know that it is generally appreciated that our unit includes a number of men from M.G.H. and P.B.B. As to the latter, there are Dick Farnsworth and Pete Midelfart. From the halls of Bulfinch came [Major] Dick Hockwalt [*Or.* 1931], Eddie Gordon, and I.

From Sampson, N.Y., to Trinidad, B.W.I., to Philadelphia, to New Guinea. So reads the record for Lt. Wayne Hobbs, MC, USNR (*a. in M* 1921-42). On December 13 he wrote:—

I am attached to a CB Battalion out here. Not so long ago I saw Orthopedist Joplin [*P* 1929 & *Or.* 1933] at the other end of New Guinea. He is Chief of Orthopedics in a Base Hospital.

Lt. Gordon E. Jones, MC, USNR (*ES* 1939) is now on an LST, somewhere in the Pacific Area. On December 31 he wrote:—

The 1944 Christmas card was a most welcome reminder of previous pleasant Christmases spent in the company of many of the signatories.

I deserted Pan American Airways, after almost three years with them, when the Navy called me to active duty in October 1944. Within two weeks I was sent to Hawaii by air and assigned to this ship. Duty with the amphibious forces should provide interesting and busy moments, and I feel fortunate in the type of assignment I was given. My ship resembles a seagoing bathtub, and makes a complete roll every 6 seconds or over 14,000 rolls a day. Going ashore after a period at sea, I have an ataxia which would make one suspect the worst.

I have already, in the short time I've been here, run into Irad Hardy, Jim Conley, Roy Mabrey, and Herb Adams. Irad is none the worse for his heroic and harrowing experiences.

Best wishes to all.

A change of address has arrived from Comdr. Rodney F. Atsatt, MC, USNR (Ret) (*Or.* 1926). For 9 months Commander Atsatt was Senior Medical Officer with a group in the Midway Islands. He is now Chief of Orthopedic Surgery at a large Naval Hospital on Oahu.

The first letter in nearly a year has arrived from Lt. Col. Charles G. Mixter, Jr., MC, AC (*WS* 1940). It contains the announcement of his promotion and an interesting account of his duties.

THE NEWS continues to come through regularly and breaks the monotony of existence in the tropics. After 22 months out here, I think I would roll in any snow I saw just for the pleasure of being cold again.

Last December I was transferred to the Headquarters of the 13th Air Force. I remained there, performing many varied duties, mostly on paper, until June of this year when I was assigned to this Central Medical Establishment. We serve as a Central Medical Unit for the Air Forces in this theatre and have many functions, including research into aero-medical subjects, consultation service, indoctrination of flying personnel and flight surgeons arriving for the first time in this theatre, and the periodic examination and disposition of flying personnel. As you can see, the work is interesting and certainly keeps one busy. In August I was given command of the CME, and received a pleasant surprise a month ago by being promoted to my present rank. We have an extremely capable and interesting group of medical officers, and our staff continually grows.

My duties entail a considerable amount of travel, for which I am thankful, for it enables me to keep in close touch with all the interesting things that are happening out here. On a recent trip I saw [Major] Myles Baker [*EM* 1930] for a few seconds while he was waiting for his plane. He looked well and has, lucky person, been practising medicine! [Capt.] Ben Huntington [*WM* 1940] lives close by and we have had occasional get-togethers with [Lt.] Jim Heyl [*WM* 1939] in the past, but he has now left here. Most of the other MGH men who were in this area have moved on one way or another, though I hear of one now and then, and hope to see them from time to time.

My best regards to every one at M.G.H.

Lt. Col. Robert G. Rae, MC (*dn. s.*) emerges again as the hardy perennial. This is the third February issue in which something from, or about, Colonel Rae has appeared. This year it arrives by way of a Christmas card from Italy to Miss Peck. Colonel Rae's message reads:—

Words can't express how much it means to get a Christmas card with a kindly word of greeting from all my friends at the Clinic.

We are still doing our little bit to help those boys who go through Hell at the front. Here is hoping this war will soon be finished and that we may see you all before this time next year.

A V-mail letter from Lt. Col. Horatio Rogers, MC (*ES* 1925) to Dr. Arthur W. Allen says:—

Having dreamed about you last night I'm breaking a 3-year silence to drop you a line. You probably know more about us, from your other sources of information, than we know about ourselves.

We miss Heinie [Major Henry H. Faxon] but hear he's doing well in Denver. Welch is Chief of General Surgery, and excellent at the job. Aufranc, since his long-delayed promotion, has been the busiest man on the service, with bad femurs, knees, backs, and feet.

I wish you could see our O.R. on a busy day when we run a list of 150 or so cases. We've developed a sort of Willow Run assembly line system which works like a charm. No hurry, no confusion, and good standards maintained. The real test is when it has to be repeated several days running, without any one breaking down. I described our system at a medical meeting elsewhere in Italy a week ago and was surprised at the interest shown by both British and American surgeons. There were about 400 there. The dull times are most unpleasant, but we're getting used to standing even them with good grace.

A letter from Major William M. Jefferies, MC, AAF (*EM* 1942) shows a promotion in rank since the last time we heard from him—a year ago. Major Jefferies is with an Air Base Unit in India. He writes:—

I have now been in India for fourteen months, and for the past nine months have been located at this station as Base Surgeon. Although the administrative work gets a bit monotonous at times, there are enough tropical diseases, dermatoses, etc., out here to keep things interesting. And our pilots are doing a fine job.

I have had an opportunity to see most of India, also Burma and China; but the prettiest place out here couldn't look half as good as the worst place in the States right now.

I have seen [Capt. Charles E.] MacMahon [MC, AUS (*ES* 1938)] fairly frequently. He is located at a Station Hospital in this area and is doing some fine work. Last month I ran into [Lt.] Henry Fuller [MC, AUS (*WM* 1943)], who is having some interesting experiences in Burma.

Thanks for THE NEWS. I really look forward to each issue.

Lt. S. Grant Holmes, MC, AUS (*CM* 1943), another "silent one" to be heard from, is brought up to date in a letter from Mrs. Holmes. On October 5 she wrote:—

Grant left the Dermatological Service in January 1944. His first six weeks in the Army were spent at Carlisle, with Walter Kerr and Joe Holihan; then two stations in California. (On most of our moves we didn't stay long enough to unpack!) Next, Illinois for a staging area, and then off to England right on the dot of the Carlisle prediction of three months.

Lieutenant Holmes is now with a General Hospital.

Major Lewis Cozen, MC (*Or.* 1938), who is with a General Hospital, sent a "first letter", dated December 19. He says briefly:—

Merry Christmas!

THE NEWS is a very welcome item of my mail, just as the M.G.H. and the Orthopedic Staff there represent fond memories.

My work is the usual Army orthopedics, where every unit turns one nut in the machine of evacuation. Luckily, I am *now* in the Paris area and the Parisians are very hospitable.

I had lunch recently with Dr. Calvé, of Calvé's disease, but could not see any cases for lack of time.

The list of "silent ones" is dwindling. Capt. Ernest Craige, MC, AUS (*M* 1943) wrote on December 22, from an Auxiliary Surgical Group:—

I am at present with a Field Hospital in Germany. Although the staff is small, it includes two HMS men—Capt. Henry Swan ('39) and Capt. Kenneth Tanner ('43).

We have been having an interesting time but, unfortunately, the situation is such that we cannot write anything about. Maybe later.

Major Lamar Soutter, MC, AUS (*r.s.* 1941)

Major Lamar Soutter, MC, AUS (*r.s.* 1941) was one of the volunteer medical team which went to the rescue of the American 101st Airborne Division trapped inside Bastogne. Supplies of food, guns, and ammunition were flown in and dropped by parachute; and doctors and medical corpsmen, with first aid personnel, plasma, and medicines, were landed by gliders. The gliders had to be towed over enemy lines, and it was expected that landings would have to be made by parachute. None of these men had had any training in jumping, yet every one who participated in this heroic rescue was a volunteer.

In a letter to Mrs. Soutter, written a few days after the aerial supply operation, Major Soutter said that painted on the emergency exit of the glider which carried him in was "Is this trip absolutely necessary?"

The last time we heard from Lt. Donald N. Sweeny, Jr., MC, AUS (*WS* 1941) he had arrived in Kansas, expecting to see wheat but finding only oil! Now comes a letter from a General Hospital in France, dated December 25.

> The first mail I have had since leaving the United Kingdom came this morning—The News! I hasten to second Bill McDermott's letter expressing the gratitude each of us away from home feels when he gets the Hospital paper.
>
> I am at present Chief of the General Surgical Section of this hospital and am enjoying my work a great deal. We are very busy, and see a good many cases one would not believe could be evacuated from the Field Hospitals.
>
> I have seen Russ Baker, and have had several nice letters from [Capt.] Tom Gephart [*WS* 1941] and [Lt.] Nate Munro[*ES* 1942]. Tom recently saw quite a bit of action as a Battalion Surgeon with a unit in the South Pacific. Recently we have had several patients formerly taken care of by [Lt.] Bob Tracy [*ES* 1943] who is with an Evacuation Hospital somewhere ahead of us in the chain in France.
>
> My best to all.

Not until we received the letter from Lt. Robert J. Tracy, published in our January issue, did we know the whereabouts of Capt. James E. Kreisle, MC, AUS (*WM* 1943). Even though so long delayed, we admit that the following letter from Captain Kreisle to Dr. Means is worth the waiting for. It was written December 14.

> I left Camp Hood in April to become surgeon for a newly activated Mechanized Cavalry Squadron. Soon thereafter I was shifted to my present unit, which has been in the European Theatre for several months now. My travels have included parts of Scotland, England, France, and Luxemburg. At present I am "somewhere in Belgium". I was impressed with the rugged beauty of Scotland, charmed by garden-like rural England, and depressed by the desolation, poverty, and filth of France. Paris stands out like a jewel in an ash pile, yet even there life is far from what we have come to regard as normal. Prices are high, and the simplest luxuries quite scarce. Cigarettes and chocolate, with which the Army is abundantly supplied, are given almost unbelievable values.
>
> We have seen some combat service, and I've had the experience of operating an aid station during an attack. As far as battle casualties go, my work comprises first aid and evacuation to higher medical echelons. I have been deeply impressed with the use of morphine in the field. Our line officers and medical personnel have been instructed in its use and furnished with syrettes, so that practically all the severely wounded (except those with head and chest wounds) receive medication before being moved to the aid station. I have yet to see a man in great pain. Sulfadiazine tablets, compress dressings, splints, and blood plasma constitute the remaining essentials of my armamentarium. Mild diarrheas, upper respiratory infections, and trench foot furnish some of our non-battle casualties.
>
> It seems to me that an unusually large number of women in Luxemburg and Belgium have goiters. I don't recall whether or not this is a goiter district, but I can't help suspecting it is. Among the civilians who occasionally drift into my dispensary was a young woman who complained of a very annoying cough of six months' duration. She stated that several chest X-rays had been negative. A glance at her neck showed what I suspect is the root of her trouble—a large nodular goiter. At the time, I thought what a pity it was I couldn't make her an appointment at your Thyroid Clinic. The medical facilities available to civilians are apparently very meagre indeed.
>
> I've encountered several Harvard graduates and MGH men here on the continent. In Normandy I met [Capt.] Bill Glenn [*r.s.* 1941] at an Army General Hospital, and in Luxemburg I ran into Logan Jones (Harvard Med. '43), Bill Brewster (H.M.S. '42) and Bob Tracy [*ES* 1943] at an Evacuation Hospital. Larry Wesson (H.M.S. '42) is with a Field Artillery Battalion in Alsace. Roger Newstedt (H.M.S. '42), whose Army career paralleled mine until last March, is now with an Amphibious Tractor Battalion in the South Pacific Area.
>
> My best wishes, sir, to you and all the others who helped make my year at M.G.H. so pleasant and profitable.

A letter from Capt. Henry F. Allen, MC, AUS (*ES* 1943) shows this promotion and says briefly:—

> At present I am in Belgium performing the usual duties of a battalion surgeon—evacuation of casualties to the nearest clearing station or evacuation hospital and acting as general practitioner and public health officer to the several hundred officers and men of the battalion. Lack of opportunities for definitive treatment are partially compensated for by many fine relationships in a combat outfit.
>
> Regards to all.

Burdened as we all are with the serious problems and complexities of the times, let's stop for a little moment to indulge in the facetious.

Once upon a time the Admitting Office received a letter, undated—the body of which reads as follows:—

> On admitting my wife I was told I would have to pay her doctor $5 per day. Now I have a bill stating *three* doctors and *two* at $6 a day. Will you rectify this and send me the total balance I owe you?
>
> Also could you tell me who R. H. Factor is? I noticed you also charged $3 for him.

THE NEWS

No. 30 Boston, Mass. March 1945

PSYCHIATRIC SERVICE AFFAIRS

(Conclusion of Dr. Cobb's article)

When the Psychiatric Ward was opened in the autumn of 1934 the Out-Patient Clinic was reorganized to run in the afternoons on an appointment system. Miss Dorothy Clark was the invaluable secretary, and she still is. Miss Sarah Evarts headed the Social Service, in both the Out-Patient and house, but for the first years most of the social work was in the Out-Patient. Members of the McLean Hospital staff came in to help run the clinic, and continued this until the shortage of men caused by the war made it impossible for the McLean staff to give their hours. At first there was a child guidance division run by Drs. Margaret Anthonisen, Florence Clothier, and Robert Young. This had special facilities for social work and psychological study. The first year the adult clinic was run by Dr. Frank Fremont-Smith, followed in 1936 by Dr. Maurice Fremont-Smith. During these two years the number of new patients rose from 460 to 590. In October 1937 Dr. Erich Lindemann became Chief of the Psychiatric Clinic. At this time the policy of the clinic was somewhat changed, and the child guidance division was gradually absorbed into the general clinic. This was because many children with behavior problems were sent in for treatment, and it seemed to us that our first duty was to look after children from Pediatrics, already patients of the hospital, rather than to bring in new cases of the "guidance" type that could go to other agencies, such as the Judge Baker Center and the Habit Clinics. Thus the work of the clinic has been unified, at some loss at first to the care of the children from outside agencies, but we feel it a gain in service to the Pediatrics Department of this hospital. Dr. Robert Young, who did so much of this children's work and ran the summer camp for our children in Maine for three years, has gone to the Judge Baker Center, where he continues his good work.

Since Dr. Lindemann took over the direction of the clinic the number of patients increased at first rapidly to a peak of 840 new cases in 1940; since then there has been a slight falling off in number commensurate with that of the whole Out-Patient during the war years. It seems to be striking a level of about 700. Forty-six per cent of the cases are consultations and are seen only once, the remainder are seen eight or nine times, making an average of four and five visits per patient.

These statistics give an impression of expansion, but they do not show the steady improvement in the quality of the work. Recently teaching has become a much more important part of Dr. Lindemann's work.

In fact, the amount of teaching of psychiatry at the Massachusetts General Hospital has increased conspicuously during the last years. At first we had only voluntary courses which attracted from 25 to 50 men per year. In 1936 we started with Dr. Chester Jones a course on "Psychogenic Symptoms in Medical Practice" which we now call "Psychosomatic Medicine". This became more and more popular until in 1943 and 1944 there were between 130 and 150 men attending, packing the Ether Dome to the roof. Probably this great increase in interest came because of the experience in the Army that people began to hear about concerning the great importance of emotional disturbances in causing medical symptoms, especially in the gastrointestinal sphere. Dr. Erich Lindemann and Dr. Chester Jones were especially helpful to the students in this, whereas Dr. Finesinger and Dr. Cobb talked more about circulation and respiration. Fourth year psychiatry in 1945 became a required course, so we now have regular psychiatric students every month all year round at the Massachusetts General Hospital.

Our work in the laboratories in the first years was concerned with observing the phenomena caused by emotional disturbances in man. This was largely what one might call autonomic neurology, which is hardly to be distinguished from medicine because so many medical symptoms are due to disorders of the autonomic innervation of the various organs. Dr. Finesinger, who is in charge of the laboratory, made especially important contributions concerning respiration in the neuroses and how it showed on a spirogram. He also initiated work on the conditioned reflex in man. This had to stop with the beginning of the war because we then took on practical problems related to choice of pilots in aviation personnel and the oxygen requirements of the nervous system at various altitudes. This work fitted in well with our former work on cerebral circulation and it is now all heading up in an interesting way to an understanding of the metabolism of the nervous system in relation to oxygen and carbohydrate needs as shown by experimental procedures in which chemical changes and the electroencephalogram are used as indicators.

Stanley Cobb, M.D.,
Chief of Service

CROSSROADS

It has been said that if a man sits long enough in the Cafe de la Paix in Paris, the whole world will pass before him. We are not sufficiently vainglorious as to suggest any close parallelism in this regard between the Cafe de la Paix and the Massachusetts General Hospital, nevertheless it is the truth that our institution has at times taken on in some measure the aspect of a world crossroads.

One day last summer, in the Thyroid Clinic, colleagues from nine different countries described types of thyroid disease which they encountered at home. On this same day citizens of half a dozen or more other countries could have been found, undoubtedly, among the doctors working or studying here.

Very recently, at medical grand rounds in the Ether Dome, one of the patients shown was a South African graduate student at MIT who had developed his first symptom of schistosomiasis in Buenos Aires on his way from Cape Town to the United States. A South African physician, spending some months here, had discovered him and brought him to this hospital for treatment. Taking part in the discussion of this case were physicians from China, Iraq, and Mexico. Each told of the disease in his own country — the parasite in China being the S. japonicum, in Iraq, S. hematobium, and in Mexico, S. mansoni. The patient's variety was the hematobium.

Such meetings at the crossroads are profitable to all concerned.

J. H. M.

At their meetings on January 5 and 19, the Board of Trustees voted:

To appoint Dr. J. Peter Kulka as Assistant Resident in Pathology for the nine months' period beginning July 1;

To appoint Dr. Dorothy A. S. Macnaughton as Assistant in Psychiatry;

That the resignation of Dr. Abraham Colmes be accepted with regret.

The General Executive Committee, at their meetings during January, voted to appoint:

Dr. Nicolau M. Barros as Research Fellow in Surgery, beginning January 15;

Dr. Marjorie F. Bauer as Graduate Assistant in Dermatology, beginning March 1;

Dr. Ihsan A. Dogramaji of Iraq, as Graduate Assistant in Pediatrics for a period of six months;

Dr. Arnold L. Johnson as Graduate Assistant in Medicine;

Dr. James A. Meath as Research Fellow in Psychology, beginning February 1, and as Research Fellow in Neuropathology for one year, beginning May 1.

The picture of War Service activities, reduced to miniature for this issue, was conceived and executed by Mrs. Allen H. Mathewson. The animated figures are skilfully cut from white paper and arranged on a bright red background — gay and clever beyond description. They depict, accurately and very ably, a typical day's work for a War Service volunteer. If, for any reason, you are unable to see the original in the War Service office, take time to study and enjoy the smaller copy shown here on another page.

The War Service worker, in her white uniform and red arm-band, is now a familiar sight to every one in the Hospital. As you probably know, this service is set up to help the Nursing Staff. All errands that would take a nurse or a Red Cross Aide away from her floor should be done by the War Service.

Following are a few facts:— 152 volunteers are enrolled in the War Service, with an average of 30 per day. Approximately 150 telephone calls to do errands or escort patients are received from the wards each day — and this is exclusive of many routine daily services. The training of the new worker today is a great deal more thorough than in the past, for the services now rendered are often very exacting and detailed.

Much credit is due the Captains who direct the service from the War Service office. They are the ones who receive the requests on the telephone. They must be thoroughly acquainted with the routines of the Hospital, and must keep track of all that goes on during the time they are responsible for their teams of workers. A different pair of Captains is on duty each day of the week. It is up to each Captain to see that her team is working accurately, and to organize her schedules in such a way that she can always answer a telephone request with the assurance, "Yes, I will send some one right away". In short, she must try to make "her day" give the best service of any day during the week.

Incidentally, at 8:45 on the morning after the great storm this week, the War Service was ready and on the job, as usual. To any one who lives near Boston, that is sufficient proof of the high standard of efficiency maintained by the service. To those who did not experience this recent blizzard be it said that even when street cars and busses stop running, and private automobiles are sealed within their snowbound garages, *nothing* can keep the War Service volunteers "from their appointed rounds".

There was a special Staff meeting on January 29, when a well-filled Ether Dome listened to Major James H. Townsend's interesting talk about "Medical aspects of the war in Italy". Tea was served in the Staff Room before the meeting, as a "welcome home party" for Major Townsend.

The Medical Art Department has started the new year with a bang!

The Boston Medical Artists' group entertained three visiting Medical Art celebrities at a small reception and dinner on January 20. The guests were Professor Tom Jones, from the University of Illinois, who has the assignment of surveying all medical illustrations in the United States; Mr. Shepard, Medical Art Editor in the Saunders Publishing Company; and Mrs. Edna Hill Krell, Medical Artist in the University of Pennsylvania.

Following dinner, the Medical Artists discussed plans for a future organization. A committee of five members, representing the United States and Canada, was formed last summer. Mr. Jones has been elected acting chairman, and Miss McLatchie acting secretary.

Graduation exercises for the School of Medical Illustration have been omitted this year. The graduates are Mrs. Ann Ogden Alston, who will free lance in Boston; Mrs. Pat Ordway, who has left to take a position in Cornell University; and Miss Janet Sullivan, who will relieve Miss McLatchie of the work in the Eye and Ear Infirmary. Miss Sullivan has specialized on head anatomy and is well equipped for the Eye and Ear work.

With this beginning, the department is looking forward to a happy and interesting year in 1945.

At a special meeting held in the Ether Dome on January 12, Dr. Edwin J. Kepler, Division of Medicine of the Mayo Clinic, spoke on "Comparative pathologic physiology of Addison's disease and Cushing's syndrome".

Dr. Francis M. Rackemann (*EM* 1914) has been elected Chairman of the Board of Trustees of the Boston State Hospital.

The new residence for student dietitians had its official opening on January 26, when the Trustees of the Hospital and members of the Dietary Department entertained at Herrick House, 27 Commonwealth Avenue. The guest of honor at a tea in the afternoon and at open house in the evening was Mrs. Robert F. Herrick, whose late husband gave the house to the Hospital.

In spite of bitterly cold weather, well over two hundred people attended the two functions. Those who hadn't seen the house since it was the headquarters of the British War Relief were amazed and delighted with the changes that had been made toward restoring this beautiful old residence into the gracious home it had formerly been.

Refreshments consisted of a fascinating variety of sandwiches made by members of the Dietary Department, and an assortment of petits fours which only Mr. Becker at his very best could prepare. All members of the Dietary Department acted as hostesses, and the fact that the student dietitians wore formal dresses increased the note of festivity that prevailed. Recognizing the importance of the occasion, many friends of the Department sent beautiful flowers and plants.

The four rooms on the first floor open off a large entrance hall, and are furnished as a library, drawing room, living room, and bed-sitting room. The color schemes have been carried out mostly in pastels. These tints, coupled with the high-studded ceilings, give a feeling of warm spaciousness. A very wide, open staircase leads to the second and third floors, which accommodate twenty-four girls. Their rooms are done in tints of blue, peach, yellow, and gray, with color accents provided by bed-spreads, flowered draperies, and individual decorative touches.

In spite of record-breaking snow, the seating capacity of the Moseley rotunda was almost taxed on the evening of February 9, when the members of the largest class of student nurses in the history of the Nursing School — 109 strong — were graduated.

A trio, consisting of violin, cello, and piano furnished appropriate music until it was time for the exercises to begin.

The double file of nurses created a very impressive picture as they marched into the room to their assigned places and remained standing until the first strains of our National Anthem brought the guest audience to its feet.

Dr. Lincoln Davis, Chairman of the Trustees' Committee on the School of Nursing, was Presiding Officer. In his opening remarks Dr. Davis gave a very amusing account of how he started out from home that morning, necessarily luggageless, fought his way through hip-deep snowdrifts to the highway, thumbed a ride for his first hitch on the journey, and finally arrived in Boston. In accounting for what he called his "bizarre" attire, he explained that credit for many things should go to certain younger members of the medical profession who, in the emergency, proved their special skill in proper geriatric treatment.

Miss Effie J. Taylor, M.A., L.H.D., Professor and Dean Emeritus of the Yale University School of Nursing, delivered the address of the evening; Miss Johnson gave a report of the school and its achievements during the past year; the School Glee Club sang two songs; and Dr. Davis called the roll of the graduating class.

Following the last song by the Glee Club and School a reception was held in the Brick Corridor. Refreshments were served, and a social hour brought the evening to a close.

* * *

Lt. Oglesby Paul, MC, USNR (*WM* 1943) is back after 19 months' sea duty. He paid us a visit not long ago, and the report of his activities — which we literally had to *drag* out of him — sounded like a tour of the Seven Seas. His journeyings included the North Atlantic, Aleutians, Australia, and the islands of the Southwest Pacific, where he took part in four major campaigns. He has been detached from his destroyer.

Lt. Frederick C. Gevalt, Jr., MC, USNR (*r.p.* 1943) has been awarded the Bronze Star Medal for courageously attending the wounded while under fire on a French invasion beach. As you may remember, Lieutenant Gevalt was wounded during that invasion. He has been stationed at Chelsea Naval Hospital since his return home.

Lt. Gerhard Nellhaus, a past orderly at Baker Memorial, has been awarded the Air Medal with two Oak Leaf Clusters. Lieutenant Nellhaus has participated in long-range combat missions in the Mediterranean Theatre and over Germany. He is a radio operator-gunner on a Flying Fortress.

A letter has come from Pvt. John Szerejko, another past orderly at Baker. He wrote to Mr. MacNair, from England General Hospital, Atlantic City, N.J., on January 28:—

> Well, they finally got me, but I'm not out. It happened in France. I was hit by a mortar shell. One piece struck me in the stomach. I just said a little prayer — that's all. I was lucky that some of the fellows were there to pick me up and rush me to the Aid Station. From there I went to the Field Hospital to be operated upon. And another thing — I didn't lose an ounce of blood. Am I lucky! Now that I am in the States I hope to get well soon.

* * *

I have just come from one of the concerts now being given in the Chapel every other Thursday afternoon by members of the American Guild of Organists and instigated by Mr. Osborne R. Perry, head of the men's volunteer group. Sixty-three patients — five of them bed, fourteen wheel-chair, and the rest ambulatory — had been brought from the wards by *volunteers* to listen to this organ music, with the addition today of violin solos. The effect of these afternoons in the Chapel cannot be put into words nor measured in terms of therapy.

Music has always meant much at the Massachusetts General Hospital, expressed variously through choral groups and talented individuals among its personnel, through professional musicians imported on occasion from without, and through the radio and recorded music. Recently, in order to integrate all these streams of musical activity, an MGH Music Committee was formed, with Dr. Faxon's enthusiastic support.

Consisting of six members so far — each representing a different service of the Hospital — the Committee plans to act for the present as clearinghouse rather than as originator of music within the Hospital. It will serve as headquarters for the building up of a suitable library of recorded music, and as administrator of such gifts, bequests, and funds as may be put at its disposal.

Still in its infancy, the Music Committee invites criticism, suggestions — and donations. Two of the latter have recently been received from members of the Armed Forces now overseas: one, a gift of three record albums from Pfc. Joseph E. Garland, in memory of Dr. William B. Breed; the other, a check from Capt. Luke Gillespie with which to buy records, "because", as he writes, "I know from experience over here what it can mean to hear good music." To them both, many thanks for making it possible for us to have more good music on the home front, too.

Last August we reported the establishment of the new Norton Award of $3,500 offered to encourage the writing of books on medicine and the medical profession for the layman. W. W. Norton & Company announce that the award has been won by Dr. Carl Binger (*EM* 1915), with his manuscript, *The doctor's job.* To quote the Norton announcement: "The book undertakes to put the lay public in living touch with the medical world as it exists today. The publishers feel extremely fortunate to be able to give the award to a book which so clearly relates medicine to society and demonstrates the spirit that inspires and sustains men of medicine in their work.

"Dr. Carl Binger is a graduate of the Harvard Medical School, who served with the Rockefeller Institute for Medical Research and is now on the faculty of the Cornell Medical College. He is also a practising physician in New York City."

The doctor's job will be published on March 26.

The Norton Medical Award is again offered for a book to be published in 1946. Those interested may write to the publishers, W. W. Norton & Co., Inc., Medical Award, 70 Fifth Ave., New York 11, N. Y.

This letter from Capt. Francis G. Scholl, OAC 55, Fort Sill, Okla., addressed to the Staff, Massachusetts General Hospital, speaks for itself.

> I have been anticipating writing you all for quite some time; however, due to the acute shortage of nurses and medical personnel in the armed forces, this may be quite the appropriate moment.
>
> The medicos and all medical personnel in the military forces are greatly underrated. The one and only test, to find out what great work is being done by the medicos and how indispensable they really are, is for one to become a battle casualty.
>
> I was a patient at the 6th General Hospital in Casablanca, in April 1943, and may I say that Major [Henry H.] Faxon [*ES* 1927] and the nurses from Massachusetts General Hospital made it possible that this bit of information can be written.
>
> Seriously, words cannot express the treatment that was given us GI's nor the work that is being done; but the Units that represent the hospitals in the combat zones can be mighty proud of them all. While at Halloran General and Walter Reed I had the opportunity to talk with many men who have come through the 6th General, and you can rest assured there was nothing but praise in the right place.
>
> We all are in accord on one thing — to wit: make all medicos and nurses Generals, and even then they would not be overrated.
>
> Remember — they are not forgotten, nor will they ever be.

The Stars and Stripes of December 12 carried the following article:—

> High among the snow-capped Italian mountains, medical science has established its newest research outpost.
>
> Deep in the combat zone, where blackout vigilance is nullified by the reflection on searchlights, shell bursts and flares, a group of Army officers have come in search of a clue and a cure.
>
> Each of them an internationally known member of the medical profession, these front-line men in white are on the trail of an elusive kidney ailment, which has brought death to American soldiers who otherwise might have recovered from major combat wounds.
>
> On a shell-shattered site once occupied by an evac hospital, this unique research party has set up shop in a truck — a small but complete medical laboratory containing microscopes, spectroscopes and the dozens of other delicate instruments needed in their work.
>
> The men who compose this strange wartime scientific expedition were handpicked for their two years of experience in the theatre and for their civilian backgrounds of distinguished medical service. To them has fallen the task of finding the "bug" in the otherwise smoothly running Army machinery for management of the wounded.
>
> This distinguished group of Army medicos have two things in common. They're all "high" on research and they all come from Boston, Mass. What's more, they all worked together in the hospitals of that city before the war. It's an ideal medical team, with the backfield composed of lieutenant colonels Henry K. Beecher [*WS* 1934], Eugene R. Sullivan [*EM* 1936 & *P* 1937], Tracy B. Mallory [*c. P*], and Fiorindo A. Simeone [*WS* 1936], and Capt. Charles H. Burnett [*r.p.* 1942]. . . .
>
> This massing of medical talent up where only doughfoots dare to tread was precipitated by the discovery that the kidneys of certain severely wounded soldiers were clogged fatally by an unidentified pigment. It's a condition which is strangely confined to only those cases in which the odds of recovering are stacked heavily against the patient.
>
> The job of these medically-wise pioneers and their mobile laboratory is twofold. First, they must discover the origin of the pigment. If and when they do, they must determine how to prevent its formation or how to keep it from being fatal.
>
> Working long hours under harrowing conditions, the researchers report some progress in the long and tedious processes of cause and effect and elimination. But, already, the search is narrowing
>
> The first question they asked and answered was whether the medicants which were used to save these lives in the first place — plasma, whole blood, penicillin, sulfa drugs — were reacting against the kidneys. The answer was an emphatic no, as these medical bloodhounds swung over to another scent and scores of other questions. For example:
>
> Why does the pigment appear only in the case of the most severely wounded? Does it result from a crushing of the muscles? . . . and so on.
>
> This handful of researchers high in the Apennines, however, are not alone in their quest of the illusive "bug". They are constantly corresponding with leading civilian authorities in the U.S., who have gone right to work on their own carefully coordinated experiments.
>
> One day the right question will be asked and the right answer found. Until then this handful of scientists will continue in their quest of a clue and a cure.

Accompanying this article is a picture showing Lieutenant Colonel Mallory, at work in the mobile laboratory.

MASSACHUSETTS EYE & EAR INFIRMARY

It is with deep regret that we record the death, on February 11, of Mr. Russell G. Fessenden, President of the Board of Managers. Mr. Fessenden was elected a Manager in 1903 and became President of the Board in 1928. His loss will be keenly felt by those of us who were privileged to work with him.

In December Dr. Schall was the guest of The Asociación Médica de Puerto Rico at their 40th annual meeting in San Juan. His two addresses were on "Cancer of the larynx" and "Cancer of the nasal sinuses".

Dr. Carlos Muñoz MacCormick, president of the Association, was a former postgraduate student in oto-laryngology at Harvard Medical School.

Lt. Comdr. Stanley A. Myers, MC (*Oto-Lar.* 1937), who is back from two years in the Pacific and is now a patient at Chelsea Naval Hospital, spent his first day out of hospital visiting the Clinical Conference on February 1.

We had a pleasant surprise the other day when Dr. Irl H. Blaisdell (*Oto-Lar.* 1939) came in to see us. He is practising in Syracuse, N.Y., and said they were "snowed under — 115 inches of snow".

A letter, headed Birmingham General Hospital, Van Nuys, Cal., came in January from Lt. Horst J. Heinicke, MC, AUS (*Oto-Lar.* 1944). Excerpts follow.

Already it seems a long time since leaving the Infirmary and civilization for the more remote parts of the country.

Carlisle, during my stay, was notable for its penetrating, damp cold. Most of us were forced to don every stitch of clothing we owned or could lay our hands on, distributing it in various layers about our persons, according to each individual's own ideas of the methods of efficient insulation. Seating us, thus encumbered, in a hot lecture hall, then letting us sit outside watching demonstrations in a bleak, cold field, did little to reduce our almost universal incidence of upper respiratory infections! Strangely enough, it seemed to do little harm, either. There may have been some who were sorry to leave; however, any one voicing these regrets would have been considered mentally alienated. Nevertheless, it was a good program on the whole. Our physical condition improved markedly. Also, we were—as a result of our experiences—ready to face almost anything the enemy could offer, even the most frightening prospect.

Burmingham General is a most pleasant change, though it promises to be temporary. My particular ward of debarkation patients are mostly cases of dermatitis, which yield readily to change of climate, to a few simple ointments or lotions, and not too infrequently to a cessation of all treatment. The mere change of atmosphere—i.e. boarding the boat for home—was enough to change many of the incapacitating, stubbornly oozing areas of skin which had been resistant to all previous treatment, to dry, rapidly healing lesions. These included a good many cases of external otitis. One wonders at times about neurogenic and nutritional elements. To see these men, gazing in awe at the beds—spotless, with changeable sheets, in clean wards—and then hear them say repeatedly, "I can't believe it", leaves a deep impression.

The EENT department here is practically non-existent for the present. However, during spare time I am privileged the run of the hospital, seeing whatever interesting cases are on hand. There is a ward or so of rheumatic fever, allowing the review of diastolic murmurs, of sedimentation rates, of electro-cardiography, and of similar subjects.

Dr. Schall received a V-mail letter from Capt. John E. McKeigue, MC, AUS (*Oto-Lar.* 1943). Captain McKeigue says, in part:—

It has been very strenuous on us over here ever since we have been in it, but we have always managed to find a little more zip to keep on pushing.

After what we call "sweating it out" with the Infantry on the front for over three months, I was transferred to the Field Artillery in the same Division. I had some real experience with the Infantry, but it wasn't along medical lines. I spent over ten days riding with the tanks, and that is truly rapid warfare. We have a great Division and have excelled in every phase. I can't think of one time when we were not able to secure our objective. This may sound as though we are the only Division over here, but you *do* get to be proud of your outfit.

As for the general opinion concerning the length of the war in this Theatre, we feel there is some time to go yet; but when the word comes for us to make an all-out effort, the enemy will be thrown back on his heels.

We are all anxious to get back home, but not until the job is done right. We hope that will be soon.

Dr. Schall has passed along another letter — this one from Capt. Richard Goldcamp, MC, AUS (*r. Oto-Lar.* 1943). It was written in Germany, December 6.

A lot has happened since my last letter. I'll just put down a few of the high lights since leaving Metz.

We kept going day and night without a letup. Progress was slowed up because of weather, and fighting was hard all the way to the Saar. Jerry didn't want us to get the high ground commanding the Saar basin and he fought like a cornered rat. The Maginot Line was a laugh! Those pillboxes and forts didn't give as much protection as an ordinary German house. Jerry didn't even stop to fight back there. After the initial break-through, we travelled at full speed and hit Saarlautern before they had a chance to blow up the main bridge over the Saar River. Saarlautern was the toughest town to date. House to house fighting, and daily progress measured by houses. They were pretty mad about our taking that bridge and they turned every gun of the Siegfried Line right at us. In two days 7,600 enemy shells hit our side of the town. Mopping up took quite a while, and then we sat awaiting orders. What next? The counterattack in the First Army sector. All plans changed. "Daddy George" Patton was called in to help those boys out up there. And now we're waiting.

You should see these German houses. Each one a pillbox in itself. And they aren't new, either. They were built years ago. Foundations really solid, walls of basements three to four feet thick and reënforced with steel girders or thick wooden beams. Quite a few have airtight, air-conditioned rooms to be used in case of chemical warfare. Bunks are built in in basement rooms and each room is equipped with an individual stove. Plenty of coal and coke stored. All sorts of canned food. The homes themselves are furnished beautifully. These people really lived well. There's no evidence of food shortage in Saarlautern—the first large town in Germany we've hit.

One of the first nights in Saarlautern the Major and I had just crawled into bed in our first floor room — inner-spring mattresses, sheets, and everything—when a shell hit fairly close. It sounded like a freight-train coming in. After the second one we looked at each other, wondering if we should take to the basement. The third shell had us flying downstairs in our underwear. We were down there in the dark for almost two hours—colder than hell. When we finally went back, our beds were covered with glass and plaster. We moved to the basement.

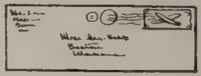
Medical personnel of the Division have done a wonderful job throughout the campaign. Many have been cited for bravery and rewarded for heroic deeds. Aid men and litter-bearers, constantly under artillery and small arms fire, have saved hundreds of lives at the risk of their own. They work like lightning and their work (dressings, splints, medication, etc.) is excellent.

Not getting any ENT work, I routinely look at all ears, noses, and throats, just to keep in mind what the normal looks like. One of these days I'm going to get mad and do a submucous or a tonsillectomy. Then they'll court-martial me and send me back to a hospital or the States for punishment.

Looking around in the drug stores and hospitals in search for medical supplies we could use, I came across cases of champagne, cognac, and rum. It took my jeep and trailer to carry it all. Now all patients get a good healthy shot (not in the arm). I have very small sick call. The boys don't come in unless they're really sick. No more riding the sick book. The trip across France and into Germany cured them. They're fightin' men now—a lot of 'em real heroes.

As a note before I close—I think Patton is the best leader the Army has. Look at his front now!

Am in good shape and feeling fine. Give my best to everybody.



All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

The following new addresses have been received:—

Lt. Comdr. Robert B. Bigelow, MC (*a. Psychiat.*), 241 Adams St., Milton, Mass.
Sgt. Dominic W. Cervizzi, MC, Det. Medical Dept., Station Hospital, Camp Howze, Tex.
Major Richard S. Cosby, MC (*EM* 1940), Regional Hospital, Fort Jay, N.Y.
Major J. Maxwell Chamberlain, MC (*NS* 1934 & *WS* 1937), ASFTC, Fort Lewis, Wash.
Sgt. George A. Cribbins, Hq. & Cont. Grp. 1st T.C.G., 2nd Cont. Sqdn., Esler Field, Alexandria, La.
Major Ephraim P. Engleman, MC, AAF (*res. fel. M* 1941-42), Torney General Hospital, Palm Springs, Cal.
Capt. Carl E. Horn, MC, AUS (*Or.* 1940), Station Hospital, Oakland 14, Cal.
Lt. Fathollah K. Mostofi, MC, AUS (*a. P*), Medical Section, S.C.U. 1967, Camp Haan, Cal.
Capt. Dexter N. Richards, Jr., MC, AAF (*WS* 1943), Lincoln Army Air Field, Lincoln, Nebr.
Lt. Edward P. Richardson, Jr., MC, AUS (*EM* 1943), ASF Personnel Replacement Depot, Camp Beale, Cal.

Brief bits of information:—

- Col. F. Dennette Adams, MC (*WM* 1918) has been promoted to this rank.
- Capt. Daniel S. Ellis, MC, AUS (*EM* 1941) is with the 116th Evacuation Hospital.
- Donald Giberson, former plaster man on the orthopedic wards, is now in New Guinea.
- Lt. Joseph P. Holihan, MC, AUS (*ES* 1943) has been transferred to the 252nd General Hospital.
- Major James A. Halsted, MC (*WM* 1932) is with the 15th Field Hospital.
- Lt. Comdr. R. Starr Lampson, MC (*ES* 1936), now aboard ship somewhere in Pacific waters, has received this promotion in rank.
- Lt. Herbert C. Moffitt, Jr., MC, USNR (*EM* 1942) is now with Com. Serv. Pac., Force Medical Office, somewhere in the Pacific Area.
- Lt. Charles A. Wheeler, MC, AUS (*NS* 1935 & *WS* 1938) has been assigned to the 230th General Hospital.

A note from Ens. Eileen Glynn, NC, USNR (*MGH* 1936), headed U. S. Naval Hospital, Corona, Cal., gives us a hint as to the whereabouts of two of our men. The third one mentioned had already notified us of his transfer. Ensign Glynn says:—

> We had an unexpected visit from Comdr. Walter Burrage [*EM* 1927] on New Year's Eve. He was at our dance here with the Hugh Montgomerys [Lt. Comdr. (*EM* 1932)] and the Frederic Tudors [Lt., USNR (*a.M*)].

Lt. Comdr. George P. Sturgis, MC (*a.p.*) sent us a change of address and announced his promotion in rank. He says:—

> I am one of those many about whom Milton wrote "They also serve who only stand and wait." For ten months our unit has waited, usually impatiently, for orders to move out. Six months we spent at Lido Beach, Long Island, and for four we have been here in California, receiving training, primarily in the art of patience.
>
> I have met no MGH men out here, but Harvard Medical School is well represented by Comdr. Olin C. Hendrix, '28, and Lt. Comdr. Herbert L. Elias, '27, both MC, USNR. Dr. Hendrix is the senior medical officer of the medical component of our unit, whose function is to establish an advance air base—somewhere.

It was a letter dated January 1 that contained a contribution to the Music Fund from Capt. Luke Gillespie, MC, AUS (*a. obst.*) — appreciation of which is expressed on another page in this issue. The rest of Captain Gillespie's letter reads:—

> Life is less hectic here in the Moluccas these days. On Christmas Eve we enjoyed the beautiful sight of a Jap raider exploding in mid-air and falling in flames. The GI cheers could have been heard for miles. Although most of the raiders are destroyed or damaged, it's still unusual for the ground troops to be in on the kill.

The first issue of THE NEWS gave a list of MGH-ers who had gone into military service prior to September 1, 1942. Not since then had we heard from Lt. Keith A. Shangraw, MC, USNR (*a. dn. s.*), until Miss Peck brought us a letter from him, in which he thanks the Dental Clinic for their Christmas card. Lieutenant Shangraw is aboard ship somewhere in the Pacific. One section of his letter says:—

> THE NEWS finds its way to me quite regularly and I enjoy its pictures and reading matter very much. A recent issue informed me as to the whereabouts of [Major] Otto Aufranc [*Or.* 1938] and [Major O. Sherwin] Staples [*Or.* 1938]. I've often wondered where they were and how they were making out.
>
> We manage to keep pretty busy out this way most of the time, as you no doubt already know from reading the papers. From those I've seen—sent here by mail—the accounts seem to be quite accurate.

Lt. William J. Baker, MC, USNR (*WS* 1943) wrote us a "first letter" on January 10. The moment we had finished reading it we were already eagerly awaiting the next one from him. Our greed for more is easily understood after reading what he has to say.

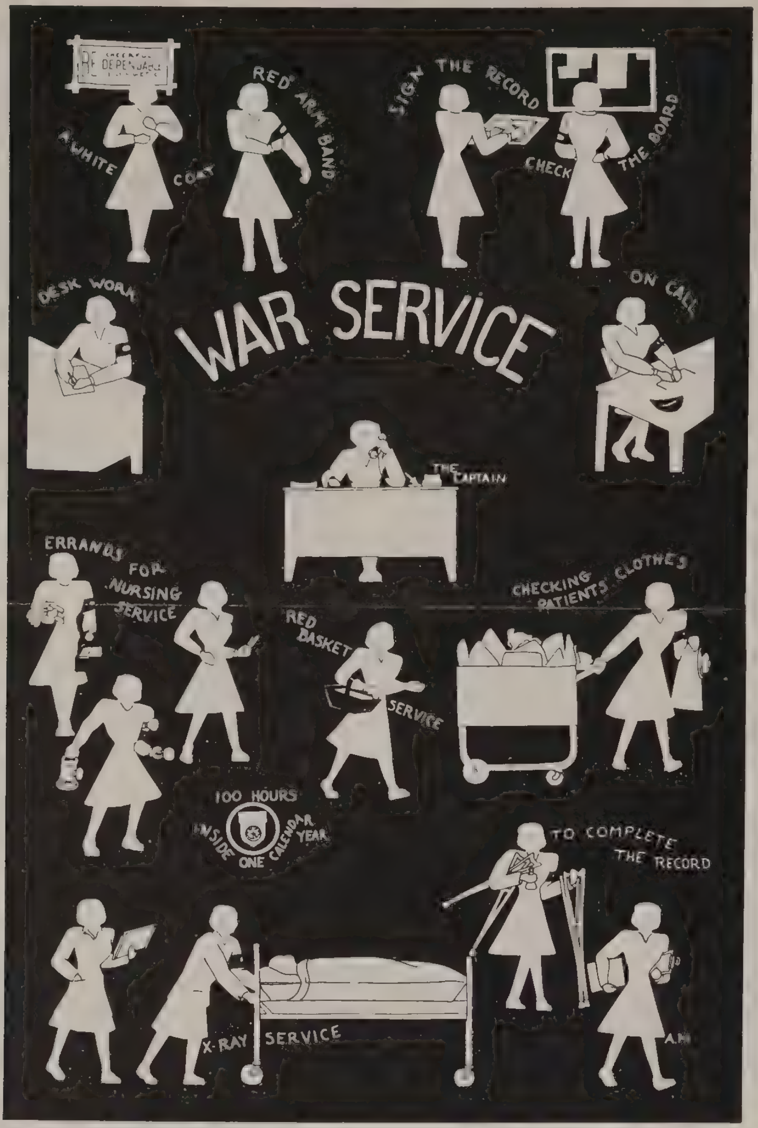
> I received the nice Christmas card from M.G.H. and it made me not a little homesick for the hospital to see again all the familiar signatures.
>
> Here is a brief résumé of my career in the Navy. I went on active duty at Quonset in July 1943, with my intern roommate, Bill Ayers [*WS* 1943]. The duty there was very pleasant but rather short-lived. I did accomplish one thing while there—much to my satisfaction—and that was to marry Jean Houghton, who used to work in the MGH O. R. From Quonset I went to duty with the Fleet Marine Force, starting in at New River, N. C., at the Field Medical Service School for training in amphibious operations with the Marines, and treatment of the wounded, sanitation, and the like. As far as I can gather, it serves as a counterpart of Carlisle for those who go into the Navy for duty with the Marine Corps. Several MGH graduates had been there before me—among them Irad Hardy [*ES* 1939] and George Mixter [*WS* 1943]. Hardy had already left when I arrived, but on occasion I ran into Mixter. The school was all right, but as far as I am concerned they can give that part of North Carolina back to the Indians or whoever else would want it—and I doubt if there would be many takers.
>
> Two months after arriving there I was detached and sent to the west coast, assigned to an Infantry Battalion in a Marine Division, and have been with them ever since. Irad Hardy and Dr. [Lt. Comdr. H. Bristol] Nelson [*a. obst.*] are in the same outfit. Those are the only MGH-ers I know of, but there are several HMS graduates. Our outfit got its baptism on the Marshalls (Roi and Namur), after which we had a brief rest before hitting Saipan and Tinian. And I might say that the former was a Sunday school picnic compared with the latter. I think that Saipan deal made Christians out of a lot of us. When we landed on the beach the Japs were just beginning to register in that area with their artillery, and we soon learned to hit the ground in no time flat and start digging. (I think when I get home I will be a qualified ditch digger—might even get a foreman's job under the right system.) From then on it was a case of dodging artillery and mortar shells, a few bombs, and any number of machine gunners and snipers.
>
> Being in an infantry outfit, you never know what you will be called upon to do next. I even practised a little pediatrics on the side. One morning early a youngster, about 2 or 3 months old, was brought into our sick bay, screaming like an eagle. We looked it all over and could find nary a scratch to account for the noise. Then some one had the brilliant idea that it was probably hungry. (At that time we couldn't even look a C-ration in the face, so it hadn't occurred to most of us that that could be the case.) We scurried round and found a can of milk, which we watered down. Then came the problem of how to get the milk into the baby. I finally took a rubber glove, punched a hole in one of the fingers, and filled the glove with milk. We stuck the finger into the screamer's mouth, and it worked wonders. Not another sound out of it. Later we evacuated it to the rear so I never knew what happened to it, but my corpsmen at least had a short lesson in the care of the relatively newborn.
>
> Our aid station was usually 300 to 600 yards behind the front lines, so we got our casualties fairly quickly after they had been hit. We are set up to do only first aid and get the patients ready for evacuation back to the rear, so our work consisted mainly of giving plasma (and lots of it), redressing when necessary, and splinting. Occasionally we would get a real emergency such as a sucking chest wound and would then break out a suture or two and put it in. I am afraid all my teachers would turn over if they saw the way it was done, but out there technique was something you didn't get a chance to worry about too much. Anyway, the results were quite satisfactory. Toward the end of the operation, I didn't duck quite low enough and got a little nick in my leg from a Jap sniper, but I guess he wasn't a very good shot because I was able to carry on with no ill effects except a stiff leg for a few days.
>
> After Tinian we returned to our rest camp and more training for further inroads into the ever decreasing Jap holdings in the Pacific. Unfortunately, I managed to pick up, along toward the end of Tinian, what I subsequently found out was lichen planus hypertrophicus, a condition not uncommon in this general area, I find. It cleared up, except for occasional itching, but apparently in the affected areas of the legs and feet the skin has little or no resistance to infection, so I have to keep as clean as possible. If you happen to know of any one who has any particularly hot dope at M.G.H., I certainly would appreciate knowing about it.
>
> Some time after arriving back here I was promoted to full lieutenant—as were, I suppose, all the others who graduated about my time and went into the Navy. Promotions are a little slower here than in the Army, I gather.
>
> A short while ago I had a very interesting letter from [Don W.] Fawcett [MC, AUS (*WS* 1943)] who is with an AA outfit in Belgium, and a captain. He apparently has run into quite a few old friends in his travels. I have seen Ayers on a couple of occasions, but he is the only one. I was more than shocked to hear the tragic news about Ted Robie. He was my lab partner in Anatomy way back in first year medical school, so I had known him for some time. Let's hope there will be no more similar tragedies.
>
> Give my best to all at the M.G.H.

Dr. Faxon has received this note from Major Leo B. Burgin, MC (*CM* 1932), dated Belgium, January 14:—

> The arrival today of the M.G.H. Christmas card has given an impetus to the Season's Spirit which was just beginning to lag. It is stimulating to see the facsimile handwriting of all my friends at the hospital and to think of a story in connection with each name as one goes through the list. To merely say thank you hardly expresses one's feeling on such an occasion. I am optimistic enough to feel that next Christmas I shall be seeing the Chapel in person.
>
> Kindest regards to all my friends.

Capt. Alfred O. Ludwig, MC, AUS (*EM* 1932) has been mentioned from time to time in several of his friends' letters. At last we have heard from him directly, and a most interesting account he gives of his activities.

> THE NEWS has been a very welcome source of information about friends from M.G.H., and I have enjoyed it greatly. Perhaps one of the reasons for this sudden urge to write is because my copy now reaches me by way of three forwarding addresses, which makes it arrive where I now am several months after it should.
>
> Having begun my overseas career in the Army with a General Hospital, I am now in my third different assignment. The first orders reached me on September 10, 1943,



sending me to a Station Hospital to which I was later assigned. This was a hospital which was remodelled into a psychiatric installation, serving in a base section. While this was in the process of being set up, several others on the staff and I were loaned to another General Hospital—the Washington University affiliated unit—to help them out with their enormous NP service. This was most interesting from many points of view, but at that time an added attraction was the location of the hospital, high up in the barren mountains somewhere in North Africa, near some hot springs, which furnished the unheard-of luxury of hot showers. After a month of this, I did a week's tour of duty with still another Station Hospital in a little sea-coast town, then went back to the original one.

On December 10, 1943 I was ordered to report to the 5th Army, and there, with Capt. Calvin Drayer from Philadelphia, Stephen Ranson of Chicago, and Capt. Walter Ford, we set up a forward treatment unit for psychiatric battle casualties. After ironing out the kinks and gaining the necessary experience for this special sort of work, this installation functioned in admirable fashion and we were able to salvage for duty a large number of patients who, under previous policies, might well have been lost to the combat units. In time we became a sort of training station for other men interested in psychiatry who wished to become familiar with the special problems of forward area treatment and policies. Therefore, we had the opportunity to meet and work with a large and varied group. This work was done in a Clearing Station which was expanded in order to furnish enlisted personnel and tentage to care adequately for our patient load. It was very well administered, and the work with the officers of the company was most pleasant.

On July 21, 1944 there was still another change of scene for me, namely to Headquarters 7th Army—my present assignment—as Neuropsychiatric Consultant to 7th Army. Before this—just to let me get a taste of what being near and on a target was like—I had the opportunity of working in one of the Evacuation Hospitals on the Anzio beachhead when this delightful stretch of land was still "hot", in the parlance of the soldier. While I can't say that I relished the shelling and bombing, caring for psychiatric casualties in such an area was most instructive. It served to further substantiate our previously gained impression that these men tend to progress rapidly in their symptoms the further they are evacuated to the rear, and that they are much more amenable to treatment and cure in the earliest stages. This has been a most important lesson, from which we have profited greatly.

With the 7th Army, the task was to set up an installation similar to the one we had run in the 5th Army. In the offing was also an amphibious landing which, I must say, I looked forward to with some trepidation. All of us mixed up in that affair were happy that the opposition was relatively light, and we were not too much harassed by enemy attentions. I landed with a Field Hospital on D-day, but late in the afternoon, at 6 o'clock, when practically all of the excitement was over—other than a visit by the Luftwaffe at dusk. Our own installation was running within a week. After that it ran and ran, trying desperately to keep up with the rapid advance over and through France.

In the course of this forward work, there is an opportunity to keep in touch with medical installations both ahead of us, in the Divisions, and also those to our rear, in the base section—a fact which has been highly stimulating to all of us, not to mention giving us the chance to see a lot of the country and meet and work with many men in our particular field. This close liaison has made it possible to improve the treatment of our cases very markedly.

Throughout all of these peregrinations I have met MGH men—among them Lt. Col. Grantley Taylor, Colonel Churchill, Lieutenant Colonel Beecher, Lieutenant Colonel Simeone from Surgeon's Office AFHQ, Lieutenant Colonel Parsons, Major Townsend, Lieutenant Colonel Drake, Captain Giddings and Captain Cantlon, Captain McKittrick, Lieutenant Colonel Mallory, and Major Capps. It has been a great pleasure to see these men, and we have short chats whenever we run into each other all over the theatre. I am hoping to run into some of the group from England some time, now that we are getting near them in France.

Another letter has come to Dr. Faxon from Colonel Goethals. It was written January 21.

After my last letter to you things began to relax a bit, until finally, on 22 December, we discharged our last patients and reverted to the status of a staging unit. We went into winter quarters, so to speak, by pulling all our personnel in from tents and giving them rooms in the building. We packed all the supplies and have been ready for a month to move. In the meantime we have lost all of our medical corps officers save seven; all of our dentists except two; all of our MAC officers save eight. No nurses are left except Miss Knights and two others. Over 100 of our men are gone. All losses have been to detached service or temporary duty elsewhere.

Hiram Jones and Knowles Lawrence are on one surgical team, Jack Frazee and Claud McGahey on another—both with the Fifth Army. Sullivan is perennially away; we carry him on our strength but have had him present for duty hardly a fortnight in the past year. Halsted and Kranes have been working with the Fifth Army for approximately four and three months respectively. The other professional officers and nurses are in other hospitals in this base section. King, Rogers, Bland, Bartlett, Gundersen, Smith, and I hold the fort representing the Medical Corps; Rae and Wands the Dental Corps. Even Hamilton has been away on an inspection trip, but he should be back shortly. Kelley, with two MAC officers, six nurses, and thirty-seven men, has taken over a hospital train.

In short, we are in reserve, waiting for the next move. All depends upon what the Fifth Army does. If they go ahead, either by fighting their way or unopposed (due to the possibility that the *boche* will give up Italy to reinforce his eastern or western fronts), we shall follow. Until then, here we are and, so far as I can predict, here we remain. We are in exactly the same situation as that of another General Hospital last year which staged for six or seven months before a place was available in which to open station.

We have gone back to basic military training, with lectures, orientation talks, training films, close order drills, and road marches. The latter are strenuous and show how much we have softened since coming overseas. I am glad the nurses and most of the professional service officers are off our hands, as they are much better off when kept at professional jobs.

T. Stewart Hamilton has just been promoted to the grade of lieutenant colonel. The young man won his spurs in the give and take and rough and tumble of the present complexion of administrative life.

You may have seen one or two of our nurses who have recently returned on rotation or temporary duty. I understand that the quota for TD is to be liberalized in the near future, so you may well yet see more of us before the war ends.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 31 Boston, Mass. April 1945

SURGICAL SERVICE AFFAIRS

Adjustments to the War program on the Surgical Services have been continuous. After the first great exitus of General Hospital #6, there has been a steady flow of staff and resident personnel going into some branch of military service. At present, exactly one half of all of the surgical staff are in service. There are only six men left under the age of 46 and four of these have been rejected by either the Army or Navy or both. It became necessary to declare a few of these men "essential" for the maintenance of the Hospital and Medical School and all have bewailed their lot at being left behind. The increased load has been divided as well as possible and all are doing their utmost to keep the standards of the hospital at a high level.

The most serious handicap has been in the resident personnel. The 9-9-9 program has worked better than any of us thought it could. These men with a speeded-up curriculum have matured more rapidly and have taken responsibility surprisingly well. Fortunately, we have had some excellent 4F material that in most instances have been kept longer and are therefore able to carry more of the load. The special services have suffered more for the want of well-trained senior residents. This is particularly true of Orthopedics and Neurosurgery. Urology has been greatly aided by South American residents. All special services have the benefit of a few weeks' assignment from general surgical interns on the rotating system. This rapid turnover may be bad, but it is useful in the education of the intern and helpful in maintaining all departments. We are now going through a new adjustment in interns and residents ordered by Procurement and Assignment. The entire hospital is allowed only thirty men beyond the grade of intern. Of these, only fifteen may be reserve officers. We wish there were a few more good aliens and 4F men available.

Teaching every month of the year is tough on the full-timers used to a leisurely summer vacation. No complaints, however, are heard, but War casualties from overwork are common enough. Hamlin carries the bulk of the Out-Patient teaching. Cope does a lion's share, in addition to valuable research under the Office of Scientific Research and Development. He also assumes the important role of personnel officer for the house staff. All the oldsters do a turn with the students at more frequent intervals than in peacetime. None of the regular sessions have been omitted and actually some new exercises have been added.

Research has been almost entirely under the O.S.R.D. The contributions to the treatment of burns and shock have been outstanding. Clinical research continues to a considerable extent. Interest in the problems of thrombosis and embolism, ulcerative colitis, transthoracic approach to diseases of the upper abdomen, vascular lesions, hypertension, ulcer and cancer has been maintained. The circulators still meet at eight o'clock on Thursday mornings. The fracture clinic holds forth on Friday at eight.

The weekly staff meetings on each service are continued — the East at noon on Mondays and the West at five on Wednesdays. The bimonthly "dirty linen" session has been changed from Tuesdays at noon to a weekly session at 8:30 a.m. on Thursdays. Each week one of the special services gives a report for the previous month. This arrangement, immediately preceding the still popular "Grand Rounds" in White 3A, has been successful. The errors in diagnosis, complications, deaths, and autopsies still call for the usual cryptic remarks by the unresponsible parties. Of special interest at the moment is the big juicy carbuncle treated by penicillin alone or with early excision and graft with the aid of this substance — average hospital stay about 15 days. All complicated cases of any kind now referred from other hospitals have had a course of penicillin, just as a few years ago they had all had sulfa drugs.

The nursing situation becomes more serious all the time. We have gotten over the impact of patients coming out of ether all by themselves. It is hard to believe, but no catastrophies on this account have occurred. Volunteers have helped tremendously. Often, we see the wives of our service men making beds or carrying trays. Business men do the cleaning during the evening hours.

Although the turnover is slowed up somewhat because only a limited number of operations can be done each day, the type of care has changed little. We still get all the complicated "old crocks" from the surrounding country. These are gradually older in years as time goes on. A cross section of a thirteen-year period shows that the patients now average 8 years older than they did 13 years ago. The boys get plenty of operative experience in the interruption of femoral veins. We are in the process of a controlled experiment with Dicumarin and increasing the use of early ambulation in an effort to reduce this load on the operating rooms.

We are seriously engaged in postwar planning. First of all, we need our teachers and staff men back on the job. We must expect to take a major part in the completion of training of the men in service. The administration believes that we may be able to increase the house staff to 100 from its present quota of 60. The probabilities are that this will be universal in all teaching institutions, and estimates indicate that approximately 5000 additional residencies can be found throughout the nation by this means alone. Investigations are in progress by the American College of Surgeons to equip the best non-teaching hospitals for resident training. It is believed that all medical men in service can expect to receive the type and amount of graduate work they desire.

Arthur W. Allen, M.D.,
Chief of East Surgical Service
Leland S. McKittrick, M.D.,
Acting Chief of West Surgical Service

While attending a meeting of the American National Red Cross in Washington, February 17, Dr. Roger I. Lee and Dr. Henry R. Viets acted as an impromptu welcoming committee for Miss Betty Dumaine, recently returned from a long stay in India with the Red Cross.

A special Staff meeting was held in the Ether Dome on March 1, to hear Dr. Jan Waldenstroem, Professor of Medicine at the University of Upsala, speak on "Studies on serum iron in anemia and other conditions". Dr. George R. Minot and Dr. William B. Castle were present, and a very interesting discussion of Dr. Waldenstroem's paper took place. Tea was served in the Medical Staff Room before the meeting.

Comdr. Channing S. Swan, MC (*WS* 1925) instructs us to send his next NEWS to his home address, 2 Willow Road, Weston, Mass. Commander Swan has been overseas for eighteen months. Among other duties out there, he was Urologist at Base Two Hospital for about a year, and for the past six months he has been Senior Medical Officer at Advance Base Personnel Administration. He saw several MGH men at both places.

Pvt. Donald Giberson, former plaster man on the orthopedic wards and now a paratrooper in the Southwest Pacific, has sent us some Japanese invasion money to add to our collection of World War II material. The notes, in denominations of 10 pesos, 5 pesos, and 50 centavos, are at present on exhibition on the bulletin board near the foot of Treadwell stairs.

OFFICIAL NOTICE

A new preservative solution for whole blood is being used by the Blood Bank in an attempt to reduce the number of transfusion reactions and to extend the life of red blood cells. This solution contains, in addition to the usual sodium citrate, a suitable admixture of citric acid and dextrose. In it, after a storage period of twenty days, 85% of the red cells are viable. At the present time we are setting an expiration date of 14 days which may be extended at the discretion of the Blood Bank Staff.

It is still of the utmost importance that all transfusion reactions be reported to the Blood Bank. In 1944 the reaction rate was 2.3%, 3.2% lower than that in 1943. This rate is calculated on the *reported* reactions, and is probably actually a little higher. We wish to keep these figures as *low* and as true as is within our power. Therefore, all House Officers are urged to see that reactions are reported to the Bank as soon as possible.

The supply of Rh negative blood is limited, and its use must be restricted to those cases in which the Rh factor is known to be negative or in cases of extreme emergency. Rh negative bloods must not be used indiscriminately. If a patient in the Emergency Ward requires supportive treatment, the use of plasma is strongly advocated, unless the Rh factor is known.

A very small quantity of valuable, high potency Rh typing serum is now available for emergency cases. The Blood Bank Staff, including the medical students, are able to do this test, and it can be done in a few minutes. However, *its use is to be restricted to those cases which have been in the Emergency Ward twelve hours or less, or during hours when the test cannot be done by the Baker Laboratory.* Any other cases must be referred to the Director of the Bank.

Carroll C. Miller, M.D.,
Director—Blood Bank

HUGH WILLIAMS

In the death of Dr. Hugh Williams, on February 22, 1945, Boston lost a distinguished surgeon and a rare personality. He was born in Brookline on June 29, 1872, the son of Moses and Martha Williams. He prepared for college at the Nichols School in Boston, received his A.B. from Harvard in 1894, and M.D., *cum laude,* from the Harvard Medical School in 1898. He was a surgical intern at the Massachusetts General Hospital during 1898 and 1899. In 1903 he was appointed Out-Patient Surgeon at that Hospital, passing through the grades of Assistant Visiting and Associate Visiting Surgeon, to Visiting Surgeon in 1919. In 1929, he retired to the Consulting Staff. He was also, for many years, on the staffs of hospitals in Natick, Gardner, and Peabody, Massachusetts, and Brattleboro, Vermont.

For five years, Dr. Williams was the assistant of that master surgeon, Maurice H. Richardson; he proved an apt pupil and before long rivalled the master in surgical technique and skill. In 1905, he started in private practice on his own account and very early acquired a large and distinguished clientele which constantly grew until he was forced to retire because of ill health in 1929.

Hugh Williams was not a serious student in college, but the lighthearted, carefree Harvard student of the nineties vanished when he entered the Medical School. There was an awakening; his intense interest was aroused, and he worked hard and intelligently. But it was in the hospital that he really came into his own; he loved the clinical work and excelled in it, and the patients loved him.

Throughout Dr. Williams' career, his outstanding characteristic was his intense personal devotion to the welfare of each and every patient, rich and poor alike. As an operating surgeon his technique was unexcelled in his day. His skill, dexterity, and speed were astonishing and unerring. There were no lost motions and he never seemed to hurry. His surgical judgment was sound; he had, to a high degree, surgical intuition and diagnostic acumen. His greatest achievements were, perhaps, in biliary surgery to which he made important and original contributions. He was a member of all the important national and local surgical societies, but he never read papers or made a speech. He disliked publicity. His ambition was solely clinical, to excel in operating and to get his patients well.

Dr. Williams, like so many doctors, was very fond of the out-of-doors. He was a lover of nature and a sportsman in the best sense of the word. He was an expert gunner in the field and brush, as well as at the trap, shooting equally well from either shoulder. In skeetshooting he was a champion, and even after three score years and ten and in spite of crippling arthritis, could hold his own with the younger experts.

For many years Dr. Williams was totally incapacitated by serious illness and lived in complete retirement. During the last three years he recovered sufficiently to resume occasional trapshooting and tend his garden. He was interested in art and had a notable collection of paintings and antique clocks. He bred canaries and grew flowers. He never married. He had a host of friends whom he attracted without effort. During his last illness he attained a philosophical resignation and serenity which sustained his spirit through many painful weeks and months.

There are many persons in this community in all walks of life who will long remember with gratitude the professional skill and personal charm of Dr. Hugh Williams.

L. D.

FRED HOUDLETT ALBEE

Dr. Fred H. Albee (*SS* 1904), noted pioneer in orthopedic surgery, died in New York on February 15. Dr. Albee is best known, in both America and Europe, for his original techniques in bone grafting. An account of his many accomplishments in the field of surgery, and a list of his contributions to medical literature, may be found in the *Journal of the American Medical Association* for February 24.

EUGENE PARDON SISSON, JR.

Dr. Eugene P. Sisson, Jr. (*CM* 1918) died in New Haven, Connecticut, January 27, after a brief illness. Since his graduation from the Harvard Medical School in 1918 and his internship at the Massachusetts General Hospital in 1919, he was engaged in practice in Lawrence, Kansas, until 1942. More recently he was associated with the Yale Department of Health.

WILLIAM ATKINS BISHOP

Dr. William A. Bishop, a member of the Staff at Massachusetts General Hospital since 1929, died very suddenly on February 14. Dr. Bishop graduated with honors from the Tufts Medical School. He went directly to Panama, where he was a medical officer in the Ancon Hospital during the construction of the great canal. After that he served in hospitals during the construction of the dams on the upper Tennessee River. He went into the Army during World War I, and was Adjutant at the Parker Hill Hospital in Boston. For the past several years he was a loyal and faithful member of the Out-Patient Medical Clinic at Massachusetts General. His work was careful, thorough, and detailed; his manner was happy; and his relations were kindly. In private practice he became a leader in industrial medicine and did much to advance the work in this field. His advice and counsel was much sought. He was a true physician and a devoted friend.

H. C. M.

At a meeting of the Board of Trustees, held on February 23, it was voted:

To accept the resignation of Dr. George Gilbert Smith with sincere appreciation of his past services and appoint him to the Board of Consultation;
To promote Dr. Fletcher H. Colby to the position of Chief of the Urological Service;
To appoint Dr. Huntington Porter as Resident on the Neurological Service to begin July 1;
To create the position of Assistant Oral Surgeon and Stomatologist and to promote Dr. David Weisberger to this position; also, to create the position of Visiting Orthodontist and to promote Dr. Fred R. Blumenthal to this position;
To accept the resignation of Dr. David G. Freiman with regret and sympathy.

The following changes in Staff were accepted by the Trustees:

Dr. John A. Abbott's title changed from Assistant in Psychiatry to Assistant in Neurology;
Dr. Erna G. Anderson and Dr. Wilhelmina Van Dyke promoted to Assistants to the Children's Medical Service;
Dr. Volta Hall promoted from Graduate Assistant to Assistant in Psychiatry;
Dr. Carl S. Sawyer promoted from Graduate Assistant to Assistant in Dermatology;
Dr. Earl J. Waddington and Dr. R. Ronald

Wyman promoted from Graduate Assistants to Assistant Dental Surgeons.

The General Executive Committee voted, at their meetings on February 14 and March 7:

That Dr. Adelaide H. C. Frick, who has been appointed as Assistant Resident on the Children's Medical Service, beginning July 1, be given the title of Clinical Fellow;
To appoint Dr. Madelaine Longtin as a Graduate Assistant in Medicine;
To appoint Dr. Catharine R. Michie a Clinical Fellow in Cardiology;
To appoint Dr. Edna Sobel a Clinical Fellow on the Children's Medical Service.

Two new Trustees, appointed by Governor Maurice J. Tobin, are Dr. Roy J. Heffernan, who replaces Eben S. Draper, and Samuel J. Tomasello, who replaces Michael A. Fredo. Mrs. Robert Homans and Rt. Rev. Robert P. Barry were reappointed.

T/Sgt. Ronald W. Sweeney has been given the Bronze Star for meritorious service in combat. Sergeant Sweeney was an orderly in the operating room at Baker for three years, and was transferred to the General Hospital, as Mr. Kilcoyne's assistant, before he went into military service.

By way of devious channels, an article from the *South Bend Tribune* of February 5 shaped its course into our office. Needless to say its sailing directions were not furnished by Lt. Oglesby Paul, MC, USNR (*WM* 1943), and we are rushing our copy to the printer before Lieutenant Paul can order us "put in irons" on the subject.

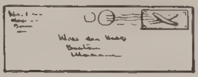
> The most surprised man at the inspection of officers and ship's company by Capt. J. Richard Barry, Commandant of the Naval Units at Notre Dame, last Saturday, was Lieut. Oglesby Paul, of the Medical Corps, who was recipient of a citation for meritorious conduct. The citation came from Vice Admiral T. C. Kincaid, Commander of the Seventh Fleet, and was in recognition of the treatment of wounded survivors by Lieutenant Paul, following anti-aircraft action in December 1943.
>
> "Lieutenant Paul labored tirelessly in crowded conditions and with limited facilities to render treatment and care to the wounded during a period of 48 hours until a hospital ship could be reached," the citation said. "By this constant devotion to duty he undoubtedly saved many lives. For this meritorious conduct Lieutenant Paul is hereby commended and authorized to wear the commendation ribbon."

Lieutenant Paul's present address is Naval ROTC Unit, Notre Dame University, Notre Dame, Ind.

An article about Lt. Comdr. Richard E. Alt, MC (*WS* 1933) appeared in the *Boston Herald* of February 18. It said, in part:—

> Lt. Comdr. Richard E. Alt, Navy surgeon who designed and built an operating room from a salvaged trailer, and has directed a huge underground hospital at Torokina, Bougainville, regained consciousness today at Beverly Hospital after an emergency appendectomy to learn that his feats had won him the Bronze Star Medal.
>
> Lt. Comdr. Alt, home on leave after 20 months in the Pacific, . . . served as senior medical officer at Torokina from Nov. 1, 1943 to March 8, 1944, going ashore on D-day to organize the handling of casualties and to supervise the building of his underground institution. His citation said also that he kept "valuable" records on performances of penicillin in battle areas.

Major Lamar Soutter, MC (*r.s.* 1941) has been awarded the Silver Star for gallantry in action at Bastogne. A brief account of Major Soutter's heroic participation in the relief of the trapped 101st Airborne Division was given in the February issue of The News. He is now back with his old Auxiliary Surgical Group, in Luxemburg, and writes that their hospital has very little heat and no running water.



All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

The following new addresses have been received:—

Major John C. Angley, MC, AAF (*a. M*), School of Aviation Medicine, Randolph Field, Tex.
Capt. Victor G. Balboni, MC, AUS (*WM 1942*), Ashburn General Hospital, McKinney, Tex.
Lt. Robinson L. Bidwell, 2d, MC, AUS (*ES 1943*), 894th Medical Professional Service Detachment, Fort Lewis, Wash.
Capt. Lemuel Bowden, MC, AUS (*ES 1940*), Sqdn. H, 332d AAF Base Unit, U.S. Army Air Field, Lake Charles, La.
Dr. Austin M. Brues, 1232 East 57th St., Chicago 37, Ill.
Lt. John J. D'Urso, MC, USNR (*r.p. D 1944*), U.S. Naval Air Station, Alameda, Cal.
Lt. Fathollah K. Mostofi, MC, AUS (*a. P*), Station Hospital, Fort Douglas, Utah.
Lt. Comdr. Eugene A. Osius, MC (*WM 1923*), U.S. Naval Hospital, Great Lakes, Ill.
Lt. Joseph C. Placak, Jr., MC, USNR (*WS 1936*), Bureau of Medicine and Surgery, Navy Dept., Washington, D. C.

Brief bits of information:—

Lt. Rebecca M. Benedict, ANC (*MGH 1937*) is with a General Hospital on Leyte.
Sgt. George A. Cribbins, past employee at M.G.H., sent us an APO number from an Atlantic seaport.
Lt. Harold E. Elrick, MC, USNR (*M* 1944) is on a DE boat, somewhere in Pacific waters.
Major Luke Gillespie, MC (*a obst.*) has been promoted to this rank. He is with a Portable Surgical Hospital, somewhere in the Moluccas.
Lt. Stephen L. Madey, MC, AUS (*CM* 1944) has sent us a San Francisco APO number.
Lt. Roger W. Morrison, MC, AUS (*ES 1943*) is with the 224th General Hospital.
Capt. Richard V. Riddell, MC, AUS (*ES 1943*) has received this promotion.
Lt. Col. Edward G. Thorp, MC (*EM 1931*), who is with a General Hospital in Europe, has been promoted to this rank.
Lt. Col. Otto C. Yens, MC (*CM 1930 & WM 1932*) is with an Evacuation Hospital. He has a New York APO number.

Pvt. John Szerejko, a past orderly at Baker, who was wounded in action in France, writes to Mr. MacNair from England General Hospital, Atlantic City, N.J., that he has undergone a third operation, feels fine, and is now being wheeled out into the sunshine.

MASSACHUSETTS EYE & EAR INFIRMARY

The Board of Managers, at a meeting held February 28, elected Henry Hixon Meyer as President, to succeed Russell G. Fessenden who died February 11.

Henry W. Porter was appointed a Manager.

Dr. Edwin B. Goodall (*Oph.* 1918) was appointed Consulting Surgeon in Ophthalmology.

Dr. John G. Jennings, Associate Surgeon in Ophthalmology, has resigned because of ill health.

We are grieved to announce the sudden death, on February 12, of Dr. Ruth P. Guilder.

A graduate of Northwestern, Dr. Guilder devoted her life to the problems of deafness and to the hard of hearing. She joined the Infirmary Staff June 1, 1940 as director of The Winthrop Foundation for the Study of Deafness. Her unselfish devotion, her tireless enthusiasm, her patience and kindness endeared her to the Staff and her patients.

Dr. Guilder's contributions to the science of Otology have been outstanding. Her handling of the pre-school child, her audiometric examination of these children, and her rehabilitation of the hard of hearing child are but a few of her accomplishments. Her work has attracted national attention and her loss is most grievously felt, not only by the Infirmary but by the many patients who looked to her for guidance in their affliction.

We have received word that Lt. Comdr. Donald E. Moore, MC (*Oph.* 1937) is home on leave after 20 months in Australia and New Guinea.

We are glad to learn that Major Thomas Cavanaugh, MC (*Oph.* 1940) who was recently admitted to Walter Reed Hospital, is back home again. He is feeling very well, and expects to be reassigned to active duty in the near future.

Lt. Comdr. David P. Cordray, MC (*Oto-Lar.* 1940) dropped in for a short visit the other day. He is stationed at the Naval Hospital, Newport, R.I.

Comdr. Edwin B. Dunphy, MC (*Oph.* 1923) is stationed at the Chelsea Naval Hospital.

Lt. Nellie Wrigley, ANC (*MGH* 1939), former Operating Room nurse, is now attached to the 32nd General Hospital and is "up front".

Lt. Eunice Grant, ANC, former Head Nurse on the Men's Ward, is with the 36th General Hospital.

Edna Tozer, RN, past Head Nurse on the Women's Ward, recently joined the Army Nurse Corps and has been assigned to Camp Devens.

Miss Mary E. McLaughlin, formerly a Social Service worker assigned to the Ophthalmological Service, and for the past year and a half with the American Red Cross in Africa, has been reassigned to Italy. We understand she spent a short furlough in Rome.

Capt. Henry A. Mosher, MC, AUS (*Oph.* 1941) is now with the 227th General Hospital.

Lt. Comdr. Bernard M. Jacobson, MC (*a.p.*) has returned from the Russell Islands. He stopped in at the office of The News to tell us that Tom Gephart (*WS* 1941), who was also in the Russells, is now on Palau. Commander Jacobson is home on leave, and expects another assignment soon.

A letter—full of enthusiasm for persons, places, and things—has come from Lt. John E. Goodman, DC, USNR (*Dn.* 1944). He writes:—

Receiving the copy of The News was sure a great thrill. Wherever a fellow may be, away from the old M.G.H., information about people there—known or unknown—is welcome news.

I reported to Camp Wallace, Texas, 1 June and was assigned to general dental work for four months. My next and present duty is the most pleasant imaginable at this U.S. Naval Air Station, Pensacola, Florida.

Throughout this short tour of duty I have found the training I received under Dr. Thoma and Dr. Arrowood of invaluable assistance. The question often asked by men utterly amazed is this, "How does Dr. Thoma accomplish so much?"

Dr. Castleman has passed on a letter from Flight Lt. Donald Murnaghan, MC, RCAF (*res. fel. & gr. asst. M* 1940-42). It was written in late October, from RCAF Hospital, Trenton Air Station, Ontario—the first we have heard from him since he was at No. 2 Initial Training School, Regina, Saskatchewan, early in 1943. He has this to say about himself:—

I have become familiar with the vast expanse of the Canadian prairie and have seen such famed beauty resorts as Banff and Jasper Lodge, through the Rockies to the west coast, and inside the mountains to the snowy land of Yukon Territory—where I have the doubtful honor of being the first person to bring in a portable ECG machine. Lake Lebarge is just as Robert Service described it, but Whitehorse and Dawson City are changed.

I worked on a Selection Board for air crew for two years, then finally got back to clinical work in a hospital where I have been for the major part of this year—even though on the move. One's knowledge of tumor pathology, pediatrics and geriatrics, grows dust-covered. As to Ob. and Gyn.—well, that just isn't. Surgery is passed on to those with a desire for that sort of business. And so it goes. One grows expert in psychosomatic troubles and less distinct in handwriting.

I look forward to getting back some day. If the big powers get clicking well, that day will come sooner.

Lt. Allan L. Friedlich, Jr., MC, AUS (*M* 1943) sends a new address which includes eleven letters of the alphabet and seven numerals! Besides all that, his entire message is a mere footnote which says, "India China Division — Air Transport Command as Flight Surgeon on the Hump."

At last we have heard directly from Major Arthur M. Walker, MC (*EM* 1925). This letter from Burma, dated January 9, is a most refreshing one.

For many months I have enjoyed reading news about people like [Capt.] Jim White [USNR] and [Comdr.] Chan Swan of my own vintage and younger names with which I am more or less familiar, and reports of deeds and activities that are interesting for their own sake, apart from any familiarity with the actors.

This theatre is strictly minor league stuff in comparison with the European job or that in the South Pacific, for all the talk about the Hump Run and Merrill's Marauders. That does not alter the fact that it has been a mildly exciting experience for an elderly Professor of Pharmacology.

I came over with a General Hospital two years ago this month and acted as Registrar in the modified wilds of Lido, Assam, till last September. By that time the wilds were very dilute, indeed, for we all had tin roofs, cement floors, gravel paths, and an Officers' Club complete with bar and lousy liquor known locally as Dickum Death. What with that and the petrifying routine of a Registrar's life, I was keen for a change — and I must say that as an attempt to get away from a desk job and pretend I am 20 years younger than is obviously the case, it has been a complete success. Since October I have been serving in the field with a Chinese Infantry Regiment, in a sort of liaison job. It involves chiefly matters of supply and evacuation. It also involved walking over more territory with a heavier pack and less food and sleeping on harder ground than I was quite sure I could manage, so I take a rather childish pleasure in having accomplished it. The two chief views that I retain of Burma are 1) the hind end of a laden mule, and 2) Chinese bings (soldiers) paddling along with two kitchen pots on one end of a bamboo pole, a pack and their rifle on the other.

At the moment we are in reserve in a small village, hidden in the woods, and by a little stream. I have acquired a bamboo bed, a tarpaulin over it, get three hot meals a day, and, in short, am living what used to be called "the life of Riley" (though who he was I have never been sure).

One of the pleasantest and most curious events of the last months has been the appearance of my eldest boy as a Pvt. (PFC, my apologies to him) in another Regiment of the same Brigade, so that I have had many good visits with him. He has gone on by us now, but I hope to see him again.

We are indeed fortunate to have two letters from Capt. Leonard D. Rosenman, MC, AUS (*ES* 1943). This first one was written, in January, to Dr. Cope.

I presume that writing after every campaign is as good a way as any other to space my letters to you. After every battle there is a period of relative "quietness" in which thoughts of home dominate one's consciousness. Perhaps there is a release of the suppression of nostalgia that battle-life imposes. It is no different, now, after a long hard campaign in the Philippines.

It is good to report that I escaped all injuries. (Is my luck running out?) The Shigella group, however, attacked me again in force, and again I repulsed the attack with that good weapon, sulfaguanidine. Incidentally, having used and dispensed many pounds of it, I have noted no response in man to sulfaguanidine akin to that in garden fowl, e.g., folic acid deficiencies.

The most recently received issue of The News (bless it) contained the sad report of Ted Robie's death. As you know, Ted and I were very good friends and worked together on the same services and wards for nine months. He was a fine fellow. I shall miss him very much.

Every journal that strays my way is searched for articles about Boston and M.G.H., and The News is the best link with the old places and friends.

At present life is fairly easy. I enjoy the comforts of my own thatch best, and manage to keep well occupied during the day. I filled the open hours after the Guam battle by writing a short paper on metabolism and heat exchange in jungle climates. Now, I am studying and describing the little known and very important group of febrile diseases loosely named dengue or tropical influenza. I am comforted against the limitations of my study by knowing I have at least the materials with which Bright and Hodgkins worked! From the many dumps of Jap medical supplies found by us, I salvaged a microscope and some lab equipment. I hope to supplement clinical descriptions with a few lab studies.

Best wishes to all my friends for a good new year.

A later letter, to The News, says:—

I am today in receipt of the December News. There was never a doubt that it would arrive; and great expectations are pleasant. Thank you again for that pleasure.

A few words will suffice to describe my activities during the past few months. After leaving Guam, we came to the Philippines, and fought the Japs in a campaign that made the Guam fight seem child's play. There were plenty of "to-whom-it-may-concern" bullets that were very nearly deposited in my mailbox! I have been very lucky.

That statement has its own humor, for it is written from a bedside in a General Hospital. I am now recovering from infectious hepatitis. The high protein and high CHO diet is a welcome change from field rations. Before I leave, though, there remain a few matters to be cleared up. Tomorrow I will begin treatment for amebic dysentery; and after that (pity my liver) a Shigella infection will be dealt with.

In a sense this is not all time lost. There is no better way to learn about a disease than to have it. I think I will describe the unenthusiastic mastication of roast beef (the pained expression, and the nose turned away from the redolent tray) as Rosenman's sign of catarrhal icterus!

Maj. Arthur A. Holbrook [*CM 1933 & EM 1934*] is part of this hospital's staff. We mix MGH talk with cribbage. It is expensive entertainment, but worth every peso it costs. He is well, and very good company.

Best wishes to all of you.

Col. Edwin F. Cave (*ES* 1926 & *Or.* 1928) has been Commanding Officer of the 105th General Hospital for a year or more. Recently he sent us a copy of parts of a letter he had received from Capt. Lester P. K. Yee, MC, AUS (*EM* 1939 & *WS* 1941). Captain Yee is with a surgical team on detached service from the 105th General. The letter was written in late January.

After leaving the 105th domain, and after about a month of improving my volleyball playing, we finally got in a tub similar to the one that took us out of Australia. We were "harbor sailors" for a while—something all of the 105th can remember quite well, I'm sure—and were then on the warm Pacific in a fashion. The trip over here was uneventful, except for a few air raids such as you read about in the papers. The Japs' "Special Attack Corps" is really something, and I know now that they play for keeps. However, we were intact and I'm still "percolating" as usual. Tommy (Botsford, HMS '35) and the enlisted men think I "thrive on danger", but thus far everything is calm and quiet so far as I'm concerned, although some of the other boys don't seem to think so.

We have made three or four moves, traveling a total of about 115 miles around the Philippines. The Filipinos are courteous and are surely glad to see the Americans. Practically every Filipino speaks some sort of English, mostly "pidgin". The Japs certainly left a sour taste in their mouths. They are all eager to help out in any sort of work we can give them, and one can get an orderly quite easily. Bartering is at present the system of exchange, and thus far I believe I'm doing quite satisfactorily. However, I doubt if the same condition will prevail long because supplies will be coming in for the civilians soon.

On arrival here, we were detached to the second power and were supposed to join [Lt.] John Lambert [*WM 1942*] who is with a Portable outfit. However, that did not mature, and we finally ended up in a Clearing Company with the Infantry. The boys there were surely glad to see us, as "real surgeons"—so they put it—are scarce and work was plentiful. Their C.O. was anxious to get well-trained men so he could learn something himself. I do not believe I fall into that category, but he seems to think so. I'm sure the real reason they were happy was that their personnel strength was not up to T.O. I did not realize that surgeons were so difficult to find in the Army, but I do believe it now.

A few days ago we returned to the Field Hospital, and at present are situated in a former schoolhouse. Life really is not too bad here, although the artillery firing causes some vibration and one is reminded of blasting and dynamiting one sees in construction work at home. Rivers are plentiful and they furnish the chief means of bathing for the GI's. I saw some snails in the river near our camp and I often wonder about schistosomiasis, etc., after I wash, but I'll get over that, I'm sure.

The sojourn thus far has been quite satisfactory because surgical work is plentiful. The Field Hospital officers treat us well and are glad to get help. I have averaged only about 3 or 4 hours sleep a day thus far, and often only 1 or 2 when we were too far behind. I'm doing general surgery as well as orthopedics. Yesterday I opened my first abdomen since I joined the Army and took out a piece of shrapnel from a GI spleen. Orthopedics and traumatic work prevail, however. We have been quite busy up to now, but I do not know how long this will last. The patients are wonderful, and surprisingly enough one does not see many "crocks" up here.

Tommy is getting along well, although he has lost some weight. He did the first major abdominal case in this hospital on a patient with six perforations, requiring suturing, resection, and anastomosis. We have been rotating cases thus far—he giving me advice in general surgery when I need it, and I giving him the orthopedic side of things when he needs it.

Lt. Col. Albert G. Engelbach, MC, Commanding Officer of a Station Hospital, reports to Dr. Washburn that Lt. Col. Richard Warren, MC (*WS* 1936), who is with a General Hospital near by, is his Consultant in Surgery; and that Major Garrett L. Sullivan, MC (*Oph.* 1938), Executive Officer of the same General Hospital, is Consultant in EENT at Colonel Engelbach's hospital.

This V-mail letter gives a distillation of what Lt. Col. Walter M. Bartlett, MC (*CM* 1927) is doing in England.

Certainly appreciated the Christmas card and the receipt of THE NEWS every month. It's a long cry from my work at M.G.H. to Chief of the Medical Service here in the United Kingdom, but funnier things than that have happened right here in the ETO during the 18 months I've had a chance to observe them. There's a saying here that "anything can happen in the ETO and it usually does".

We are very busy with the ravages of winter warfare in addition to the usual military casualties. On the Medical Service we have been admitting about everything seen at M.G.H. plus. Our expectancy based on past experience is that one third of our cases will be neuropsychiatric, about one quarter cold injury ground type, about one quarter general medicine including a good deal of the rheumatic conditions and a few metabolic disturbances, and the remainder upper respiratory infections. Most of the neuropsychiatric casualties are not true combat exhaustion cases, nor are they operational fatigue, but simply acute exacerbations of fixed and chronic neuroses, constitutional psychopathic states with aggressive behavior, and all sorts of maladjustments and emotional and anxiety states. We use insulin-amytal treatment only in carefully selected cases, and sodium pentothal narcosynthesis in occasional cases. It's very interesting to abreact some of the combat cases, as we get a first-hand vision of all sorts of battle situations.

The surgical admissions here are about fifty per cent orthopedic. It is commonly stated that this is an orthopedic surgeon's war. Venereal disease has ceased to be a problem with the advent of penicillin therapy, since GC is cured in nine hours and syphilis in seven and a half days. In fact, the Medical Service in this war has been so good that practically no patients are lost who are evacuated as far back as England. Our only losses have been accidental, or due to rapidly fulminating acute nephritis or rapidly growing malignancies, and those we can count on our ten fingers and have a few left.

The development of our own rehabilitation programs in these cantonment hospitals has been a revelation to most of us—especially, the value of special neuropsychiatric rehabilitation following adequate therapy has been a particularly practical advance, as far as anything we've seen in civilian institutions. I hope that enough of our experiences will accumulate to have an effect on psychiatric work in the veterans' hospitals and state institutions after this war is over. The training and rehabilitation of our disabled veterans is going to be a massive postwar problem, and I hope that M.G.H. will get in on the ground floor in that work. If our military hospitals could be operated as efficiently as M.G.H. it would save the Army and the government billions of dollars, and estimated in "wear and tear" on medical men it would amount to even more than that! If more money were spent on proper orientation of soldiers from a mental and emotional standpoint, it would go a long way toward the prevention of neuropsychiatric casualties, also.

Best regards to the Staff.

Lt. Robert P. Smith, MC, AUS (*M* 1943) brings us up to date in a "first letter". And how much ground he covers in a few pages!

THE NEWS has followed me very faithfully and I prize it very much, reading it from end to end as soon as it arrives.

I entered the Army January 5, 1944 and served in the States until late July when I came overseas as a replacement. I had a very interesting stay in England for three weeks.

Then I sailed for France, landing over one of the most famous invasion beaches. Seeing the hedgerows with entrenchments every few feet gave me a foretaste of the intensity of combat in this Theatre. I had an interesting, though arduous, journey across France, seeing one beat-up town after another. As a GI said of St. Lo, "It's all there, just piled different." I got three brief visits to Paris and found it all it's been claimed to be.

Then I was sent to a General Hospital for a period of surgery. While there I was sent on detached service to a Field Hospital. This was the best ten days of my Army career. I worked on the night shift, was extremely busy treating shock, and got in on considerable chest and belly surgery.

The Field Hospitals are the best jobs in Army medicine. Their staffs are an expert and gallant bunch. Hardly a case they receive would survive if they were not there, and yet they lose surprisingly few. Because of penicillin and the sulfonamides an infected wound is the rare exception. Shock is combatted in spectacular fashion by plasma and whole blood (the latter from Boston and Brooklyn). A German medical officer, pressed into service in a moment of crisis at one Field Hospital, is supposed to have given up on one patient. "His pulse is weak; he will die." Yet the patient (and many worse) was saved by plasma and blood.

After a happy stay at the General Hospital, where I got to run a surgical ward of 140 beds, I was suddenly pulled out and sent to a new and rugged job. I became Bn. Surgeon in an Armored Infantry which, I may now say, was in the siege of Bastogne. I arrived as the siege was lifted, but there was heavy shelling from three sides and all was not quiet. It was a great spectacle, though I don't remember thinking so at the time.

At the moment I'm in a quiet spot and have had a chance to see two old friends—Capt. Lu Rosenberg and Capt. Rafe Banks [*ES 1943*], both HMS '43 with me. Captain Banks is his usual jovial self, working hard in an Evacuation Hospital, doing traumatic surgery. I have paid him several visits, always being entertained with complete Gainesville, Ga. hospitality.

I sure yearn for the peaceful corridors of that very old institution on the Charles and hope to return before all its teachings have left me.

Dr. Arthur W. Allen has given us permission to publish parts of a letter he received from Capt. Donald V. Baker, Jr., MC, AUS (*ES* 1943). When the letter was written, in January, Lieutenant Baker was in Belgium.

Since leaving the General, almost two years ago, I have had a grand tour of the U.S.A. and now am beginning on the European Theatre. I started at Carlisle in the Army Medical Service School. For the next seven months I was held in the Air Corps graduate resident training program for recent interns. I rotated through the services of the Station Hospitals in Atlantic City and Scott Field, Ill. My group was then alerted and all but two were transferred to ground forces General Hospitals for overseas. For some reason I went along with the Air Forces and was sent to a B-29 bomber field where I became doctor to the ground echelon of a squadron of these new bombers. Unfortunately—or perhaps not—the organization was changed just before the squadron was to leave. There was to be only one doctor to a squadron, and he a graduate of the school at Randolph Field where training preparatory to Flight Surgeon is given. I applied and was assigned to the next class there. The course was a very excellent one. Capt. Dan Cahoon [MC, AAF (*WS 1942*)] and Capt. Henry Thacher [MC, AUS (*CM 1942*)] were both in my class. I was then sent immediately to a three-weeks' course at Orlando on overseas problems of the Air Forces. By the time I finished I was assigned to a hospital at a different B-29 field. As soon as I arrived there I met orders sending me to still another Station Hospital in Tennessee. I was really happy there, as I finally had achieved the Surgical Service of a Hospital. It was not to last long because the ground forces again made a large call on the "excess" numbers of doctors in the Air Force. Company grade men in the lower age group were needed and I was given my present assignment in a Medical Collecting Company (separate). As such, we are given odd jobs around the areas of higher headquarters which are not always of very great medical interest. Some day we may spell a Divisional Company when the front here is more active. I have had about three months over here now, and our main work has been running a dispensary and keeping our ambulances ready for possible casualties.

I have taken great pleasure in hearing, via

Lt. Comdr. Richard E. Alt, MC (*WS* 1933) receiving the Bronze Star Medal from Capt. F. L. Conklin, MC, USN, medical officer in charge at Chelsea Naval Hospital.

The News, of all the M.G.H. doings and about its graduates at home and abroad. I am sorry I have never written to them, but my experiences have been not lively.

I would enjoy hearing about the possibilities for postwar training at M.G.H. I am anxious to go on with more hospital training and hope it can be done at the General. I am extremely grateful for those twelve short months I was allowed there. I would like to be remembered to the men under whom I worked.

As a P.S., Captain Baker added:—

The height of my Army surgical career was delivering six babies—with the aid of two nurses *and* the mothers—at Scott Field Station Hospital, as Medical Officer of the Day.

Letters from Cpl. Malcolm A. Conner, our past Hospital newsboy, always make good reading. This one was written to Dr. Faxon.

I want to thank you for the very nice Christmas card which I received from the Hospital. Have been hoping to meet some one from M.G.H. over here, but just don't seem to be able to be at the right place at the right time.

Am now in Germany, and it does feel rather strange to be here. Things are pretty well smashed up, and the towns present a very ghostly spectacle—especially at night when there happens to be a heavy fog which shuts out almost everything except the dim outlines of what used to be buildings. The people, of course, are unfriendly, and none are to be trusted.

I know you are all very busy, especially with the additional burdens brought about by the war; but I hope the day is not too far off when we will be able to come back and take up our old positions.

When Dr. Means handed along this letter, he labeled Capt. Arthur S. Pier, Jr., MC, AUS (*WM* 1941) a "two war soldier". And such he really is, for, after two years or so in the Pacific Area, he is now in Europe. His letter reads:—

I stayed in the States just long enough to run an infiltration course in Texas and a gas mask drill and get re-equipped, and then came to France with this Evacuation Hospital. I am glad we came this way this time instead of going west.

So far, my professional experience in this area has been nil, but we have hopes for the future and in the meantime are getting an opportunity to see something of France. Some of the towns are pathetic sights, large sections of them having been blasted into rubble. In the worst hit ones you see few people except old women and children, and the houses look deserted and the whole town dead and ghostlike. In others everything seems to be coming to life—shops are open, though with very little to sell, and every one seems busy. The countryside is very beautiful and the fields are meticulously tilled and cared for. Most of the people look pretty well and I gather they get enough to eat, though their diet is monotonous. We are greeted everywhere with a great deal of enthusiasm by the French.

A very beautiful Christmas card to The News, from Capt. Adney K. Sutphin, MC, AUS (*WM* 1943), not only announced this promotion in rank, but brought a message which will be quite as much appreciated now as during the holiday season. The message reads:—

With the approach of the Christmas season the thoughts of us overseas naturally turn to home—and to me that includes the M.G.H. My very best wishes to the "family", and please accept my sincere gratitude to The News for its marvelous job in keeping us assured that things are all right at home.

Captain Sutphin is with the 12th Army Group of the 4th General Hospital.

A letter from Capt. Edward L. Young, III, MC, AUS (*WS* 1942), from Luxemburg, announces his promotion in rank — and very much in the way of promotion as to territory covered.

This is at least the third letter I have started, to break my epistolary silence; but, like Bob Hepburn, "I have been prey to what I considered sufficient lack of war romance to warrant a discreet silence". However, here goes just to let people know I am still well and kicking (the old Army game).

On reaching England, in April '43, I fell prey to a cystitis with all the fixings up and down the line, which necessitated three months in various hospitals and caused me to miss D-day for which I had been slated. I finally reached France in early August, and my outfit the end of the month. I could fill volumes about replacement depots through which I had to pass and my final flight across France, bumming rides on the backs of 2½-ton trucks.

The first of September found me back at Brest, assigned again as assistant on a General Surgical team. My boss is an exceptionally fine surgeon and has taught me a lot. With only a short interval, in which our team was assigned to an Evac Hospital, we have been constantly with various Field Hospitals. These latter institutions are the farthest forward hospitals in which definitive surgery is done, and are intended for the sole purpose of treating "non-transportables" — those patients so severely wounded they stand very poor chance of survival if transported further back. Hence, most of our cases are chest and belly, a few amputations, and a very rare neuro case. We have no facilities nor trained personnel for the latter. The surgeons of the Auxiliary Surgical teams assigned to these hospitals are in complete charge of the professional care rendered, but the best part is that except for writing the operative note (my job) we are free of all the cumbersome Army reports—the hospital does that. I wish I could give some of the statistics of type of case treated and mortality, as they are amazing. A very important part of our work is the shock-pre-op-triage which is handled by separate "shock teams" we carry with us. According to civilian standards our setups for surgery and general care are often primitive, and improvisation often at a premium.

Our group of surgical teams was relieved from the Brest sector by those of another unit three days before the fall of that place. One of the relieving members was Charlie Burbank [*WS 1939*]. He was well. On our trip east we all got three days in Paris before joining the "other" front, which I have since cruised up and down. Somewhere along the way I picked up a Captaincy, as of Sept. 15. I spent one enjoyable afternoon with Ward Gregg [*WS 1935*], and have seen Bimi Soutter and Gene Record [*NS 1937 & Or. 1941*] a few times.

You have no idea how much The News means to us, scattered far and wide, but it is tremendous, and I add my thanks to all the others.

Most of us were introduced to "Juliette" as she sat perched atop the shoulder of Capt. Somers H. Sturgis, MC, AUS (*ES* 1933), in a picture in the December News.

Because of her regal bearing and general air of sophistication, we felt certain the lady had had a "past" and might well be headed for a very exciting future. To satisfy our curiosity we wrote to Captain Sturgis for her biography to date, and this is his reply:—

It happened that Lang Parsons, Dan Holland, another officer, and I returned by car from an assignment through some of the remote and seldom visited foothills of the Atlas Mountains. In a little brick-red mud village we ran low on gas and spent the night at an obscure outpost of the French Foreign Legion. This is in the "monkey country". Our hosts treated us royally, and before leaving we went into the native market and managed to buy two little balls of mangy fur—little tailless monkeys about two or three weeks old, captured by the natives in the hills. Lang took his to Oujda, where he was stationed. Juliette lived with me in the yard of the French family with whom I was billeted for fifteen months in Casablanca. She grew to be the size of a Scottie, came to be devotedly attached to me, and terribly affectionate with any one in a G.I. uniform. She fell in love with an Air Corps lieutenant, however, and the happy couple flew to England one day before the invasion. I have not heard from her since. You see, I could not keep her any longer because of our impending change of station.

THE NEWS

No. 32 Boston, Mass. MAY 1945

THE WOMEN

The women—God bless them!—how could we do without them? We couldn't, of course. Yet I was reminded yesterday, while reading an article in the *New York Times* on the late Susan B. Anthony (first militant suffragette in America), of how women have had to fight for everything in the way of equal rights and opportunities which they have extracted from their self-styled lords and masters.

So it has been in medicine. Women are in medicine (and to stay), but to get there they have had to struggle against the greatest male conservatism to be found in any profession.

What the women physicians on our staff are doing for us during this war crisis came home to me sharply not long ago when two of their leaders asked if they might use the Medical Staff Room for a tea for Massachusetts General Hospital lady doctors. The request made me conscious, as never before, of how many there are—over twenty-five—and of their contribution to our professional work. This realization carried me into a bit of research on the subject, and Miss Holbrook, our archivist, has been good enough to furnish me with some illuminating data.

The first woman on the staff appears to have been Loretta J. Cummins, who was appointed Assistant in Dermatology in 1916. She served for many years on the active staff and now is a member of the Board of Consultation. Mary Wright of the Children's Medical Service was the first woman on the house staff, making that service clearly the pioneer in admitting women. Marian W. Ropes was the first woman resident on the Medical Service. She was appointed to that office in 1932, has been on the staff ever since, and has now reached the grade of Associate Physician. She is doing her trick of ward visiting, and is also taking full charge of the arthritis studies during the absence on military duty of Colonel Walter Bauer. The first woman intern on the Medical Service was Margaret S. Shipley, East Medical 1943.

It is interesting, in this connection, that the Harvard Medical School now admits women. In April 1943, its forward-looking Faculty made the recommendation that women be admitted, but the Corporation vetoed it. A year later, in June 1944, the Faculty repeated its recommendation and this time the Corporation accepted it. Now nine women have been admitted as medical students.

There are those who bewail this female intrusion into an erstwhile strictly male purlieu; but most of us, I think, are grateful for the help our women physicians have given us and place a high value on their contribution.

J. H. M.

To supplement the above article, manuscripts which discuss (mostly in the negative) the advisability of admitting women to our staff are now on display in the Archives Room. They date back to 1857, and carry the signatures of several outstanding individuals of that period. We wonder, as we read one of the letters, whether certain suggested restrictions, to be placed upon the women (if admitted), were proposed as a safeguard for the men on the staff—or otherwise! Anyway, we believe you would feel well repaid for the few minutes spent, if you would come over to the Archives Room and read some of these letters.

* * *

Some letters which were recently brought to us produced so strongly the effect of the unfolding of a drama that we present the episode to you just as it impressed us.

Place: Italy
Time: February 1945
Scene: 6th General Hospital
Cast of characters: Lt. (formerly T/Sgt.) Harry E. Munro, MAC, AUS, past MGH employee; officers and men of 6th General Hospital

Prologue

Two of the finest recommendations for Munro's commission any man could possibly receive, written by officers under whom he had worked both overseas and at M.G.H.

The Play

Lieutenant Munro (in a letter):

> Dear Mom and Dad,
>
> Yesterday was the big day and the only thing that could have made me happier would have been for you and Betty to have been here with me. I was commissioned a second lieutenant in the Medical Administrative Corps here at the hospital. Although it wasn't possible for most of my friends who are a considerable distance away to be here, there were about two hundred present at the ceremony. I wasn't nearly as nervous as I expected to be. I guess I've grown quite a bit older these past two years.
>
> The ceremony started with Colonel Goethals making a little speech, after which Captain Jones gave me my honorable discharge from the Service (just like Dad's). I then took the oath and was sworn in as an officer. I wore my new uniform without any insignia. Then Major Herwick pinned on my medical insignia, Colonel Goethals pinned on one gold bar and Colonel Hamilton the other. I then waited on the platform while every one filed past and offered congratulations. The rest of the day was spent getting paid and signing my name about a thousand times. I also got my uniform allowance.
>
> Colonel Rogers and Colonel Bartlett have really been swell to me. They took me to the officers' mess and made me feel at home. In the evening the officers had a party for me and it was all very nice.
>
> Truthfully, this is the first time I've felt clean in two years. From what I hear, there won't be any more mud and rain and living in tents for me for a while, as I have a really good assignment. I'll be doing work that was formerly done by doctors, which will release them for more important professional work.

Epilogue

Lt. Col. T. Stewart Hamilton (in a letter):

> My dear Mrs. Munro,
>
> I am a stranger to you but not to your son Harry. I have been the Adjutant and later Executive Officer of his hospital since we were activated. Though I haven't worked with him daily, as have our surgeons, I have come to know him and to admire both his work and his gentlemanly bearing. Now that he is about to leave us, we here all join with you in pride at his achievement.
>
> Direct commissions over here are rare and are won only by the few most eminently suited. It is always the custom in the Army that when a man is commissioned he is transferred. Sorry as we are to see Harry go, we are happy for him and proud of him. We are glad to send such an able representative of the 6th out to another hospital.
>
> Please accept the congratulations of one of his fellow-workers to you on your son's success.

Lieutenant Munro was an orderly for many years in E.W. Later, he worked in the Maintenance Department. He went, as a private, with the original 6th General group.

Every one will be relieved to know that recent word has come regarding Capt. James K. Keeley, MC, AAF (*NS* 1937), who has been a prisoner of war under the Japanese Government since 1942. A letter from his mother, to a friend, says:—

> While in Davao, Mindanao, James treated some prisoners, who later escaped and sent messages to me about the medical and surgical care he had given them, and about his help in sustaining the morale of the men. When possible he studied cases of malarial fever, for which he was supplied with quinine and sulfa drugs. One man who wrote me was a Dartmouth classmate of his.
>
> In June 1944, he was transferred to Camp Osaka, Japan. U.S. Army Headquarters notified me of this, and in December 1944 I received a P.O.W. card stating the same fact.
>
> Although I continue to send 24-word messages (all that is permitted) I feel quite sure he has received no mail.
>
> A broadcast, made by him in December 1944, was heard and reported to me by several different people—one of whom was a neighbor's son, then stationed in the Pacific Area.

The next instalment of MGH "home affairs" will appear in the June issue, with an article by Dr. W. Jason Mixter.

EDWARD LORRAINE YOUNG, III

Capt. Edward L. Young, III, MC, AUS (*WS* 1942) was killed in action in Germany, on March 24. Nothing more than the tragic report of Captain Young's death has yet reached his family.

CHARLES HENRY LAWRENCE

Doctor Charles Henry Lawrence died suddenly of coronary disease on March 13th. He was born in Chicago October 17th, 1882; his precollegiate education was obtained in Evanston, Illinois, and at the University School in Chicago. He was graduated from Harvard College in 1904, although he had earned his A.B. *cum laude* a year earlier. In the fall of 1904 he entered the Harvard Medical School, from which he was graduated in 1908. Doctor Lawrence was an intern on the medical service at the Massachusetts General Hospital. Doctor Frederick Shattuck considered him one of his most promising interns and made him his assistant in private practice. He also held the Henry P. Walcott Fellowship in Medicine from 1910 to 1915, was assistant visiting physician at the Massachusetts General Hospital from 1911 to 1915, and assistant and instructor in Medicine at the Harvard Medical School from 1911 to 1917.

From October 8, 1918 to March 14, 1919 Doctor Lawrence served as First Lieutenant in the Medical Corps, U.S.A. After the war, he was Physician at the Evans Memorial Institute, a position which he held from 1919 to 1930. For eleven years he has been Chief of the Endocrine Clinic at the Boston Dispensary and attending physician at the New England Medical Center. From 1934 to 1938 he was instructor in medicine at Tufts Medical School; in 1938 he was made Assistant Professor. He also served as a director of the Household Nursing Association of Boston.

In 1911 Doctor Lawrence married Miriam Oliver Williams of Plymouth, Massachusetts. They had four sons, Charles Henry 3rd, Edward Williams, David Bissell, and George Hugh. The last is now a third year student at Harvard Medical School.

Doctor Lawrence was a member of the Massachusetts Medical Society, the Aesculapian Club, the American College of Physicians, the Society for the Study of Internal Secretions (a subject in which he was greatly interested), and the American Clinical and Climatological Association.

These are the biographical data of Doctor Lawrence's career. They served as a foundation for a singularly complete and happy life. Those of us who knew and loved "Jimmy" are aware of many things which do not appear in such a summary. He had a keen wit and the ability to write English in a lucid and admirable style. Music meant much to him, as did his church; he had a sincere religious faith which grew with the years and was a guiding motive in his life. He loved sailing and spent many happy vacations on his ketch. Duck shooting he liked, and everything connected with the sea.

His medical knowledge was applied with great common sense; bedside visits were enlivened by his humor and enriched by his sympathy. He was the "wise physician", a loyal friend, and perhaps most important of all, a devoted husband and father.

G. G. S.

At their meetings on March 9 and 23, the Board of Trustees voted:

That the resignation of Dr. John Rock be accepted with regret and that he be appointed to the Board of Consultation;

To grant leave of absence to Capt. James C. White, USNR, with the understanding that he may resume his position on the Staff upon completion of his service;

To appoint Drs. Dean K. Crystal and John G. Scannell as Assistants in Surgery, beginning July 1;

To appoint Dr. William J. Emerson as Assistant Resident in Pathology for nine months beginning July 1;

To promote Dr. John H. Tucci to the position of Assistant Anesthetist on completion of his service as Resident, June 30.

At meetings held during March, the General Executive Committee voted to appoint:

Dr. Fred Alexander as Clinical Fellow in Medicine (Cardiology);
Dr. Martin J. Bellinger as Graduate Assistant in Surgery;
Dr. José Decusati as Graduate Assistant in Urology, retroactive to September 1, 1944;
Dr. Charles W. Findlay, Jr. as Clinical Fellow in Surgery (Thoracic), effective July 1;
Dr. H. Dunster Howe as Graduate Assistant in the Dental Department;
Dr. Edward R. Hubbard as Graduate Assistant in Surgery;
Dr. R. Wenner Machamer as Clinical Fellow in Plastic Surgery, beginning October 1;
Dr. Richard S. Rogers as Clinical Fellow in Urology, beginning July 1;
Dr. Kenneth W. Thompson as Graduate Assistant in Surgery;
Dr. Charles S. Wise as Research Fellow in Physical Medicine.

Capt. Walter S. Kerr, Jr., MC, AUS (*WS* 1943) paid us a nice visit the other day. He described some of his work overseas, and brought us up to date on several MGH-ers over there. We learned that Lt. Joseph P. Holihan (*ES* 1943) is in England; Major Dwight Harken, head of the Chest Centre for the United Kingdom, asked to be remembered to his friends at M.G.H.; Capt. Alexander B. Vial (*ES* 1943) is in the Medical Clearing Co. with the 3rd Army; and Major John W. Ewell (*WM* 1937) is in charge of the disposition of men at a Station Hospital in England.

Captain Kerr returned to the States, by plane, for a bit of surgery. His present address is Camp Edwards General Hospital, SCU 1102, Mass. He is eager to get back to England soon.

OFFICIAL NOTICES

Blood Bank

As of April 15, 1945, it will no longer be necessary for verbal permission to be secured from an Assistant Director for patients who do not have credit for transfusions.

Accurate records will be kept in the Blood Bank for each visiting physician and each service in the General Hospital, and at the end of each month the figures for transfusions and replacements will be compared. A notice will be sent to each visiting man and resident giving the results of the previous month. If any service in the General Hospital fails to keep a credit balance in the Bank, approval of an Assistant Director for all patients who have not an individual Blood Bank credit will again be required.

Visiting men who consistently fail to replace the transfusions given their patients will also be requested to consult personally with an Assistant Director.

It is further agreed

That the service charge for blood for which credit had been provided by House Patients be reduced to $2.50.

That the charge for blood for which credit had been provided by Baker patients be reduced to $5.00.

That the charge for blood for which credit had been provided by Phillips House patients be reduced to $7.50.

Members of the Staff who would like to use radium in the treatment of their patients, but who are not on the Tumor Clinic Staff and have not already been certified, should apply to the Radium Committee for certification before requesting the use of radium.

N. W. Faxon, M.D.,
Director.

The 141st Naval Construction Battalion, somewhere in the Pacific Area, publishes a journal called *The island X-ray.* A recent issue announced the organization of a club, to be known as the Mass Mates. Membership consists of Massachusetts men in the 141st. Among the officers elected to the Executive Committee for 1945, is Carl Dexter, SC 2/c, USNR, who was a carpenter at M.G.H. before he joined the CB's in 1943.

S/Sgt. John T. Keating, past Storekeeper in the Dietary Department, is back home. He was with one of the first Air Force units to go to Iceland. Its purpose was to train combat crew replacements. After 14 months there he was sent to Europe to serve with the Adjutant General Section. During his year there he visited London, Edinburgh, Paris, and other large cities. At the end of his leave he is to report at Atlantic City for reassignment.

Lt. William J. Gorrell, past orderly in Baker Operating Room, now serving overseas with the Canadian Army, has been reported seriously wounded.

MASSACHUSETTS EYE & EAR INFIRMARY

The 40th Annual Meeting of the New England Oto-Laryngological Society was held at the Massachusetts Eye and Ear Infirmary on Wednesday, February 7. The morning session was presented through the regular Wednesday Conference, with many interesting cases from the Ear, Nose, and Throat Departments. Dr. Edward J. Whalen, of Hartford, presided at the afternoon session. The speakers were Drs. Charles N. Gettes; James E. Poulin, of Waterville, Maine, John Adams, of Salem, John R. Richardson, Edgar M. Holmes, Werner Mueller, and Richard T. Barton.

In the evening the Annual Dinner was held at the Harvard Club. Dr. Philip E. Meltzer was elected President; Dr. John D. Rice, Vice-President; Dr. Burton E. Lovesey, Secretary and Treasurer. Dr. Gordon Follette, the guest speaker, spoke on "The art, economics, and scientific application of oto-laryngology in private practice". Dr. Frederick T. Hill, of Waterville, Maine, and Dr. Harris P. Mosher, of Marblehead, gave a very able discussion.

The regular Spring Meeting will be held at the Infirmary on May 23.

Major Joshua C. Drooker, MC (*Oto-Lar.* 1939) visited the Infirmary recently. He is now stationed at Wakeman General and Convalescent Hospital and is Chief of the Ear, Nose and Throat Section.

A letter from Lt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 & *Oto-Lar.* 1944) tells us he is now at the Borden General Hospital, Chickasha, Okla. Things look a little brighter for him now—he is doing ear, nose and throat work and *not* orthopedics.

Following is an interesting article about Dr. Derrick T. Vail, Jr. (*Oph.* 1924), taken from the *Journal of the American Medical Association,* March 24th issue:

> Derrick T. Vail, Jr., colonel in the Army medical corps and chief consultant to the Surgeon General in ophthalmology, has been appointed professor of ophthalmology and chairman of the department at Northwestern University Medical School. He will succeed the late Dr. Sanford R. Gifford, who was professor of ophthalmology at the medical school from 1929 until his death in February 1944. Dr. Vail graduated at Harvard Medical School, Boston, in 1923. Since 1926 he has been associated with the University of Cincinnati College of Medicine, first as instructor in ophthalmology and since 1937 as professor. Dr. Vail was Secretary of the Section on Ophthalmology of the American Medical Association from 1937 to 1942. He will take up his appointment at Northwestern as soon as he is released from the Army.

This letter, headed "Somewhere at sea", has come to Dr. Schall from Lt. Aram Roopenian, MC, AUS (*Oto-Lar.* 1944).

Much water has passed through the old mill since I last saw you on my Christmas leave. As you know, I had been stationed at Borden General Hospital, working with hard of hearing cases and learning a great deal about deafness. But, alas, this was not to continue. Immediately after returning to Borden, I received orders to join a Field Hospital, and thence an entirely new type of life has unfolded for me. I fear my association with ENT work has come to an end for many days, a fact I deeply regret.

A Field Hospital is quite a unique organization. It is designed for rapidity of movement and flexibility, as the situation demands. It may act as a medical unit in almost any capacity, from a battalion aid station to an evacuation hospital. Two or three field hospitals together may even act as a general hospital. Here the Army has invented a very efficient organization—one that probably has no equal in any other Army in the world. It is composed of three separate hospitalization sections which may operate together as a station or evacuation hospital, or individually in support of a division, combat team, task force, etc. Its usual position is in support of a clearing station, receiving the more seriously wounded who are not able to be moved further back immediately in the chain of evacuation. I have been fortunate enough (or have I been unfortunate?) to have been appointed commanding officer of one of the hospitalization sections. It is a new type of position for me—having command of men and officers; the responsibility is tremendous; a great deal of training has had to be accomplished. However, I have gradually become acclimatized to my job, and my section now shapes up pretty well on paper. It remains to be seen how well it will operate under combat conditions. I hope to Heaven we can accomplish our mission as well as those men who are to be our patients accomplish theirs.

After months of training we finally joined our ship and left the States. The sight of our shores disappearing from view left an impression which, I am sure, not one of us will ever forget. The previously present wise-cracking and jocularity very suddenly dampened. Heartfelt emotion, psychologists tell us, cannot be expressed in words, and this was definitely so. Of course, the thought uppermost in our minds was the leaving behind of our loved ones—for God knows how long.

The first few days out it was rather rough. Almost everybody experienced that old well-known labyrinthine disturbance called seasickness, and quite a few fed the fishes. The meals, incidentally, are the best imaginable, and it broke many hearts to have to pass up rare steaks!

Life aboard ship is a lazy one. The three outstanding events of the day are breakfast, lunch, and dinner. The rest of our time is spent lying on the decks, reading, smoking (cigarette supply abundant), and swapping stories. Most of the conversation is about home, which is a healthy state of mind—that is, the airing of those factors which otherwise cause a great deal of tension. The trip has been remarkably free of personality clashes. The ability of all these people to get along with each other under these circumstances is really surprising, and I believe the very fact that this group is not reticent to talk about things that bother them has contributed tremendously toward bringing about this happy situation.

We have medical meetings three times a week, the discussion centering about diseases peculiar to our destination. Occasionally we get a radio program from the States, but not often enough. Gambling is very prevalent amongst both officers and enlisted men. I must confess I have partaken of this diversionary vice myself—not doing badly, either! Flying fish are plentiful in this section of ocean. It is a strange sight to see small white fishes shoot out of a wave, skim gracefully along about a foot over the surface of the water for 30 or 40 yards, and then suddenly disappear into another wave. Our composure was somewhat disturbed one day when a large ship appeared on the horizon. Fortunately, it was one of our own vessels. It gave us something different to talk about for a few days, anyway.

We have received no mail since we embarked—and, believe me, it will be a memorable day for all when it finally catches up with us. There is no doubt whatsoever in my mind that mail is the greatest single morale factor that exists in this type of life. It is strange how things comparatively meaningless in civilian life take on the greatest importance in the Army.

Today we sighted land for the first time since we left the dear old U.S.A. After a long stretch at sea, with nothing on the horizon but water, sky, and clouds, land is a welcome sight. We are passing through a group of very historic islands, and it is with a feeling of awe that I look upon them. At this very moment we are about three miles offshore from the most famous of them all. Knowing the history of this island, it is a grim sight to behold. The clouds hang ominously low about it. The smoke of battle still seems to be present. The waters about it seem to have taken on a reddish hue, as though tinged with the blood of those who died in taking it. It is the thought of the sacrifices made by these men that makes one glad he is doing his part in this struggle for civilization. A boat ride like this one would be just the tonic needed for those at home who think they are making sacrifices by working twelve hours a day. Then would they realize the insignificance of their "hardships".

Memories of my days at the old Infirmary are among my fondest. Some day I hope to be able to take up again where I left off.

All material of a military nature in this and every issue of THE NEWS is first cleared for publication by the local Public Relations Department of the Army or Navy.

New addresses:—

Dr. Paulo F. de Albuquerque, Rua Gomes Carneiro No. 28, Rio de Janeiro, Brazil.

Lt. Col. Richard Chute, MC (*ES* 1929), Fitzsimons General Hospital, Denver 8, Col.

Lt. Comdr. G. Douglas Krumbaar, MC (*a. obst.*), 2762 S.W. Montgomery Drive, Portland 1, Ore.

Lt. Col. Edward Parnall, MC (*Or.* 1932), Moore General Hospital, Swannanoa, N. C.

Lt. Frederick J. Pollock, MC, USNR, (*Oto-Lar.* 1935), U.S. Naval Hospital, Portsmouth Navy Yard, Portsmouth, N. H.

Lt. Karl Riemer, MC, USNR (*Oph.* 1943), U.S. Naval Training School, Noroton Heights, Conn.

Capt. William B. Scoville, MC, AUS (*r. NS* 1938), Cushing General Hospital, Framingham. Mass.

Capt. Robert Talkov, MC, AUS (*res. fel. M* 1942), Ashburn General Hospital, McKinney, Tex.

Lt. Frederic Tudor, MC, USNR (*a. M*), 51 Randolph Ave., Milton, Mass.

Brief bits:—

Lt. John F. Bell, MC, AUS (*Or.* 1941) has been transferred to the 24th Evacuation Hospital.

Major Bradford Cannon, MC (*a.s.*) has been promoted to this rank.

Lt. Col. Wilfred J. Comeau, MC (*a. in M* 1937-39) is Chief of the Medical Service in a General Hospital in England.

Lt. Comdr. George E. Gardner, MC (*CM* 1938) is Chief of the Neuropsychiatric Service at Naval Hospital, N.O.B., Norfolk, Va.

Lt. Lytt I. Gardner, MC, AUS (*CM*) is with the 2nd Auxiliary Surgical Group, which has a New York APO number.

Lt. Henry B. Garrigues, MC, AUS (*WS* 1939) is with his same outfit, but it now has a New York APO number.

Capt. Henry L. George, Jr., MC, AUS (*CM* 1929) is with the 179th General Hospital.

Lt. Oscar W. Hills, MC, AUS (*M* 1943) is still with the 312th General Hospital, which now carries a San Francisco APO in its address.

Capt. George S. Jenkins, MC, AUS has been transferred from the 6th General to the 171st Evacuation Hospital.

Capt. Robert D. Mattis, MC, AUS (*Oph.* 1942) is with the 32nd Evacuation Hospital (SM).

Lt. Edward P. Richardson, Jr., MC, AUS (*EM* 1943) sends a San Francisco APO number and the cryptic "NSGH".

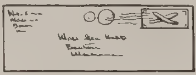
Major Charles D. Roberts, MC (*r.p.* 1938) has received this promotion. His hospital has a new APO number.

Lt. Col. Richard Schatzki, MC (*r.*), still at McGuire General Hospital, Richmond 19, Va., has been promoted to this rank.

Major William T. S. Thorndike, MC (*WS* 1919) is now with the 154th Station Hospital.

Capt. Alexander B. Vial, MC, AUS (*ES* 1943) has received this promotion.

Lt. Norman Zamcheck, MC, AUS (*P* 1943) is with the 10th Station Hospital.



Col. Thomas R. Goethals, MC, AUS, is now in command at Lovell General Hospital, Fort Devens, Mass.

The last time we heard from Dr. Roy H. Whitham (*WS* 1926) he held the rank of Commander and had been stationed at U.S. Naval Hospital, Great Lakes, Ill., for over two years. He was Chief of Orthopedic Service there. A recent letter announces, with regret, his retirement from military service. He writes:—

It has been a great pleasure to me to receive THE NEWS throughout my period of service in the Navy, and to get the accounts of so many other people in the service, scattered all over the world.

Unfortunately, in March 1944 I suffered a coronary occlusion, was confined to bed for three months, and for six months more was inactive. This eventually ended in my retirement from the Navy on February first of this year. I am now back in my old home in Lincoln, Nebraska. Have opened an office at 921 Stuart Building and am back in the swing doing surgery. Through THE NEWS I shall continue to hear about my old friends and acquaintances still in Military Service.

Needless to say, it has been a deep disappointment to me to have to retire from the Navy, but I have every confidence that the end of the war is now near. I only regret that I cannot be with the service men for the final guns.

I hope that any one from M.G.H., coming through Lincoln on his return, will look me up. It will always be a pleasure to see any of them.

A recent letter brought Lt. Daniel H. Hindman, MC, USNR (*a. obst.*) up to date.

Since returning to the U.S. some eight months ago, my activities have produced little toward bringing V-Day nearer. After a few weeks at the U.S. Naval Air Station, Norfolk, Va., unusually kindly orders took me home to Boston to a six-months' course in anesthesia at Lahey Clinic, followed by directions to report to the *U.S.S. Haven* at Brooklyn — the town of the hitless wonders, "dem bums", and the TREE of which every one is talking.

We are to be here in Brooklyn several weeks to await the commissioning of the *Haven*, which is one of a class of five new hospital ships—the first the Navy has ever constructed as such, i.e. not converted from transports or liners. The vessels are to be the first Navy ships ever to be air-conditioned throughout. The plans bespeak a floating hospital, luxurious in equipment, with more than 800 hospital beds, and facilities to accommodate twice that number when conditions demand.

In our present state of flux the ship has been assigned no permanent mailing address, but by the time she sports the large red crosses and wide green streamer, when we hoist the sail and get the wind astern, and feel our way through the canal, the guy what carries the mail will surely know her whereabouts.

Probably, when we can see that snow-capped volcano from our decks there will be something of interest to scribble about.

Major Carl E. Horn, MC (*Or.* 1940) writes from Torney General Hospital, Palm Springs, California:—

My first station was at Camp White, Oregon, where I was Chief of the Orthopedic Section of the Station Hospital from Sept. 8, 1942 until June 1, 1944. During that time three divisions underwent training under simulated battle conditions. The simulation was too real on many occasions, so that I gained a small idea of the problems of the forward areas.

My second station was at Oakland Regional Hospital until March 14, 1945. The setup for orthopedic work was excellent for care of Zone of Interior patients.

This is my third station, where I am again Chief of the Orthopedic Section. The recent influx of orthopedic patients from overseas is staggering in dimensions. The patients arrive in really excellent condition, attesting to the fine work being done overseas. Many of the patients have been treated by MGH men, which gives them an additional interest to me.

A quest for information as to what Lt. Col. Reno R. Porter, MC (*res. fel. M* 1939-41) might be doing, resulted in a "first letter" from him from Lovell General Hospital, North, Fort Devens, Mass. He writes:—

I have enjoyed reading THE NEWS regularly and have been much interested in the varied activities of my former associates. I have not sent an account of myself chiefly because my existence has been for the most part unexciting, although quite interesting from a professional point of view.

I have been very fortunate in having been located at this general hospital since my entrance on active duty in October 1941. Professionally this has been an ideal assignment, with my work along the lines similar to that in which I was engaged in civilian practice, and with the opportunity to observe a lot of interesting and varied medical problems. My initial duties were those of Chief of the Cardio-Vascular Renal Section, but in the recent past I have also functioned as Assistant Chief of the Medical Service.

Some time ago the capacity of this hospital was increased to 4,000 beds, which has markedly increased my work, as well as the number of interesting problems.

As you can see, aside from my particularly good opportunities for medical work and my recent promotion, my activities have been on the unexciting side, and certainly do not compare with the unusual experiences others have had. Just how long this sinecure will last I do not know; and while I am thankful for the opportunities I have enjoyed here, I hope I am not stuck here for the duration.

In this letter from Major Robert H. Detwiler, MC (*CM* 1940) to Dr. Faxon we learn of his promotion in rank and are enlightened a bit as to the nature of his work.

You have no idea how enjoyable it is to get THE NEWS out here in this God-forsaken country of India.

For the past six months I have been Surgeon for the Headquarters of the Combat Cargo Task Force. It is an integrated organization and, as such, brings up many interesting side lights as well as many new acquaintances with the English medical officers. We have frequent opportunities to visit the front and to see and watch what they are doing to the little yellow men. To pick out incidents would very likely annoy the censor, therefore the stories had better wait until later. The flights, however, are beautiful—flying over snow-capped mountains, and then down into the valleys at treetop level.

Hope this finishes the list of "silent ones". [It doesn't, but it helps. Who'll make it still one less? *Editor*]

Lt. Col. David B. Dill, QMC (*res. fel. M* 1925-27) has a new address which contains a New York APO number. A recent letter from him brings a report of a long journey.

I spent last October and November as an observer for the QMC in the Pacific, visiting many of the islands from New Guinea to Saipan. One outstanding accomplishment of the Medical Corps, as it seemed to me, was the control of insects. In this the QMC is proud of the part we have played in the production of insecticides and repellents.

In this Theatre I have had the pleasure of sitting in on some meetings with Col. [John E.] Gordon, [MC (*cons. prev. med.*)], who is the expert over here on many subjects—particularly trench foot.

A little over a year ago Miss Marian Tufts left the Diabetic Clinic to go to Halloran General Hospital. Here is a letter from her to Miss Cannon, written in New Guinea on November 11.

I have been here only a short time and have not yet started to work, although I have my assignment which sounds like a good one. I will be in the Social Service Department in a large hospital unit staffed by a university group of doctors.

I left Halloran (reluctantly) on September 8, and have led a very strange and confusing existence since then. My stay in Washington would have been fun if I had not had the poison oak. After being alerted on a Wednesday we spent three hectic days doing finance, uniforms, shots, etc., and left on a Saturday morning. There was a large group of us, including 25 men—one a psychiatric social worker, the first to come to this area. They will use him in the front lines. We had a pleasant but brief stay at our POE camp, where we were processed from A to Z. From there to a luxury liner, after a three-mile hike, loaded down with helmet, gas mask, musette bag, pocket book, rain coat, canteen, and first aid kit. Only one older woman passed out. It was midday sun, also! The ocean voyage was wonderful—just miles and miles of beautiful sky-blue water and bright sunshine, with nothing to do but look at it. We had two big meals a day, which we now think about quite often. We stopped, but could not get off, at two lovely harbors. I hope some day I may return to see them again.

It was quite a surprise to see this countryside as we approached. It resembled the hillsides and mountains of Vermont with an ocean beside them. At our present location we are surrounded by coconut trees, palm trees, and lovely red and orange flowering trees, with a mountain range on one side. Our barracks are filled with permanent and transient Red

Cross girls, many of whom have been here 22 to 30 months. We all assume a hideous yellow color from the atabrine and bright sunshine. Two nights a week we are allowed out until 12, other nights 11. Two couples must always be together, with both men armed. It's a strange feeling. Our transportation is by jeep or truck. My, but they are hard on one's seat! Next to our barracks is a large recreation hall, fixed up attractively with yellow and white parachutes draped from the ceiling. We also have a little kitchenette, but have had to close it for lack of clean water with which to wash dishes. Food becomes a large topic of conversation out here, and although our mess is supposed to be the best around this area, one frequently gets up hungry. We did have steak yesterday, but I am sympathetic with the GI's about bully beef. Working in and cleaning the hall are two natives (fuzzy wuzzies). They have bleached their hair with peroxide, and wear flowers in their hair and tied on their arms. One had a Delmonico peach label tied on his head last week. Some of the natives speak quite a bit of English, and one was whistling a Christmas carol the other day.

We made the mistake of arriving with hospital dresses and skirts, and, of course, no women are allowed anywhere in the Southwest Pacific in anything but pants. I have just sent everything I brought with me home, and have purchased our uniform, which consists of shirts (long sleeved at all times), slacks, with high boots and leggings at night.

I am very much impressed with the work done here by the Red Cross. They have built clubs for the GI's and run entertainments in unheard-of jungle areas. Some of the girls get up at 4 A.M. and go out with canteen service to the air strips. They all work very long hours, and often have to drive for an hour over the dustiest roads to get to work. These girls live at the hospitals.

On the boat I talked with a nurse who was returning from leave. She was with the 105th General Hospital. I heard many fine things about Colonel Cave [*ES* 1926 & *Or*. 1928]—loved by them all—plus many other MGH men. I hope soon to be near them. They are said, by the people out here, to be the best unit anywhere.

Mail becomes all-important out here, and I hope I may soon hear from my Boston friends. I know you are all working beyond endurance, and I feel quite guilty sitting in the sun.

When MGH-ers who are not on the Hospital Staff go into Military Service, there is no way of our learning this fact and adding their names to our mailing list unless they notify us or we are informed by interested friends.

Lt. John Vernon Cantlon, MC, USNR (*ES* 1935) has evidently been in the Navy for quite some time. We did not know this, therefore he has not been receiving The News. And we might *never* have known about it had not Dr. Edward Hamlin, Jr. sent us this letter from Lieutenant Cantlon.

I wonder if you would do me a favor. I have somehow or other gotten out of touch with the MGH gang in recent years and would like to find out more about them. Would you be so kind as to send my mailing address to The News and ask them to send me all future copies?

Fortunately, as regards my career, I had no illusions concerning my part in the war. I was sent for a month to a grand hospital—Oak Knoll, in Oakland — and really was doing plenty of surgery, but found that that was merely a plum, for I was then transferred to Camp Parks in California, ostensibly as surgeon. When I arrived I found there was no surgery, no surgical instruments, and that I could do a lot of tonsils if there was anything to do them with. So I was made a back diagnostician after working for a month on venereal disease and a month on malaria. By that time a surgery was constructed and I started doing from 6 to 10 tonsils a day, under local, after a man showed me how to do a few. In August our instruments arrived, and in October I was transferred to Seattle for the purpose of commissioning this ship. Since then I have really lived a life of ease and comfort. We sailed from Seattle in November and have been flitting round from place to place since then. I have not been entirely inactive, though, for one of my pharmacist's mates developed mesenteric adenitis at sea and I removed his appendix a couple of months ago.

I saw Herb Adams and had a nice visit with him in Pearl Harbor. One day I drove thirty miles to see him do a pneumonectomy with Jim Fish at an Army hospital, but when I got there I found the man had started to run a fever so they canceled it. Mabrey is at Pearl with Herb. They both have good assignments.

In spite of the fact that there is little to do in the medical line aboard this ship (which is a honey as far as ships go—a small seaplane tender) I have had a most interesting, pleasurable, and restful time. I am catching up on reading, practise gunnery with the gun crews, and study navigation, meteorology, and aviation. (I took flying lessons just before leaving Reno and finally got to solo before I left.)

At present we have good duty in a somewhat active Theatre. It consists of sea rescue work, and I feel that the cost of this ship and crew to us taxpayers has more than justified itself already.

I hear from Ed [Capt. Cantlon, MC, AUS (*ES* 1938)] from time to time. He is somewhere in Alsace, doing interesting work with the 7th Army. He mentions seeing Grantley Taylor and Roy Cohn not long ago.

I didn't make any arrangements about my practice when I left Reno. I simply closed the books with the intention of starting from scratch after the war ends. My practice is probably spread to the four winds, but maybe I can bamboozle some of them into returning. If not, I'll sell life insurance or settle down to some steady farming.

Another "first letter" from the Pacific Theatre—this one from Lt. Harold E. Elrick, MC, USNR (*M* 1944).

Your Christmas card with all the signatures of the Staff reached me today. Needless to say, I was delighted to receive it and would like to express my appreciation and thanks.

Since June 1944 I have been attached to a Division of Destroyer-Escort Vessels as Division Medical Officer. In November we arrived in the Pacific Theatre, and in January participated in the Leyte and Lingayen Gulf Campaigns.

The only other MGH man I've run into so far is [Lt.] Connie Shea [MC, USNR (*ES* 1943)] who is on a rescue and casualty ship.

Please continue to send The News. I look forward to receiving it every month.

My best regards to every one.

Surely, every one who read the letter from Capt. John J. Kneisel, MC, AUS (*EM* 1940), in the December issue, remembers it. And yet, in a letter from the Philippines, dated January 10, he writes:—

I have not written before because I never believed I had anything of general interest to offer. It's not flattery to tell you I've thoroughly enjoyed each issue of the hospital paper. I'm sure you must know how much news of one's friends means out here.

We've had a fairly hard go in this campaign, but are happily out of combat for the minute, resting and re-equipping for the next show. Following *that* one I am beginning to have hopes of visiting home.

More than a year has passed since we last heard from Capt. Lloyd S. Saltus, MC, AUS (*CM* 1938). This letter, from Belgium, is written in the inimitable Saltus style.

My address, new at Christmas time, indicates a stroke of good fortune in getting into a useful, active job among friends from St. Luke's in New York. For two months we were very busy with the damage caused by the respiratory bugs and viruses, melting snow and freezing mud, and sometimes by the Germans. Now the sun has taken care of some items and the Army is working on the Germans, so that we are left behind for the time being.

Just before Christmas I was in the same company as Capt. Sidney Cobb, son of Stanley. He was a most staunch supporter, and made my work easy for me while we conducted a "tactical withdrawal". We didn't get into the lion's mouth like Lamar Soutter, but felt a few drops of saliva.

Thank you for the always interesting News and for the Christmas card with all its familiar signatures, legible or as usual.

From "Somewhere in Germany" comes this brief V-mail note from Lt. Col. Harold H. Hamilton, MC (*r.s. PH* 1933):—

I am glad to say The News has followed me through Wales, England, France, and countries east, better than any other publication—second only to Mrs. H's letters. Please keep it coming.

A brief report on matters military and otherwise has come from Lt. Benson B. Roe, MC, USNR (*WS* 1943).

For the benefit of my curious friends I find it necessary to report a matter of some importance—namely, that the bug I had been so deftly avoiding finally bit with serious consequences, and on January 2 I ceremoniously added my name to that of one Jane St John. Although her father is a Presbyterian Hospital (NYC) surgeon and she a P.H. graduate, I am glad to report that they are broad-minded enough to concede the M.G.H. as "OK". However, my medical loyalties have been unswayed by marital influence.

Since leaving Boston my duty has been (1) briefly at the Naval Air Station in Norfolk, and now (2) on a light cruiser. We have experienced no martial excitement as yet, but the duty is excellent considering what I hear of many of the "docs".

My regards to every one on the banks of the Charles, and many thanks for The News which is always much appreciated.

Breezy, as usual—and enthusiastic about everybody else's work—is this letter from Major Henry F. Howe, MC (*r.s. PH* 1934).

Sans Origine
Date unmentionable

Dear MGH News:

For nearly a year now I have been shuttling the Atlantic in command of the little hospital aboard a troop transport. To date I have covered well over sixty thousand miles and have grown quite familiar with most of the ports from Scotland to North Africa. On the outward voyage I am practising among the usual Army community of healthy young males in splendid physical trim and full of *esprit de corps* that our training camps have managed to instill. It is a personal tragedy, to the man and the outfit, when sickness makes it necessary to separate one of these men from his unit. On the inbound voyage we often become an ambulance. Our gunshot wounds and compound fractures reach us in splendid condition, without infection, and with adequate records and X-rays.

Sitting near the end of the chain of evacuation as we do, we have a chance to sum up at leisure the work done by the various medical echelons. I have been very much impressed with the intelligent handling of the more severe traumatic cases in the forward areas. The

MASSACHUSETTS GENERAL HOSPITAL ROLL OF HONOR

young battalion surgeons, recently out of internships, are doing a good job. We have had occasion to work with many of them on outward voyages, so we are not surprised that their work in the field is of a high order.

Another powerful impression one gets is of the spirit of the wounded. They don't complain. They show enormous appreciation of anything we do for them. They seem surprised at the "good deal" the hospitals have given them. The amused intolerance with which the soldier regards the medics on the outward voyage turns into fulsome praise when he returns as a casualty.

Thus we get the impression that the quite complicated chain of medical institutions through which the patients travel, from the battalion aid post all the way down to the hospital centers from which we evacuate them, are doing an effective job both clinically and humanly. It is rather amazing that institutional medicine of this sort can work as well as it does, for no single medical officer follows a patient longer than a few weeks at most; each takes up more or less from scratch where the other left off. Still, it seems to work pretty well—thanks to the generally high calibre of the Corps as a whole.

I have not happened to run into MGH men on any of my travels, and have so far not been in a position to visit any of the installations where Boston men are congregated. For that reason I sit down and devour THE NEWS with particular relish and look forward to its arrival with great anticipation. It should get a Pulitzer! [See how all your letters are appreciated? *Editor*]

Many thanks for the Christmas card, and regards to the gang.

The last time we heard from Capt. William E. Flood, MC, AAF (*r.p. D* 1942) was in 1943 when he was in North Africa. A where-are-you inquiry from us finally caught up with him and resulted in the following letter:—

I returned to the U.S. July 1, 1944 for a thirty-day leave. Then I attended the School of Aviation Medicine at Randolph Field. Upon graduation I went to the School of Applied Tactics at Orlando, Fla., and from there was sent here to the Regional Hospital, Smoky Hill Air Base, Salina, Kansas. It is a small hospital at present, but is expected to grow. I have been made Chief of the Dermatology Section.

I was unable to see the —th General Hospital before I left, but did see a few of the men. It was good to run into so many MGH men around Naples.

This V-mail letter from Capt. Philip P. Thompson, MC, AUS (*WM* 1942) makes us wish he would write at greater length soon.

I have followed with interest the whereabouts and activities of my MGH friends and acquaintances through the pages of THE NEWS. During the two and a half years since I left, it has been my principal source of contact, although I have met some MGH friends during my travels through North Africa, Corsica, and Italy. Being somewhat isolated with an Infantry Unit, as I now am, I don't see or have the opportunity to talk with many other doctors, either in hospitals or in other field units. For this reason, I am especially appreciative of THE NEWS, and through it hear of the experiences of others.

Medically my experiences have been somewhat limited but never dull; whereas my experiences otherwise have occasionally been exciting, to say the least.

The following letter from Lt. Rose C. McDonnell, ANC (*MGH* 1935), to a friend, has been forwarded to us.

I had been trying to get a transfer for the past year or so, and tho I didn't succeed I did finally manage Detached Service which I think will probably be for the duration of the war in Italy. It all came about when Colonels Sullivan and Simeone came down looking for two nurses to do research with them. Marguerite Cronin and I grasped the opportunity and here we are—just where we have been aching to be for so long. Naturally, we hated to leave our old outfit, for there were some wonderful people there, but this is the type of work we came over here to do and I'm glad to be doing it. We work with only the most seriously wounded patients, and I have done more worth-while work here in the past four days than I did in all the time I was in Rome.

This Medical Research Board is made up of Colonels Simeone, Mallory, Sullivan, and Beecher, Captains Burnett and Chenez, plus five or six enlisted men—one, a medical artist, and the rest lab technicians and ward men. They do their work in several hospitals, but the bulk of it is done at the most forward Evac, so that's where we are stationed.

We are in a muddy but very beautiful spot. The surrounding mountain peaks are covered with snow and, as you might well imagine, it is very cold. We wear long woolen underdrawers, long-sleeved woolen undershirts, a woolen overshirt, woolen pants, socks, high leather boots and rubber arctics, plus a wool cap, a field jacket, and mittens. On duty we remove the cap, mittens, overshoes, and field jacket—unless it is very cold. It is amazing that we are able to do such an extreme amount of work on these patients under such difficult conditions, yet their physical condition when they are injured must be fit enough to withstand unfavorable conditions. They all get penicillin night and day. They all get blood, plasma, and glucose almost constantly. We have a heavy wire strung from one end of the tent to the other and we tie the bottles of solution to this with a piece of bandage, and away they go. Every second or third patient has a Wagenstein, and when there is a rush morphine is mixed up in three or four ounces of solution, with a rubber stopper on the bottle, so that all one has to do is aspirate the desired amount, otherwise things would never get done.

If you like shells let me know, for I can send you some. We have all kinds—our own from behind, and the type we don't care for on the other three sides. We'd be scared if we weren't too busy to realize.

Letters from our men in Italy and thereabouts are so rare we always pounce upon the few that do come, with the hope that they may contain NEWS material. This one to Dr. Faxon from Major James A. Halsted, MC (*WM* 1932) discusses a subject of vital interest to many, both at home and abroad.

As is true of all of us, I appreciate THE NEWS very much and await it eagerly each month. Having been much interested in reading Dr. Cobb's two articles on the Psychiatric Service and Major Ludwig's letter in the March issue regarding his experiences in psychiatry, I am impelled to send a brief note on another aspect of the same subject which we, as internists, have had to deal with.

I have had the good fortune to be attached to the Fifth Army since October—my job being to try to sort out psychosomatic cases in the forward area, make diagnoses and evaluation of the man's capabilities up here, and thus prevent over-hospitalization, which has been found definitely to be very harmful in these cases, just as it is in the battle neuroses. The Army Surgeon is very much interested in medicine, realizing the important fact that men evacuated for disease constitute a problem which is more important numerically, from the man power point of view, than the battle casualties. He established a Gastro-Intestinal Center, of which I have been in charge, and the work has been both interesting and productive. We cut down hospitalization time about three fourths, and are able to return a considerably higher percentage to full duty. Lately, since the work has been rather light, we have been able to make a fairly extensive study of the non-ulcer dyspeptic patient by gastroscopy and careful psychiatric examination by the psychiatrists from the Army N.P. Center. I have been doing the gastroscopies with a man who is a real expert with large experience whom we were able to get up here for this purpose. The MGH gastroscope is serving its purpose well, and I expect we shall be able to get together some data which may be of some value.

When the 6th will be set up again is any one's guess. In the meantime its members have been scattered hither and yon, making special surveys and working in various institutions. One or more of us can invariably be found in the Excelsior Hotel in Florence, either engaged in some mission or traveling to another, so that it has come to be almost like the Harvard Club of Boston.

THE NEWS

No. 33 Boston, Mass. JUNE 1945

NEUROSURGICAL SERVICE AFFAIRS

My introduction to neurosurgery was unpleasant, bloody, and unsatisfactory. I was a "striker" on the surgical service, with little or no experience, as it was early in my fourth year at the Medical School. Some one sat me on a low stool beneath the head of a patient lying prone on an operating table. In one hand I held an ether cone, while my other hand supported the patient's forehead. One of the older visiting surgeons uncovered the cerebellum. I was in the dark, literally and completely, as to the patient's condition. Blood was dripping into my hair. I wonder what the anesthesia service, the neurosurgical service, and the assembled wisdom of Surgical Grand Rounds on Thursday mornings would say to such a performance today. Perhaps the remembrance of this early experience gave me the desire to help improve, if I could, the practice of neurosurgery.

There have been many changes since those days when neurology had two house beds on the medical wards. My father was doing more neurosurgery than any one else in the hospital, but that was because of his interest in trigeminal neuralgia. Tumors were operated on by any one on service, as were cases of head trauma. The beginning of a real neurosurgical assignment came later, when neurology and neurosurgery were given Ward 26 in the Bulfinch building. Some of the neurological department will remember this ward, as will Miss French from her experience as head nurse. Of the present active members of the neurosurgical service, only your reporter will have a clear picture of the work we did. In that ward was fostered the close association between neurology and neurosurgery which has meant so much to me and to the hospital throughout the years.

Neurosurgery at the M.G.H. has given many men to the Armed Forces. The Chief of the Service, Captain White, holds a position of great responsibility in the care of wounded Navy personnel and up to now has found time to continue his teaching and research work. I wish him every success in his new position at St. Albans, and know that he will do well. As I have visited Army hospitals during the past two years and have gone over Army lists, I have been made happy and proud of the work of our ex-residents in neurosurgery. Some, here in this country, are doing a splendid job in restoring function to paralyzed limbs by nerve suture and closing gaping defects in blown-out skulls. Others are in general hospitals overseas. Others are in evacs, and still others in mobile surgical teams. The list is too long to name them individually, but the reports show they are doing excellent work. I envy them.

Neurosurgery as seen in the Armed Forces is a very different problem from that seen in a civilian hospital. Ten per cent of battle casualties fall to the neurosurgeons at one time or another. Most of them suffer from peripheral nerve injury, whereas the peripheral nerve case is rare in a civilian service. However, the problems studied in this hospital are applicable to war work. Dr. White's work on intracranial injuries, brain swelling, blood loss and so forth, are all of value. Low back injury and ruptured intervertebral disc is a very difficult problem in the Armed Forces and our work in this field has been useful. Dr. Michelsen's work on ruptured cervical disc has taught us to look for this lesion in cases of otherwise unexplained brachial neuritis. This work is still going on and gives promise of really important results.

We have watched with interest and have had some small part in the development of surgery of the sympathetic nervous system. Many of the procedures now carried out on the general surgical services were first tried out on the neurosurgical service. This is true of dorsal sympathectomy, presacral neurectomy, and lumbar sympathectomy. Dr. Smithwick's work in hypertension has been developed from these small beginnings. To my mind, this is one of the outstanding contributions to the surgery of our time. It is a great satisfaction to know that his work here at the M.G.H. has gone far toward solving this difficult and important problem.

We who remain on the service look forward to the day when those in the Armed Forces will return. They will bring with them new problems and wider vision as a result of their experiences.

I feel that the future of neurosurgery here at the M.G.H. is full of promise.

W. Jason Mixter, M. D.,
Acting Chief of Service

* * *

Jane D. McCarrell, Ph.D., is leaving M.G.H. on May 15, and will start teaching at Vassar in August, as Professor of Physiology. She will replace Professor Ruth Conklin, head of the Department of Physiology, who is on a sabbatical leave of absence. Dr. McCarrell has been working with Dr. Henry K. Beecher since January 1942.

VOLUNTEER DAY—1945

On June 14, from 3 to 5, simple exercises will take place on the Bulfinch lawn. In case of rain, the program will be postponed until the following day—June 15.

It is unnecessary to urge that all the hospital family be present. As this is the one time in the year planned for an all-out get-together, every one of us, surely, is looking forward to the event.

His Excellency Maurice J. Tobin, Governor of the Commonwealth of Massachusetts, has been asked to speak. His Honor John E. Kerrigan, Mayor of Boston, has also been invited.

The program will include:

Music by the United States Port of Boston Coast Guard Band

The MGH good neighbor policy—Introduction of doctors from foreign countries

The famous Vincent Drill

Cold drinks and cookies will be served.

Since this notice in THE NEWS is the only invitation you will receive this year, we ask that you accept it as if it were an announcement addressed and mailed directly to you.

At the Vincent Club Annual Meeting, held May 8, it was voted to give $20,000 for the support of the Vincent Memorial Hospital. This sum is derived from the proceeds of the Vincent Show and from dues paid by the Club members.

A Medical Staff meeting was held in the Ether Dome on May 28. Comdr. Bernard M. Jacobson, MC (*a.p.*) gave an interesting talk on "Men, medicine, and mosquitoes on a South Sea isle". Tea was served in the Staff Room, as usual, before the meeting.

E-J

It seems as if everything—and more, besides—has been said, in more ways than there are, about V-E Day. We, here at M.G.H., received the announcement with quiet understandably mixed emotions—a feeling of relief that for you who are in Europe the slaughter has ended, and an anxious prayer that for you in the Pacific war's end come soon.

This may be the best time to remind you that now, during this period of numerous transfers, it is more important than ever that you keep THE NEWS informed of your latest address. Also, please *do* let us know if and when you return to the States. Not only will this help us keep your military record complete, but it will relieve the overburdened mail service of unnecessary forwarding.

ROBERT SATTERLEE HURLBUT

Lt. Robert S. Hurlbut has been reported as "Missing" since the loss of his ship, in the Pacific Area, on March 26. He is presumed lost. Lieutenant Hurlbut was an Intern and then Assistant Resident on the East Surgical Service from 1938 until 1942, when he was called to active duty in the Navy.

He was born in Cambridge and attended the Belmont Hill School before his entry into Harvard College in 1930. While at college, in addition to his premedical courses, he was interested in many sports and organizations. He was especially active in football and rowing. He was a member of the Owl Club, the Hasty Pudding Institute of 1770, the Speakers' Club, and the Harvard Instrumental Clubs. Upon graduation from Harvard, he was married to Sally Drew of Newton, and the following fall he entered the Harvard Medical School, graduating in 1938. He was the permanent Secretary of his Medical School class.

He started out as Intern here at the Massachusetts General early in 1939, in the last days of the corrugated iron operating rooms, and was one of the last to have his "pupship" under the old system. He was an Intern on the Urological Service when it still inhabited the old Ward F, now defunct. The Surgical Services moved into their new building in December 1939 and January 1940, and Bobby's Odyssey through the various branches of the service continued in the new quarters. Between his Internship and his Assistant Residency, he spent nine months in the Department of Pathology, working in this basic field as a part of his surgical background.

Even during the most hectic period of his "white suit training" Bob maintained his place at Marblehead which was so much a part of his life. His joy in the ownership of this property was fulfilled only in sharing it with others; he gave many picnics and clambakes there for members of the House Staff and for large groups of medical students—gatherings that will always be remembered for the easy hospitality and gracious generosity of host and hostess.

Having been in the Naval R.O.T.C. at college and always interested in ships and sailing, he applied for his commission in the Navy soon after our declaration of war and was promptly called to active duty. Because he had sailed the Atlantic coast a good deal, he was hopeful of being assigned to sea duty in this region. However, for many months he fought the "battle of Causeway Street" and was extremely restless in this position—always anxious to get out and do more of an active nature in the prosecution of the war. This idea so obsessed him that at one time he threatened to resign from the Naval Medical Corps and become a line officer, which he was fully qualified to do as a result of his R.O.T.C. training at Harvard

Finally, early in 1943, he was made the Medical Officer on one of the new 2100-ton Fletcher Class destroyers, and was delighted with this appointment. He was assigned to the ship before she was fully commissioned, and spent many days collecting the right equipment for his sick bay with all the same loving care with which he would have outfitted the cabin of his schooner in the days of peace, or his new office had he been going into practice.

His destroyer went on duty first in the Atlantic, escorting President Roosevelt to the Teheran Conference. He was then transferred to the Pacific. He participated in many engagements in the Pacific war, including the landings at Leyte and Luzon, the battles of the Philippine Sea and other actions in that neighborhood, and a foray into the South China Sea where he was on the edge of the great typhoon which destroyed other Naval units.

While on this duty he was extremely happy, and was well loved by all the men on his ship. They called him the "morale officer", and with his familiar accordion, which he played so well and to which he referred as his "belly Baldwin", he gave the officers and crew many an entertaining evening. He was active in many ways other than matters medical while on his ship, and one of the men who left the destroyer five days before she was lost says that "the doc" knew more about everything that went on that ship and how it worked than any one else on board.

His letters during this period were filled with vivid descriptions of the combat action he saw, but were also interspersed with many expressions of his desire to return to peacetime medicine and life with his wife and family. In addition to his wife he left his four children—Robert, Jr., 8, Sally, 6, Patricia, 2½, and Caroline 17 months.

The characteristic vim and vigor with which Bob did everything and the lighthearted mannerisms which were so much a part of his character will be sorely missed in the life of the Massachusetts General Hospital in the years of peace to come.

F. D. M.

One of Lieutenant Hurlbut's very last letters was sent to The News. It was quite the most humorous ever received by us. Excepts which are of general interest are given below.

A short time ago several back issues of The News arrived and were carefully read, chewed, and digested with extreme pleasure. The postprandial result of this literary feast was a sudden awakening to your request for news from the "silent ones". I believe I can easily qualify for the somewhat dubious honor of heading well up at the top of the list, [He did. *Editor*] if not already classified among the deaf mutes. To alleviate this situation, the ensuing synopsis is offered with certain not too pertinent observations. It could possibly be titled, like one of the Rollo books, "The adventures of Robin in the Navy" or more autobiographically "The memoirs of a tin can quack". But enough of the preface. Let us press on to the first chapter.

This can be fittingly called "The battle of Boston". My first two months of active duty were put in at Chelsea Naval Hospital. At that time the hospital seemed to be functioning as a virtual annex to M.G.H., for it seemed that nearly half the doctors emanated from the old *alma mater*. The duty was extremely pleasant, with ample opportunities to "wash the hands".

Such things do not last long, and early in December of '42 I found orders assigning me to the Naval Aviation Cadet Selection Board, First Naval District Headquarters, better known as the salty "U.S.S. Concrete". This was, to say the least, a little disconcerting. Of the two things I least desired, one was recruiting, the other aviation. I got both in one lump. After some five months of thumping chests and listening to hearts of young prospective birdmen, I had started a sufficient agitation which, coupled with a trip to the Mecca of Medicine in Washington, was productive of a somewhat saltier berth.

I had watched my present station grow, develop, and finally float at Boston Navy Yard, and had little difficulty in landing a job for fitting out, commissioning, and permanent duty. Specifically, it was (or she is) a 2100-ton Fletcher Class Destroyer. To my mind she's the best looking ship in the Navy, and subsequent experiences have shown she is one of the fightenest. All others contrary minded are herewith challenged. Prior to final assignment aboard, I spent a month at Harvard as doctor for the V-12 program. This really moved the war into my own back yard and gives the final touch to "The battle of Boston".

Life on the destroyer has been all that was hoped for and a lot more besides. Including the shake down cruise we spent nearly five months in the Atlantic, the high light being escorting the President to the Teheran conference. We then came through the canal early in January of '44, and have had the satisfaction of taking varying sized pieces out of the pants of Nippon ever since.

Medicine on a destroyer, although somewhat limited, is to say the least varied. One is a general practitioner in every sense of the word. Surgery, psychiatry, dermatology, public health —in fact, everything but gyn. and obs.—has appeared. The sick bay, although small, is very well equipped, and the "worm" has been extracted more than once. One of my proud possessions is a "Henry Marble irrigation setup" for handling hand injuries, and so far all tendon sutures — seven in number — have healed 100% uneventfully.

Dermatology is perhaps one of the largest problems. Spick itch, the Navy's name for athlete's foot, is one of the chief offenders. The remainder of the rashes run from heat rash in its most violent forms to bizarre eruptions which I defy some of the most eminent men in the field to diagnose.

It's quite surprising to see how many different things crop up over a period of time. Add to this the occasional opportunities to make sick call in several of the base hospitals when we hit port, and one keeps pretty well up to date. These bases are doing a grand job, and they're always glad to let you scrub in on a case.

Besides medical duties, my extra curricular activities are legion. A ship of this size has practically everything a battleship has except on a smaller scale and without formality. We have a perfectly grand skipper, and he has given me free rein. Much of my time is spent as an assistant navigator, and also standing deck watches at sea. The communication department also gets a fair share of attention, and during general quarters I'm usually armed with a sixteen millimeter movie camera to get official pictures of any action. It's certainly far from being a dull life.

Censorship regulations have been much stricter in the Pacific than in the European Theatre, but they've relaxed sufficiently now to allow us to emerge from our cloud of mystery and say briefly we've had a part in every campaign in the Central Pacific since Tarawa. Our latest adventures involved the invasions of Leyte and Luzon, as well as the Second Battle of the Philippine Sea.

It is impossible to express how proud one feels to have been a part of the General, especially way out here where you still find so many of her sons. Among those I've run into are Kit Carson and Roy Mabrey, both doing big things on orthopedics. I saw Irad Hardy several times at Pearl Harbor. We've covered the Marines on more than one invasion, and a harder fighting, harder hitting outfit never existed. I've run into Bob Schwab several times, as well as Commander Casten. Bill Ayers was my next door neighbor, so to speak, for many months. Pete Brooks popped up on the end of a dock for a short talk. These and many others have hove up over the horizon, and we've talked over lots of pleasant memories of the old M.G.H. It certainly will be great to get back.

This, I'm sure, gets me more than up to date, and I'd best bring the curtain down on the second chapter. However, before securing, I do want to express thanks for the Christmas card, and many thanks for THE NEWS. It's swell.

Good luck and best wishes to all.

Its choicest sections—uproarious accounts of activities on shipboard—are not included here. All of Lieutenant Hurlbut's friends, who knew and appreciated his unique type of wit, will enjoy reading the letter in its entirety. You will find it on a table in THE NEWS office.

A description of an incident, with Lieutenant Hurlbut acting as prestidigitator, is included in a letter from Lt. Terry E. Lilly, Jr., elsewhere in this issue.

At their meetings on April 20 and May 4, the Board of Trustees voted:

To appoint Dr. Marjorie F. Bauer as Resident in Dermatology, beginning July 1;

To appoint Dr. William H. Mathis, Jr. as Assistant Resident in Radiology, beginning July 1.

The General Executive Committee, at meetings held during April and on May 9, voted to appoint:

Dr. W. Jason Mixter as Acting Chief of the Neurosurgical Service;

Dr. Jung-Tien Chen as Clinical Fellow in Anesthesia;

Dr. William S. Clark as Clinical Fellow in Medicine;

Dr. Emil J. Ganem as Graduate Assistant in Urology, beginning July 1;

Dr Lloyd Mills, Jr. as Graduate Assistant in Medicine;

Dr. Leon Rosenfeld as Research Fellow in Surgery.

The Committee also voted:

To accept the resignation of Jane D. McCarrell, Ph.D., effective as of May 15.

S 1/c John D. Kenney, USCG, a past orderly at Baker Memorial, is back at his home, 65 Summer St., Stoneham, Mass. Kenney participated in most of the major invasions in the Southwest Pacific; and, upon his return to the States, was one of the service men selected for the color guard at the San Francisco conference.

Dr. Henry L. Heyl (*r. NS* 1940) carried the rank of Captain with the 6th General Hospital group overseas. Several months ago he was invalided home and was sent to Fitzsimons General Hospital in Denver. A note just received from him says:—

> I have been retired from the Army, am nearly back to normal health, and am planning to resume practice this summer. Meantime, I am living on and working our farm in Norwich, Vermont, which is my home address.

OFFICIAL NOTICE

The Blood Bank is prepared to supply concentrated red cells suspended in small amounts of physiological saline. It is recommended that such suspensions be used when the hemoglobin is approaching critically low levels but where bleeding has ceased and the blood volume may be presumed to have returned to normal. The use of whole blood in large amounts under such circumstances may precipitate circulatory failure and pulmonary edema. It is also thought that transfusions may tend to inhibit the bone marrow response following hemorrhage. If bleeding has stopped it may be wiser not to use transfusions unless the hemoglobin is critically low, but rather to wait for the normal marrow response. After the first week, hemoglobin should increase at the rate of 2.0 to 3.0 grams a week, especially if iron is given by mouth. Of course, in the case of patients suffering from shock, especially when accompanied by hemorrhage, multiple transfusions are indicated, in order to restore blood volume and increase the hemoglobin level.

Wyman Richardson, M.D.
Carroll C. Miller, M.D.
for the Blood Bank Committee

TALENCE CLUB

The twenty-sixth reunion of the Talence Club (formerly Enlisted Men's Club of Base Hospital No. 6) was held at the Parker House on April 20th, with thirty-one members in attendance at dinner.

It was noted that at least six members of the Club were participating in World War II, namely: Major Stephen S. Bean, Sgt. Michael J. Gaddis, Lt. Col. George W. Gardiner, Capt. William H. Lee, Capt. William E. O'Brien, and Pharmacist Mate 1st Class Howard E. Pooler.

The President spoke of the recent deaths of two members—Alfred Barnard and James Scott—and a moment of silence was observed in memory of departed members.

Stephen S. Brown, Superintendent of the Maine General Hospital at Portland, gave an interesting account of his activities since the last World War, and William J. McMorrow spoke of his recent trip to California and his meeting there with Frederick A. Bolsten, a member of the Club.

Officers elected for the ensuing year included:

President	Albert E. Hunter
Vice-President	Clement J. Beaudet
Secretary and Treasurer	Nathan E. Andrews
Executive Committee	Messrs. H. Averill, Bigelow, Blazo, Bonin, Carey, Chase, Chick, Clark, Everberg, Gardner, Kimball, Mahoney, McMorrow, MacNair, Mills, Putney, and Thoner

Comdr. Meinolph V. Kappius, MC (*a. obst.*) has been reported missing, following a routine flight near Leyte, late last January. Commander Kappius was Flight Surgeon on an aircraft carrier in the Pacific.

In our December issue we published the text of the citation which accompanied the Navy and Marine Corps Medal given to Lt. Irad B. Hardy, Jr., MC, USNR (*ES* 1939) for extraordinary heroism during the Marshall Islands Campaign. The information came to us by way of a Public Relations release.

A short time ago we chanced to hear that Lieutenant Hardy had received another decoration. In response to a note of inquiry, Mrs. Hardy sent us this copy of the second citation:—

> In the name of the President of the United States, the Commanding General, Fleet Marine Force, Pacific, takes pleasure in awarding the Bronze Star Medal to Lt. Irad B. Hardy . . .
>
> For meritorious achievement as medical officer of a Marine Artillery Battalion during operations against the enemy on Saipan and Tinian, Marianas Islands, from 15 June to 8 August 1944. By cool and capable direction, Lieutenant Hardy attended to the wounded in the face of heavy enemy fire and under difficult conditions. He continually administered aid to all nearby casualties as well as those of his own unit, and his prompt actions were undoubtedly responsible for the saving of many lives. His conduct throughout both operations was in keeping with the highest traditions of the United States Naval Service.
>
> H. M. Smith
> Lieutenant General
> U.S. Marine Corps

Mrs. Hardy adds this to her letter:—

> Irad sent me this temporary citation just before leaving for the Iwo Jima Campaign. He got through that safely and is now back at a rest camp. It was pretty grim, I guess; but, as usual, he writes little about what he's gone through. No explanation was ever given about this citation.
>
> Thought you might also like to know that in the fall, at their rest camp, he helped coach one of the Divisional football teams. He sent me a certificate stating they became the Divisional Champions of the Pacific. It was great relaxation for them all, and he loved it.
>
> I'm hoping he will get home after this Iwo Jima Campaign. He will have been out there 18 months in July, and has already been in four big campaigns which have been pretty messy.

Lt. Col. R. Earle Glendy writes from Belgium that Lt. Elizabeth Upton Wright (*MGH* 1927) will be home on leave. Colonel Glendy says Lieutenant Wright has been of invaluable help in his Medical Service. He tells us she has received the Purple Heart and Cluster. Her first injury occurred when a nearby hospital, in which she was a patient, was destroyed by a buzz-bomb. She was wounded again, six weeks later, when their own medical supply area was ruined.

Dr. Olof H. Pearson (*WM* 1941) paid us a call the other day. He had arrived home for a few days' visit. He is still Medical Director for the Africa-Orient Division of Pan-American Airways. He told us his outfit had last month completed its 5,000th crossing of the Atlantic, and said his work is similar to that of a Flight Surgeon. He said it is not difficult to keep the men well, as they are a pretty healthy group. Dr. Pearson has himself made ten crossings.

MASSACHUSETTS EYE & EAR INFIRMARY

At their meeting held on April 11, the Board of Managers appointed Mr. Francis S. Hill Assistant Director of Massachusetts Eye and Ear Infirmary. Mr. Hill reported for duty on May 1. He will take over much of the work which Dr. Faxon has been unable to handle because of pressure of work.

Dr. Faxon will still remain Director of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. The Infirmary will now have the same relationship, through its Assistant Director, as the M.G.H. units—Phillips House, Baker Memorial, the General Hospital, and the Out-Patient Department.

Mr. Hill will gradually assume, with Miss Robertson as his assistant, the details of operations. The general coördination of the activities of the two institutions should be achieved through the central directorship.

CHARLES TERRELL PORTER

Dr. Charles T. Porter, Surgeon in Oto-Laryngology at the Massachusetts Eye and Ear Infirmary, died suddenly on April 19. Dr. Porter served as House Officer on the Ophthalmic Service in 1914 and on the Aural Service in 1915. He was appointed Clinical Assistant in Oto-Laryngology in 1916, served through the various grades and was appointed Surgeon in Oto-Laryngology in 1935—a position which he held at the time of his death. He will be greatly missed by his associates and friends.

The Lucien Howe Laboratory of Ophthalmology

Believing that the participation of the Howe Laboratory in the war effort might be of general interest, the late Mr. Russell Fessenden requested that The News carry a resumé of the war activities in the Laboratory. The following brief description is taken largely from the Annual Report.

The Laboratory's chief activities have been twofold—the one under the auspices of the Navy, and the other under the auspices of the Office of Scientific Research and Development.

The projects for the Navy have been directed by Elek J. Ludvigh, Ph.D., assisted by Lt. Comdr. S. Forrest Martin (*Oph.* 1938) and Lt. S. Ransom Lynch, USNR, and have centered around optical problems arising directly out of Fleet operations. The newer techniques of naval warfare have naturally involved optical problems of a technical nature not heretofore encountered nor, in many cases, anticipated. Under the present arrangement the studies undertaken by the Howe Laboratory are referred directly from the Headquarters of the Commander-in-Chief of the United States Fleet. The expenses are entirely absorbed by the Navy through contracts between the Eye and Ear Infirmary and the Bureau of Aeronautics, the Bureau of Ships, and the Bureau of Ordnance.

The projects under the auspices of the Office of Scientific Research and Development have been conducted by David G. Cogan (*Oph.* 1935), V. Everett Kinsey, Ph.D., and W. Morton Grant, M.D., and have been concerned with the effects of war gases on the eyes. The Howe Laboratory group has been one of several in the country organized by the Committee on Medical Research of the National Research Council to study the war gases. An extensive investigation has been made of the biologic mechanism by which these agents exert their toxic effects, and the results of the investigation are submitted to the O.S.R.D. in the form of confidential reports. To date, the Howe Laboratory has prepared 45 such reports in the two and one half years of O.S.R.D. contract. It is hoped that after the war the material so presented may form the basis for a series of publications in the general literature.

All in all, the Laboratory has been dedicated almost completely to war problems since early in 1942. The lines of investigation have necessarily departed considerably from strictly ophthalmologic research and from the type of research to which the Laboratory is devoted in peacetime; but only in this way could the personnel, composed of relatively young and conscientious investigators, make its maximum contribution to the common good.

We have heard indirectly that:

Capt. John Thomas Schnebly, MC, AUS (*Oph.* 1938) has recently returned from Greenland and is now stationed at Hot Springs, Arkansas.

Garrett L. Sullivan, MC (*Oph.* 1938) has been promoted to the rank of Lieutenant Colonel. Congratulations!

Major George A. Filmer, MC (*Oph.* 1939) is Chief of the Department of Ophthalmology at the William Beaumont General Hospital, El Paso, Texas.

During the past few weeks we have had the pleasure of renewing acquaintance with several of our alumni.

Dr. Ralph J. Frackelton (*Oto-Lar.* 1933) was in Boston on a brief visit, but managed to come in to the Infirmary to observe some operating and to attend the Wednesday morning Clinical Conference. He is Chief of Staff of the Fairview Park Hospital, Cleveland, Ohio.

Capt. Edward F. Lawlor, MC, AUS (*Oto-Lar.* 1941) is back in the States after two years in China. He expects to report shortly to the Redistribution Center for further assignment.

Lt. Col. Clair Michael Kos, MC (*Oto-Lar.* 1941) came in the other day. He was looking "top notch", and we were all glad to see him. He gave us a brief resumé of his duties since he left here in 1941 to join the Army Medical Corps. Commissioned a First Lieutenant, he reported at the A.A.F. School of Aviation Medicine, Randolph Field, Texas, served through the various ranks, and was recently promoted to Lieutenant Colonel. He was here on official business and expected to return soon to Randolph Field. Incidentally, he has a most attractive daughter, age two years.

Lt. Betsy Bradford, ANC (11th Army Air Force) is home on a furlough after two years in the North Pacific Area as Flight Nurse with the Air Evacuation Service. She wears the Air Medal with Oak Leaf Cluster, the Presidential Citation, and 4 gold stripes. At the expiration of her furlough she will report to the Atlantic City Redistribution Center, and expects to be assigned to Army Hospital duty.

The News has received a letter from Lt. William F. Donoghue, Jr., MC, AUS (*Oto-Lar.* 1942 & *Oph.* 1944). It bears the heading Walter Reed General Hospital, Washington, D.C., "Dear friends of the Massachusetts Eye and Ear Infirmary".

After one year at Finney General Hospital in Thomasville, Georgia, I received orders to report here.

I spent a very happy year in the deep South, and although I was doing no ENT work—only straight eye—there was plenty to keep me busy. Two other Infirmary men were coming to Finney just as I felt—Capt. Robert E. McCall (*Oto-Lar.* 1941) and Capt. Earl C. Slaughter (*Oto-Lar.* 1940). I missed seeing both of them by a few days. [Lt.] Horst Heinicke [*Oto-Lar.* 1944] was the only Infirmary man I had met until coming here. He was assigned to the Medical Service at Finney General.

I have been one of the lucky ones as far as doing my own work is concerned. Here at Reed I am doing both Eye and ENT. Major [Mercer G.] Lynch [*Oto-Lar.* 1936], of the New Orleans Lynches and a contemporary of John Richardson, Burton Lovesey, Ned Holmes, and Werner Mueller, is, as you know, Chief of the ENT section here.

Kindest regards to all. May the time be brief between V-E and V-J Days.

An error was made in the copy sent to The News office for publication in the last issue. The guest speaker's name on the program of the New England Oto-Laryngological Society Meeting should have read Dr. Gordon Follette Harkness, of Davenport, Iowa.

All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

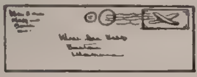
New addresses:—

Comdr. Charles H. Allman, MC (*Oto-Lar.* 1930), U.S. Naval Hospital, Chelsea, Mass.
Lt. William B. Ayers, MC, USNR (*W.S.* 1943), Portsmouth Navy Yard, Portsmouth, N.H.
Lt. Comdr. H. Irving Bixby, MC (*WS* 1924), U.S. Naval Hospital, Chelsea 50, Mass.
Lt. Addison G. Brenizer, Jr., MC, AUS (*WS* 1942), 348th Med. Surg. Dpt., Sec. 1 Madigan General Hospital, Madigan Hospital Center, Fort Lewis, Wash.
Lt. Comdr. Harold E. Dyer, DC (*a. dn. s.*), U.S. Naval Proving Ground, Dahlgren, Va.
Lt. Col. Kendall A. Elsom, MC (*res. fel. M*), ASF Regional Hospital, Fort Benning, Ga.
Major Henry H. Faxon, MC (*ES* 1927), Trudeau Sanitarium, Trudeau, N.Y.
Major Russell V. Fuldner, MC (*Or.* 1939), Convalescent Hospital, Surgical Section, Camp Edwards, Mass.
Lt. Robert S. Grier, MC (*EM* 1942), U.S. Coast Guard Academy, New London, Conn.
Capt. Joseph Lentine, MC, AUS (*Oto-Lar.* 1936), Army & Navy General Hospital, Hot Springs National Park, Hot Springs, Ark.

Capt. Robert E. McCall, Jr., MC, AUS (*Oto-Lar.* 1941), Finney General Hospital, Thomasville, Ga.
Major Milton L. Miller, MC, AAF (*EM* 1932), AAF Regional and Convalescent Hospital, AAFRS #4, SAAAB, Santa Ana, Cal.
Dr. R. Bretney Miller (*a. in M*), TWA—Hangar 2, National Airport, Washington 25, D.C.
Lt. Fathollah K. Mostofi, MC, AUS (*a. P*), Birmingham General Hospital, Van Nuys, Cal.
Lt. Comdr. Stanley A. Myers, MC (*Oto-Lar.* 1937), Naval Hospital, Springfield, Mass.
Capt. Frederic W. Rhinelander, II, MC, AUS (*ES* 1937 & *Or.* 1938), Hammond General Hospital, Modesto, Cal.
Major Marshall deG. Ruffin, MC, AAF (*P* 1939), AAF Regional and Convalescent Hospital, Coral Gables, Fla.
Major Ellsworth H. Trowbridge, Jr., MC (*r.p. N* 1940), NP Service, Regional Hospital, Camp Joseph T. Robinson, Ark.
Capt. James C. White, MC, USNR (*WS* 1925), U.S. Naval Hospital, St. Albans 12, N.Y.

Brief bits:—

Major H. Thomas Ballantine, Jr., MC (*WS* 1939) has received this promotion in rank.
Lt. Robert K. Brown, MC, AUS (*WS* 1939) has been transferred to the 403rd Med. Thor. Surg. Det., which has a San Francisco APO number.
Comdr. John H. Fay, MC (*EM* 1929) is now with U.S. Fleet Hospital #111, somewhere in the Pacific Area.
Lt. Comdr. Walter E. Garrey, MC (*ES* 1933) has been assigned to U.S. Navy Base Hospital #20, c/o Fleet Post Office, San Francisco.
Capt. John Homans, Jr., MC, AAF (*WM* 1942) has joined the staff of the 314th General Hospital. It has a San Francisco APO number.
Major Edwin R. Irgens, MC (*Oto-Lar.* 1936) is with the 369th Station Hospital, somewhere in the Southwest Pacific.
Lt. Comdr. G. Douglas Krumbaar, MC (*a. obst.*) is now on board ship in Pacific waters.
Major Alfred O. Ludwig, MC (*EM* 1932) has been promoted to this rank.
S/Sgt. Bruno Mickeleit, past employee in our Surgical Laboratory, has been sent to the 165th Med. Sv. Det., Museum and Medical Arts, which carries a San Francisco APO.
Lt. Edwin W. Peterson, MC, AUS (*M* 1944) also has a San Francisco APO number. He is with the 381st Station Hospital.
Lt. Col. Reno R. Porter, MC (*res. fel. M* 1939-41) is Chief of the Medical Service at La Garde General Hospital, New Orleans 12, La.
Lt. J. Robert Spencer, MC, USNR (*EM* 1943) is on a DD boat in the Pacific Theatre.
Lt. Col. Richard Warren, MC (*WS* 1936) has gone to the 158th General Hospital.
Major Howard G. Weiler, MC, AAF (*Or.* 1932) is with the 315th General Hospital, in the Pacific Area.
Lt. Comdr. John L. Wilson, MC (*ES* 1940) has evidently gone out into the Pacific again. His new address includes NATS Pac Unit and VRE-1.
Major J. Wallace Zeller, MC (*WM* 1935) has received this promotion in rank.



Lt. Comdr. Joseph A. Doherty, MC (*a. dn. s.*) is now stationed at U.S. Naval Training Station, Newport, R.I. A note giving change of address says:—

Am concluding three years of active duty, the greater part of which has been spent in a Naval Hospital in the Southwest Pacific. It is a grand feeling to again step upon American soil.

Major John R. Graham, MC (*WM* 1936) came to The News office not long ago. He gave us first hand reports and new addresses for many of our men, and had this to say about himself:—

I started out with the original 6th General group and was with them in Florida. I was then transferred to the 160th Station Hospital. We were in Northern Ireland for four months, and then went to England where we took care of Flying Fortress crews for nearly a year. The 160th covered more mileage on bicycles than any other hospital. From England I went to Wales to open a new hospital, and then joined the 302nd Station Hospital. Soon after my arrival there the Chief of the Medical Service left, and I was made Chief. Since I came home the 302nd has moved to France.

Major Zeller's wedding was a real MGH social event. There I met Major Ulfelder, who has been made Chief of the Surgical Service with the 55th General Hospital; Major Chafee, the sole remaining professional member of the 160th who came over with the 6th General group; Major Whiting, of the 103rd General, who left the 160th about a year ago to become the physician, under Army jurisdiction, for the American Embassy in London. Major Whiting later returned to the 160th, and then was taken out to become the Assistant Chief of Medicine in the 103rd, and later to run its Gastro-enterology Section.

I expect to return to the 302nd along the middle of May, but wish I might be sent west on my next assignment.

Major David W. Wallwork, MC, AAF (*ES* 1932) seems to be on his way—somewhere—after having shuttled from Morrison Field, to Carlisle, to Morrison, to Presque Isle, to Carlisle, to Presque Isle, to Memphis, to Homestead, Florida. A letter written early in May says:—

Finished six months as CO of the Station Hospital at Homestead and now for my overseas tour. I would appreciate having The News come along, even through this temporary APO, so that I may not miss any issue. The notes it contains are just like so much food. They nourish one's ego no end—to have been at one time or another associated with so distinguished a family.

Another to relinquish his title of "silent one" is Lt. Roger W. Morrison, MC, AUS (*ES* 1943). This letter was written to Dr. Faxon in April.

It has been a long time since I left the M.G.H. We traveled to the opposite corner of the country, and from there I started for the ETO. I now find myself in France, where our only moderately busy General Hospital is situated about three miles from the nearest town. We are in a beautiful spot. The hospital occupies what was a French hospital. There are several large cement buildings, rather modern in construction but in poor repair, since they have been used by Germans, British, and French before us. It was here that General Rommel was brought, following his "accident". The country, the large sun decks, and the remoteness make it an ideal location for Army purposes.

I've enjoyed thoroughly all my copies of The News. It's quite a good feeling to have that means of keeping in touch with associates, as well as with the institution one holds in the highest regard.

Capt. John G. Flynn, MC, AUS (*CM* 1943) is with the 110th General Hospital. In a letter to Dr. Allan M. Butler, Captain Flynn says that his pediatric training at M.G.H. is being utilized on a ward where Miss Esther M. Bean (*MGH* 1934), formerly head nurse on our Ward 10, is the head nurse. The letter closes with the following:—

As time passes, I feel quite sure that pediatrics is the only thing for me, and I long to hear on ward rounds the pleasant sound of crying babies rather than the all too frequent and unpleasant sound of "Attention" and "At ease".

This "first letter" from Major Thomas C. Worth, MC (*WM* 1938) gives the location of several members of our MGH family. It was written from the 110th General Hospital.

We have quite a large contingent of MGH graduates, all of whom enjoy reading the copy of The News which is sent to me.

The officers are: Capt. John G. Flynn and myself.

The nurses are: Esther M. Bean, '34; Mary C. Coolidge, '27; Mary M. DeWolfe, '43; Grace R.Forgey, '33.

We have a very fine hospital and have seen many interesting cases. We are situated in one of the most historic and beautiful sections of England, but we will be perfectly willing to go home when that time comes.

The nurses are very busy and seem to enjoy their work here. Captain Flynn, although a pediatrician at M.G.H., is now an orthopedic surgeon—and a good one. I am Chief of X-ray Service and have seen a large variety of interesting work.

In order to supply a connecting link with what we hope will come later from Capt. Robert E. Mason, MC, AUS (*M* 1943), this "first letter" from him is published. It was written in March, to Dr. Means, from the 56th General Hospital, somewhere in Belgium.

For several months we operated a 1,000-bed tent hospital in Normandy—until we had nice roads and walks built, and had put in the trimmings in our clinics, etc. Then we moved up here nearer the scene of action.

We are located in a fair-sized city, in permanent buildings which had been a cavalry school. But carpenters, paint, and a lot of elbow grease have turned it into a very comfortable and efficient plant which really isn't so bad to look at now.

For several months we were troubled by robot bombs which kept blowing out our windows and kept us dodging plaster and flying glass. Fortunately, we had no direct hits and very few minor casualties, and things are much quieter now in that line.

We opened for patients about two weeks after arriving here, and have been very busy ever since. I have spent the majority of my time between infectious diseases and general medical work. We have seen some very interesting cases. In England our chief infectious disease—aside from pneumonia, common colds, and venereal diseases—was meningitis and meningococcemia. Over here, however, we see almost no meningococcal infection, but are seeing quantities of diphtheria. There is an increasing amount of infectious or epidemic hepatitis, too. It is all fairly mild, but is certainly widespread.

Casualities are being handled wonderfully, as you must have heard. They are in excellent shape when they reach us, thanks to whole blood, plasma, penicillin, and early medical care. We are handling large numbers of prisoner patients, also. Many of them are lousy but we've seen no typhus, thank God. Occasionally we receive prisoners who had been in German hospitals when taken by our forces. Some of these are in frightful condition—weak, emaciated, exhausted, with infected wounds and inadequately treated diseases and huge filthy bedsores.

Dr. Dingle came through here recently and I talked with him for a short time. He is the only Boston man I've run across in some time.

I was *very* sorry to read of Dr. Breed's passing. That is a great loss to the M.G.H as well as to his friends. Such warm and glowing personalities are too few.

Lieutenant Robert S. Hurlbut—reported missing in action in the Pacific since March 26

Lt. Col. William F. Hoyt, MC (*WS* 1932) is now with a General Hospital, somewhere along the Ledo Road in India. In a letter to Miss Meehan he writes:—

I finally arrived here on April 22, after a very comfortable trip. I am Chief of the Surgical Service, and the CO is a friend of mine who was formerly the Executive Officer at Glennan General Hospital.

I have met many friends of [Major] Norman Freeman's [*r. s. WS* 1935] near here, and [Capt.] Bill Snyder [*WS* 1933] is not far away. I have not seen any other MGH men so far.

Lt. Joseph M. Stowell, MC, USNR (*gr. asst.* 1944) has sent us an outline of his military service, to date. He is stationed at a U.S. Naval Hospital in the Pacific Area.

I went on active duty at U.S. Naval Hospital, Newport, R.I., on July 31, 1944. I was there only eight days when orders came through for duty here. I arrived September 4, on the Orthopedic Service. In December I was ordered to a Naval Air Station. After working there on surgery and orthopedics for a little over three months, I was ordered back here for temporary duty on the Orthopedic Service. We have been very busy and have had many interesting cases. The patients, when they reach us here, are in fine general condition, as a rule. They certainly have had excellent care in the forward areas.

Herb Adams and Mabrey have been doing a grand job here. We all feel The News is a great institution.

Comdr. Robert S. Schwab, MC (*r. s. N* 1935) was transferred a few months ago from his LCT Flotilla to a Fleet Hospital. A letter to Dr. Viets says, in part:—

I still have seen *no* myasthenia gravis out here. This hospital has recently opened, and we are now getting our share of combat casualties. I am seeing all the peripheral nerve cases, as we have no neurosurgeon on our staff so far.

I have built myself a sailboat out of two airplane belly tanks, which I call *Alpha Wave* II and which sails very fast.

I was in the Leyte Landing, which is the only excitement so far.

Here is that letter from Lt. Terry E. Lilly, Jr., MC, USNR (*ES* 1943) which contains, among other interesting accounts, the story about Lieutenant Hurlbut. It was written to Dr Faxon, on April 15.

I have been the grateful recipient of The News, and consequently have not felt completely detached—remote as this anchorage may be. Incidentally, we call this spot in the Pacific "Nothing Atoll"!

A year ago I gave you a picture of our "floating clinic", at that time new and untried. Last month Admiral Nimitz announced the identity of the so-called "Pacific Secret Weapon", shedding the first light on the work of this vast and far-flung supply and repair activity. So I suppose I might now say something within censorship bounds myself.

The whole organization is a motile unit, having the facilities of a "Pearl Harbor Afloat". This force, by its front line services, backs the fleet right up to within snapping distance of the buck-toothed Japs. Needless to say, the enemy has suffered many radical extractions—so many, in fact, that it is rapidly becoming a question whether his remaining chewing surfaces meet minimal naval requirements.

It has been our privilege to perform all manner of service to the "work-horses" of the Navy—destroyers and escorts. Since young medical officers of lieutenant junior grade and those who were plucked from internships and residencies most likely serve their first sea duty on "tin cans", we have found with these men a pleasant fellowship as they come and go. This ship, like other tenders, is a point of medical consultation, diagnostic assistance, social and news exchange. These medical officers, with long periods on isolated duty, take their "postman's holiday hikes" here in our sick bay.

We have given seven major invasion forces their last polish, final send-off, and waited ready to "lick their wounds". The personnel wounded are seldom ours, for the excellent work of hospital ships and Transportation Air Group in caring for the wounded and removing them rapidly to base hospitals has bypassed us with most of the combat casualties. This makes our duty unique, in that we maintain a purely "peacetime practice" in combat areas. Elective surgery and disabling medical cases make up the bulk of our referred patients. Because of the large repair unit under our care, we are essentially "industrial surgeons", and are so labeled by our fighting friends.

In a full year out here I have seen but few from M.G.H. Bill Ayers and Bob Hurlbut have come and gone several times. On our first meeting we were tied up three abreast. Bill Watts (HMS '42) may always be counted upon for a few interesting cases, as well as full accounts of battle drama (amounting to our fighting the war second hand). I just missed Oglesby Paul on his return to the States. Also, I could not get shore leave to see Bill Baker after he found a Purple Heart.

I do have a story you may not have heard, however. Several months ago, following a tragic explosion from which there were many casualties, taxing the facilities of the base hospital which received these victims, Bob Hurlbut appeared on the scene as did many others of us available. While he was working with an operating team I saw him make a startling discovery in foreign bodies. A sailor had been struck while standing on the deck of his ship, some four hundred yards from the point of explosion aboard another ship. He did not enter the water, but fell to the deck under a shower of steel fragments and oil. In the operating room, while irrigating a deep shrapnel wound of the buttock, Hurlbut found there and removed unharmed a FISH, two and one half inches long—weight unknown!!!

Most all the letters in The News speak the familiar note of nostalgia we all carry in our hearts out here. For me, the M.G.H. holds a very dear particular place. It is not surprising, then, that I reckon time in terms of returning. I do hope there will be an opportunity at the General to recommence the preparation for a career in surgery. All of us whose training was interrupted by military service await news of M.G.H. postwar plans.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 34 Boston, Mass. JULY 1945

ANESTHESIA SERVICE AFFAIRS

The program in the Anesthesia Department has undergone little change during the war years. The total number of anesthesias administered during 1944 was only slightly smaller than in 1941. The distribution of cases according to technique and method of anesthesia has undergone little change, although there has been a very small increase in the use of intravenous or spinal anesthesia. We have been interested in developing proficiency in the use of regional block techniques and the number of these administered by the Department has increased during the past year.

The personnel of the Department totals eighteen, of whom twelve are nurses and six are physicians. A regular service meeting is held once a month.

Since the absence with the Armed Forces of the Chief of Service, Dr. Beecher, the research program in the Department here has been reduced. We have been doing some work on the use of a continuous drop method for administration of spinal anesthesia, and Dr. Foldes is continuing his studies of lipid metabolism.

The course in anesthesia for nurse anesthetists has been rearranged and reorganized under the leadership of Miss Estelle LeMaitre to meet the requirements of the American Association of Nurse Anesthetists. We now admit and train four young women in this course each year.

During the past two years we have had on the House Staff three men from other countries: Dr. Oscar Barretto from Sao Paulo, Brazil, and Dr. Stanley Chiu and Dr. Jung-Tien Chen from China. They have made a very real contribution to the work of the Department.

Julia G. Arrowood, M.D.,
Acting Anesthetist

* * *

Lt. Col. A. William Reggio (*WS* 1914) has been put in charge of a newly created department of Physical Medicine, for the United States Public Health Service. He has been visiting Marine Hospitals all over the country, studying what already exists and what he thinks should be developed along this line. His recent visit here at the Hospital was to ask for help and guidance, as his responsibilities will necessitate a certain amount of reorganizing and revolutionizing physical therapy and occupational therapy in order to establish a Physical Medicine Service.

Dr. Reggio's present address is 2301 Connecticut Ave. N.W., Washington 8, D.C.

VOLUNTEER DAY

The third annual observance of Volunteer Day took place on the Bulfinch Lawn on Thursday afternoon, June 14th. Although the exercises this year were not as elaborate as those of 1944, the tribute to the foreign doctors and the famous Vincent Drill were new features and made the day an outstanding event. The gathering together of approximately 1500 people — including the entire hospital family, the Trustees, the Ladies' Visiting Committee, and invited guests — provided a pleasant and inspiring interlude for all.

We were exceedingly fortunate to have with us again this year the U.S. Port of Boston Coast Guard Band, under the able leadership of Warrant Officer Jacobson, and the stirring music started our party off in a very gay mood.

The Bulfinch balcony was festively decorated with a set of flags, loaned us by the Mayor's office, which represented the evolution of the American flag. There were 29 banners, showing all the changes from the time of the first Betsy Ross flag to that of the present day.

Dr. Faxon opened the program with a hearty welcome to all. He gave special thanks to the volunteer men cleaners and orderlies who have made such a tremendous contribution to the hospital during the past year. He then urged all volunteers to stick to their jobs until the hospital personnel can get back to its normal capacity, which will not be until some time after V-J Day.

Next, Dr. Means paid glowing tribute to the doctors from foreign countries who are working in the Massachusetts General, and who, by the mutual friendships established here, are increasing the understanding between the nations. Each doctor was escorted to the Bulfinch steps by a War Service worker, wearing her white uniform and red arm band, and carrying the flag of the country from which the doctor had come. There were more than a dozen countries represented. As each doctor's name was called, he received enthusiastic cheers.

Bishop Sherrill spoke briefly of the fine way in which all the hospital employees and volunteers are pulling together for a common cause — which spirit of coöperation is so obvious to every one. He touched upon his recent European trip, and ended on a note of inspiration.

Mayor Kerrigan said a few words about the important part M.G.H. plays in the affairs of the community.

The Vincent Drill was preceded by very interesting remarks from Dr. Meigs, who told a bit about the past and future of the Vincent Hospital and then introduced the Drill.

As the 16 girls, in their brilliant costumes, stepped out to the martial music of the Coast Guard Band, they were given a roaring welcome. Under the direction of Miss Dorothy Rackemann, the Drill went through its paces without an error. As they marched back into the Bulfinch Building, resounding applause which refused to recognize all attempts at interruption was silenced only when the Band finally went into our National Anthem.

Light refreshments were served to all— again by the War Service workers — and our third annual Volunteer Day came to a close.

As the various groups left the Lawn and returned to their regular duties, each individual experienced a feeling of renewed good fellowship and friendliness.

A volunteer

* * *

On May 22, the members of the Dental Staff of the Massachusetts General Hospital held their annual dinner meeting at the Harvard Club. Several members of the staffs of the Marine Hospital and the Cushing General Hospital were present. The speaker of the evening was Dr. Francis D. Moore, who gave an excellent paper on "Preoperative and postoperative care of surgical cases".

Dr. George Sweetnam presented the dental staff members with a piece of property in Maine, located in a region where good hunting and fishing abound. A corporation was formed and the members contributed a sum of money to build a cabin on the property where members may spend week-ends and vacations. A committee consisting of Drs. Sweetnam, Durant, and Carnes was appointed by Dr. Thoma to supervise the building of the cabin and to further assist the members in this enterprise.

A postgraduate course in orthopedics has been given at Boston University during the winter semester; the clinical teaching has been presented at this Hospital, one session weekly. This extramural course has been conducted bv Marie Scherer Andrews (*MGH* 1936), orthopedic-surgical supervisor, and Miss Margaret Arey (*MGH* 1931), orthopedic consultant in the State Health Department. There were fifty graduate nurses who were members of the class.

Dr. Lloyd Mills, Jr., who has been serving as Graduate Assistant in Medicine, has completed this service as of May 18. He has returned to his home, 720 So. Lucerne Blvd., Los Angeles, Cal.

On May 3rd, Captain Theodore P. Robie (*ES* 1943) was posthumously awarded a Silver Star, together with a citation which describes one incident, only, in a continuous record of outstanding heroism.

Mrs. Robie, to whom the presentation was made by Major General Sherman Miles of the First Service Command, has sent us an official copy of the citation. It will occupy forever an honored place in the military files of the sons and daughters of Massachusetts General Hospital.

HQ 35th Infantry Division
11 October 1944
Silver Star Posthumous Award

1 Silver Star . . . is awarded posthumously, to the following officer:

Captain Theodore P. Robie 0475651, Medical Corps, United States Army, for gallantry in action in the —— River section near ——, France, 12 September 1944. When the second and the third battalions, —— Infantry had established a bridgehead on the east bank of the —— River, numerous casualties lay exposed to continuing intense fire of a determined enemy advantageously situated on the ground above the east bank. Captain Robie, Medical Officer attached to the second battalion, on duty at the battalion aid station on the west bank of the river, proceeded across the river with a four-man litter squad in order to evacuate the wounded. He made many trips across to the east bank while the river was raked by enemy fire, wading in deep water and holding the stretchers above his head in order to keep dry the stretcher borne wounded. Captain Robie was killed in a later action. His gallantry in action, his personal courage and the disregard for safety in his zealous devotion to duty, reflect credit upon his character as an officer and upon the Medical Corps of the Army. . . .

By command of Major General Baade:
Maddrey A. Solomon
Colonel, GSC
Chief of Staff

By command of General MacArthur, the Legion of Merit has been awarded Major George A. Marks, MC (*ES* 1931). An unofficial copy of the citation reads:—

For exceptionally meritorious conduct in the performance of outstanding services in the Southwest Pacific Area from 11 July 1942 to 13 June 1944. Major Marks organized, trained, and commanded a portable surgical hospital which was attached to an infantry regiment during the Papuan Campaign. Under his exceptional leadership, the unit moved in close proximity to front line troops and achieved a remarkable record in the care of the sick and wounded. It was essentially as a result of his professional ability and guidance that many lives were saved under the most difficult conditions of jungle warfare. Later, as a surgical consultant, he visited hospitals in advanced areas as an instructor and adviser. His knowledge and advice proved invaluable, both in the treatment of casualties and in assisting and planning of additional facilities. By his outstanding ability in the field of surgery, Major Marks made a signal contribution to medical treatment in the Southwest Pacific Area.

The following news release has arrived from the Public Relations Office, Lake Charles Army Air Field, Louisiana.

The Legion of Merit was awarded Capt. Lemuel Bowden [*ES* 1940] at a formal military review at the Lake Charles Army Air Field where he is stationed as Medical Officer. . . .

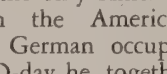
Captain Bowden served as platoon surgeon of the 685th Signal Aircraft Warning Station at Fogo Island, Newfoundland, from May 1943 to December 1944. He was cited for performing surgical operations under extremely adverse conditions with little equipment and at places far removed from his base.

Dr. Sumner W. Jackson (*ES* 1916) was among the 1300 prisoners of the Germans reported dead when a German warship was sunk off Hamburg on May 3rd, after orders for the ship to halt had been ignored.

Dr. Jackson went overseas with the Harvard Unit in World War I, and had made his home in Paris since that time. He served for many years on the staff of the American Hospital in Paris, and had been on the faculty of the University of Paris.

According to newspaper reports, Dr. Jackson was the only American doctor to remain with the American Hospital through the German occupation. Two days before D-day he, together with Mrs. Jackson and his 18-year-old son Peter, was taken into custody by the Vichy police on orders from German authorities. The family was taken to Germany, where Mrs. Jackson was confined in one camp and Dr. Jackson and Peter in another. Mrs. Jackson was later liberated and managed to make her way to Sweden, where she is reported ill in a Stockholm hospital. Peter has written from Germany that he believes his mother is dead. Peter searched for his father during the ten minutes the ship stayed afloat and then jumped into the ocean. He was picked up by a German rescue boat.

A note from Lt. Comdr. George E. Gardner, MC (*CM* 1938) gives the added information that Dr. Jackson was placed in the concentration camp because of his aid to downed American flyers.



At their meetings on May 18 and June 1, the Board of Trustees voted:

To return Dr. George W. Holmes, at his request, to the Board of Consultation;

To promote Dr. Emery O. Lewis to the position of Assistant Radiologist, as of July 1;

To appoint Dr. Laurence L. Robbins as Acting Chief of the Radiological Department, pending the return of Dr. Hampton;

To appoint Dr. Marguerite Schwyzer as Assistant Resident Physician, beginning July 15.

* * *

A recent letter from Lt. Joseph A. Holmes, MC, USNR (*P* 1936 & *ES* 1938) announces a transfer to California and gives an outline of his present duties.

I left the Naval Training School at Wahpeton, N. Dak., when it closed at the end of October, and, with orders to the Fleet Marine Force at Camp Pendleton, Oceanside, Cal., came to the east coast for a two-day visit with my family and then drove across the country to San Diego and to Camp Pendleton.

Duty with the Marine Corps is a bit rugged, as many of the doctors know, and Camp Pendleton is no exception.

Lt. William J. Gorrell is back.

A brief statement that he was a past orderly in Baker Memorial Operating Room, that he was serving overseas with the Canadian Army and that he had been seriously wounded, was made in our May issue. But now Lieutenant Gorrell is back. He is back at his old job in Baker Operating Room.

Mr. MacNair brought him over to our office the other day. While he did not offer much in the way of unsolicited information, he did answer enough of our questions for us to get an outline of his military record. He volunteered with the Canadian Army in May 1942. He was in England until December 1944. He participated in the Belgium and Holland Campaigns and moved on into Germany at the start of the Rhine drive. It was in February, in the Hochwald Forest, that shrapnel got him — just above the left wrist.

"What happened then?"

"One of the boys in my platoon tied my arm up for me and I went back to the Regimental Aid Post."

"How did you get there?"

"I walked." (!)

From there he was shifted to the Field Dressing Station, given penicillin, and sent back to the Casualty Clearing Station for surgery. Then he was flown to England, where the work was finished in a Canadian Hospital. He returned to Canada on a Hospital Ship in May, and is spending his time while on leave working at his old job. Within a few days he will go up to Canada for his discharge and for further medical or surgical attention, after which he will return to Baker to stay.

He talked almost affectionately about the enlisted men in his company, and spoke very highly of the Hollanders. He quoted this sentence from a letter from a Dutch family with whom he had been billeted: "We only gave you a good home, but you helped give us a free Holland."

Lieutenant Gorrell is thoroughly sincere when he says he considers himself lucky. We couldn't go all the way with him on that, until some hours after his visit. Then, when we reviewed the conference in retrospect — remembered the quick and sure footsteps, the calm expression and the ready smile — we began to be convinced that he probably was lucky, after all. Not one of the luckie*st*. Just lucky.

Anyway — Lt. William J. Gorrell is back.

From time to time letters written before V-E Day will appear in THE NEWS. Even though they may sometimes give the effect of looking back over a road already traversed, they will be chosen for publication because they present subjects just as conducive to reflection now as when they were written. Also, many of the letters give connecting links in the military records of the writers.

MASSACHUSETTS EYE & EAR INFIRMARY

Major Trygve Gundersen, MC (*Oph.* 1930) made a surprise visit recently. He is back home on a 21-day leave, after 27 months overseas with the 6th General Hospital Unit. It was good to see him looking so well. He has been assigned to temporary duty in the Surgeon General's Office at Washington, and is to work with Col. Derrick T. Vail, MC (*Oph.* 1924). After that assignment is over it is any one's guess as to the next move. We, at the Infirmary, hope he will be coming back to us.

Dr. Gundersen said that Capt. John R. Frazee, MC, AUS (*Oto-Lar.* 1934) is still working with the advance units of the 5th Army. He also told us that Capt. Sumner D. Liebman, MC, AUS (*Oph.* 1943) was in England, stationed at one of the Evacuation Hospitals.

Via the "grapevine" we understand that Comdr. James I. Farrell, MC (*Oph.* 1932) has been assigned to the *U.S.S. Samaritan.*

Surgeon Lt. Comdr. Roland J. Viger, MC, RCN (*Oph.* 1937) came in to see us recently. He is on tour for the Royal Canadian Navy and will visit the larger Eye Centers throughout the United States. Previous to this assignment he was Ophthalmologist for the Newfoundland Command for the Army, Navy, and Air Forces.

Lt. Col. Garrett L. Sullivan, MC (*Oph.* 1938) is still in England and the latest word is that he has no idea when he will be homeward bound. We hope it will be in the very near future.

The following may be of interest to members of the Oto-Laryngological Staff:—

The regular Spring Meeting of the New England Oto-Laryngological Society was held at the Massachusetts Eye and Ear Infirmary on May 23.

The Clinical Meeting consisted of presentation of cases from the Services of Drs. Moses H. Lurie and Robert L Goodale. Dr. LeRoy A. Schall presided.

The afternoon meeting was opened promptly at 2 o'clock, with Dr. Philip E. Meltzer presiding. The following subjects were presented:

1. Recurrent severe hemorrhage from the nose and pharynx. Dr. Francis B. Sargent, Providence, R.I.
2. The use of tantalum in frontal sinus surgery. Dr. Robert L. Goodale, Boston.
3. Bilateral optic neuritis as a complication of bilateral suppurative otitis media. Dr. Raymond H. Marcotte, Nashua, N.H.
4. Penicillin in streptococcic infections. Comdr. Charles H. Allman, Boston.
5. Petrositis — A case history. Dr. Paul B. MacCready, New Haven, Conn.
6. Acute frontal sinusitis with extensive edema. Lt. Comdr. Frederick J. Pollock, Portsmouth, N.H.

The guest speaker was Major Edward H. Truex, Jr., MC, Chief of Rehabilitation, Deshon General Hospital, Butler, Penn. His subject was "Chronic deafness — Its treatment in the U.S. Army". Major Truex handled this subject very well and it proved of marked interest to the members present. Dr. Gordon Berry of Worcester, Massachusetts, headed a lively discussion on the subject.

There are many who will remember Lt. Lennie Carlson, ANC, who was Dr. Dunphy's office nurse for many years. The following is an excerpt from a letter recently received by one of the members of our Staff.

> At Sea, 20 May. Having my Spring Cruise —and quite a one at that! It is better than I expected, which is saying much. Quarters are naturally rather cramped, but we manage to stay out of each other's hair. I am now a full-fledged shellback and my forehead still bears the mark of the initiation. I scrubbed until the skin broke down, so decided to leave a little red paint. My color otherwise is mahogany.

All material of a military nature in this and every issue of THE NEWS is first cleared for publication by the local Public Relations Department of the Army or Navy.

New addresses:—

Lt. George H. Carter, MC, AUS (*M* 1943), Newton D. Baker General Hospital, Martinsburg, W. Va.

Lt. James D. Clement, Jr., MC, AUS (*WS* 1944), Carlisle Barracks, Carlisle, Penn.

Col. Neil L. Crone, MC (*WM* 1933), Headquarters First Army, Fort Jackson, S.C.

Capt. Robert H. Talkov, MC, AUS (*res. fel. M* 1942), Chief, Section D, Rheumatic Disease Service, Ashburn General Hospital, McKinney, Tex.

Col. Derrick T. Vail, Jr., MC (*Oph.* 1924), Surgeon General's Office, 1818 H St. N.W., Washington 25, D. C.

Capt. John P. Wood, MC, USN (*gr. asst. R* 1938-39), Naval Medical Supply Depot, Oakland 4, Cal.

Brief bits:—

Capt. Samuel B. Beaser, MC, AUS (*gr. asst. M* 1942), is with the 161st General Hospital. He has a Miami APO number.

Lt. Addison G. Brenizer, Jr., MC, AUS (*WS* 1942), whom we reported last month as being with the 348th Med. Surg. group at Fort Lewis, now has a San Francisco APO. He is still with the 348th.

Lt. Robert E. Carroll, MC, AUS (*ES* 1943) has been transferred to the 368th Med. Orthopedic Det., probably in the Pacific Area.

Major C. Fred Goeringer, MC (*Or.* 1940), after nearly two years with the 71st Evacuation Hospital, is now with the 118th General —still in the Pacific Theatre.

Dwight F. Hennessey, AMM 2/c, USNR, past MGH employee, has CASU 27 as a part of his new address overseas.

Major Arthur A. Holbrook, MC (*CM* 1933 & *EM* 1934) has returned home after more than three years of active military service—including the invasion of the Philippines. His present address is 711 Goldsmith Bldg., Milwaukee, Wis.

Capt. Robert S. Hormell, MC, AUS (*Or.* 1942) has received this promotion. He is still with the 27th Station Hospital, somewhere in the Pacific.

Lt. Ralph H. Luikart, Jr., MC, AUS (*M* 1944) has evidently left for overseas. Before we had time to publish his first letter, written from Camp Miles Standish, Mass., a new address, c/o Postmaster, New York, N.Y., has arrived.

Major Foster L. Matchett, MC (*Or.* 1934) is still overseas with the 29th General Hospital, somewhere in the Pacific Area.

Capt. Duane H. Mitchel, MC, AUS (*M* 1943) has been promoted to this rank. He, too, is with the 29th General.

Lt. John W. Norcross, MC, USNR (*EM* 1937) has been assigned to a Military Government Dispensary. He has a San Francisco APO number.

Lt. Col. Frederick K. Poulin, DC (*Dn.* 1942), who has recently received this promotion, is still attached to Headquarters of the 12th Air Force Medical Section.

Lt. Comdr. Lyman G. Richards, MC (*Oto-Lar.* 1924) has joined a Naval Hospital out in the Pacific Theatre.

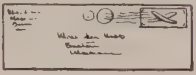
Major William B. Scoville, MC (*r. NS* 1938) has risen to this rank.

Lt. Cornelius J. Shea, MC, USNR (*ES* 1943) is aboard ship in Pacific waters.

Lt. Col. John C. Snyder, MC (*WM* 1939) has gone overseas. We await his new address.

Lt. Benjamin V. White, MC, USNR (*res. fel.* Psychi. 1937-38) has been assigned to a hospital ship, c/o Fleet Post Office, New York, N.Y.

Lt. Comdr. George P. Whitelaw, MC (*WS* 1937), still aboard the same ship, has changed oceans.



Col. Edwin F. Cave, MC (*ES* 1926 & *Or.* 1928) has returned from overseas where he has been on active duty with the 105th General Hospital for many months. We are promised an interview with Colonel Cave soon, and will tell you later what he had to say. We can report now, however, that he appeared at the Hospital the other day with a fine atabrin tan!

The May issue of *The Post Record,* which carries the subtitle "The N.E.I.'s Leading American Newspaper", contains an interesting article by Colonel Cave. It is transcribed here for the benefit of those who do not see *The Post Record.*

COL. CAVE VISITS HOSPITALS IN P.I.

The battle for the Philippines has been won and American soldiers now occupy essentially every strategic point of the entire island group. This success, although accomplished quickly was not without cost in American lives and in destruction of cities, particularly Manila. As the conquests of the islands proceeded from early landings in Leyte into the other islands, the necessity of establishing hospitals became immediate. It was my recent good fortune to visit some of these installations. Because ours is a General Hospital, it is natural that we are more interested in the establishment of similar units in the Philippine area. We already know the difficulty encountered in unloading our supplies and establishing our hospital at this Base but our troubles here were mild as compared to those encountered by the several General Hospitals established in Leyte. They were forced to unload their ships long distances from their hospital sites during complete blackouts and very often under enemy bombing and strafing. The hospital sites are largely on lowlands, frequently in coconut groves and drainage of the land was a tremendous problem. Mud, rain and Japanese opposition made difficult the setting up of installations so that it was several weeks before these General Hospitals were able to function completely as such. In fact, during the first few weeks, after considerable delay in establishing their units, they acted simply as evacuation hospitals. Only recently have they been able to "board" patients and function as General Hospitals should, for definitive treatment. At the present time, however, General Hospitals in that area are well established and working efficiently, caring for a large number of patients. All of them are under canvas with raised wooden floors, the tents being supported by bamboo poles. Water is plentiful but the contaminated streams offer a serious menace to the health of our troops.

In Luzon, where General Hospitals have been more recently established, they are in previously-built installations such as Santo Tomas University and the Quezon Tuberculosis Institute. These hospitals were set up with much less difficulty than the hospitals on Leyte because they were able to use fixed buildings. As a matter of fact, however, the tent hospital or prefabricated insulated hospital, is far more desirable in the tropics because either can be organized more efficiently and can be kept clean with less difficulty. The hospitals in the Philippines are carrying a heavy burden, not only in caring for sick and wounded American soldiers but for the Philippine soldiers and civilians as well. There is no question but that General Hospitals there will become more frequent in number and more efficiently organized, so that in the very near future essentially all of our hospitalization will be concentrated in this area for air and ship evacuation and for definitive treatment.

A new address for Col. Alexander Marble, MC (*r.p. WM* 1930) is: Headquarters, Sixth Service Command, Civic Opera Bldg., 20 North Wacker Drive, Chicago 6, Ill. He writes briefly:—

My new assignment is to be that of Medical Consultant for the Sixth Service Command. I am completing over 26 months' service at Harmon General Hospital.

Not since September 1943 have we had any direct word from Capt. Philip L. Pillsbury, MC, AUS (*WM* 1942). A note, giving his new address as Dugway Proving Ground, Tooele, Utah, contains this brief addition:—

I was moved to Dugway two months ago to take charge of a small medical research laboratory attached to this proving ground. The desert is not an unwelcome change after having spent nearly a year in the swamp land of Florida.

Major R. Nelson Hatt, MC (*Or.* 1919) has been back in the States for almost a year. He is Chief of the Orthopedic Service at Thomas M. England General Hospital, Atlantic City, New Jersey. A letter written in April says:—

Certainly my appreciation of THE NEWS should have prompted me to keep you informed of my change of address. Perhaps my failure to do so is based somewhat upon the psychology that allows one to neglect old and dear friends, knowing full well they will overlook and forgive such omissions. While overseas, THE NEWS reached me quite regularly and was always interesting and inspirational.

Since coming here, my problems of salvage have kept me extremely busy and happy.

Warm regards to all old friends.

Two years is a long time to wait for news of Lt. Col. William A. Reilly, MC (*CM* 1928). The last we knew, he was Chief of Medical Service with the 59th Evacuation Hospital in Africa. This note, giving his address as 1008 Lakeview Way, Redwood City, California, says:—

Injuries suffered last fall in E. France sent me back to the States where I am convalescing. Driving blackout one night, my driver was blinded by oncoming truck lights, and we bashed into a large French truck which had broken down (as they often did) and was left in mid-road (as they often were). A compound fracture of the left tibia has just healed and a fractured left femur is now all right. My knee is loosening up, and I shall be well by August, I hope. Col. [Aubrey O.] Hampton [*c.R*] was one who consulted on me.

Best regards to all, and to the 6th G.H. in particular.

Dr. Castleman has passed on this letter from Lt. Norman Zamcheck, MC, AUS (*P* 1943) — of especial interest to pathologists.

When I left the States with the —th General Hospital, I was working as a surgical ward officer. At that time we had no Chief of Laboratories and were wondering when one would be acquired. As soon as we came overseas a laboratory man, who had been in England almost three years, was assigned the job, and shortly thereafter Colonel Edington called me in and announced that an "opportunity" was open for me as Chief of Laboratories at a Station Hospital. I was sorry to leave the —th, as I liked my job there and had made many friends; but "opportunities" in the Army are not easily turned down. I didn't know how decent a setup was in store for me here.

I was assigned to a 750-bed hospital which has been overseas for almost three years. It is one of the most comfortable and most attractive I have seen in England. It was a civilian hospital, built ten or more years ago, and is located only a short distance from one of England's largest cities. It is built on the European Plan like the Brigham, and the laboratories occupy one whole pavilion.

The laboratory setup is unusually good. We have five or six rooms which are used for bacteriology, hematology, chemistry, urinalysis, serology, etc., and one for darkfields (one of the most flourishing of our departments). The P-M room is done in white tile and completely equipped with modern British instruments. The rest of the laboratory is stocked with fairly good British equipment, supplemented by American. The real asset of the laboratory, however, is the technical ability of the men, who have been together for a great many months and comprise a very competent group. Several of them are college graduates, and my non-com-in-charge had two years of medical school before wandering feet led him into the Army. All of the men know routine and emergency procedures, and each has been trained in one or more special departments. In addition, I inherited two English civilians. One is a highly skilled technician who has had 38 years' experience at the University of Manchester and Manchester Royal Infirmary, and served as pathologist and bacteriologist to this hospital before the Army took over. In the short time I have been here he has taught me a great deal. The second is an English girl who types, takes dictation, and functions generally as a secretary.

It took a while at first for me to get rolling smoothly with the men, all of whom had been overseas for two to three years. At present, however, we work together very nicely. We had many hot arguments over techniques and procedures, for I soon found my own civilian standards clashing with existing Army routine; but we pulled out books, argued a bit more, and eventually effected a compromise. At first they all taught me a great deal more than I taught them, but now, after three months, I am beginning to be of some use to the laboratory. We have an adequate library with many British books and the standard American texts.

Most of our work is routine hematology, urinalysis, chemistry, etc. Pathology here, as in most Army hospitals, plays a relatively minor role. We cut our own sections, but except for an occasional tumor, interesting specimens are infrequent. For the more difficult ones I have recourse to the First General Medical Laboratory (the chief pathologist of which is Lt. Col. Murray Angevine, a friend of Dr. Mallory), pathologists of General Hospitals within the surrounding 50 miles or so, and the pathology department of Manchester University. The latter has been one of the most pleasant contacts I have made. Professor Stephen Baker and Dr. William Susman have been very hospitable and helpful to me, and I have consulted them frequently. Professor Baker, whose special interest is bone pathology, straightened me out on one of our bone specimens recently by showing me how to differentiate between lamellar and non-lamellar bone by using the bone section as a polarizer.

Most of my time is devoted to other aspects of the laboratory work. For example, during my first week here I saw more primary luetic lesions than I thought I would ever see in civilian life. For a while we had many malaria patients and I had my fill of positive smears. Practically, I find that bacteriology presents most of the interesting problems. We had an interesting time trying to isolate Leptospira from a case of Weil's disease recently. By virtue of being laboratory officer I find myself the accepted authority on water potability for surrounding troops. Although this seemed dull at first, I soon learned that the subject is complex as well as interesting in its own right, and I have had to pick up a working knowledge of the matter. There are innumerable other aspects to this job which keep me on my toes most of the time. As laboratory data from the whole hospital pass before me I keep a clinical eye open for the interesting medical and surgical cases. My clinical awareness is further stimulated one or two days a week when I serve as Medical Officer of the Day and see all patients admitted to the hospital.

I have gone into some detail on this because I thought you might be interested in the type of work the boys who take a pathology internship can look forward to if they get a laboratory job in the Army. Men with pathology training are infrequent, and some hospitals I have seen have no one with any pathology background. Laboratory setups are fairly good in all the American hospitals I have seen, and I cannot help but feel enthusiastic about this job.

All is not work here. I have seen something of Wales, Scotland, and much of England, and have made many friends.

I hope everything in the laboratory is running smoothly. It's a real pleasure to read the case reports in the *Journal* and recall the worth-while days I spent there.

We have Mrs. Donald N. Sweeny, Jr. to thank for information about four MGH-ers, two items of which might *never* have reached us had it been left to the men concerned. She writes:—

We hear frequently from [Capt.] Tom Gephart [*WS* 1941] from the Pacific Area. Evidently he has not yet told you he was awarded the Silver Star Medal last winter, [He hasn't. First we've heard of it. *Editor*] and I'm sure Boston should know about it. I don't know any of the details of the award, but perhaps he could be persuaded to tell them. [We're at work on it. *Editor*]

[Lt.] Nate Munro [*ES* 1942] has been at sea only a few weeks, on the destroyer *U.S.S. Burns.*

[Capt.] Dick Goldcamp [*r. Oto-Lar.* 1943] was awarded the Bronze Star Medal in Europe this winter. [Something else we're working on. *Editor*]

Don [*WS* 1941] has finally become Captain Sweeny. He remains for the present with the 177th General Hospital in France. It can be told now that he is in Le Mans.

Major James S. Mansfield, MC, AUS (*gr. asst.* M 1942-43) sent us a "first letter", written from a General Hospital.

I appreciate very much receiving The News regularly and getting first-hand accounts of the doings of so many friends.

I have been with this Hospital since its formation, and began my active service by going through the mill at Carlisle. After training at Fort Devens and Camp Edwards, our unit went to England in December 1943. We opened a new General Hospital plant in January, on a beautiful estate a few miles from one of the historic cathedral cities. There was considerable difficulty at first in getting adequately supplied and equipped, but we gradually became a pretty well set up outfit. Our nurses lived in the ancient stone mansion known as "—— Hall"; and the Officers' Club was elegantly installed on its ground floor, with lofty rooms and huge open fire places.

This is the first published letter from Capt. Russel L. Baker, MC, AUS (*r.p. N* 1943), who is with the General Hospital Unit, sponsored by the Boston City Hospital.

We have been in England ever since leaving the U.S. The interesting letters you have already received have told you much about England. We, too, have done as much sight-seeing as time and transport will allow. When the latter fails there is the bicycle, although I must confess it is quite a job to get Larry Ellis (Lt. Col., Chief of Medical Service [*EM* 1928]) to keep his tires pumped up.

Medically we have done just about what every one else has done here. We were very active soon after D-day and handled several thousand casualties of a mixed variety and severity. At the same time we supported the air transport force. The first French Division to enter Paris was served by us here in England. General Le Clerc was impressed by Boston medical service. By the time casualties reach us they have been wounded from one to five or six days, and it is surprising how few of these do not survive. A fatality is a rare thing this far back. One cannot give too much credit to the advance units, battalion surgeons, and surgical teams, as well as to the evacuation chain. Though every patient had received penicillin and sulfadiazine, it was rare for one to miss a dose on the way back.

I enjoy The News very much, as do the others here. You are doing a fine job in keeping us posted on activities of our friends. I am sorry I have no novel bits of interest.

In this letter to Dr. Faxon, Lt. Roger W. Morrison, MC, AUS (*ES* 1943) takes us on a visit to the Pasteur Institute, and reports on certain medical procedures in present day France.

I have been able to visit Paris for a short period. The high spot of the trip was a tour of the Institut de Pasteur — which, incidentally, is quite a busy place. They are preparing all the vaccines for the French Army —the common one being pentavalent, *i. e.*, one ampule containing a prophylactic dose for typhoid, paratyphoid A & B, diphtheria, and tetanus. Also, I saw the first cultures of penicillin I have ever seen — including a culture of the original Fleming strain. I was told that the Germans came, demanding cultures, but were refused. However, in a few months they returned, stating that they knew the Institut had cultures of the mold. Under additional pressure, they were given several strains.

They are also doing work on diphtheria and typhus fever. B.C.G. is very popular with them, and they are very interested to hear that we do not use it. To supplement their laboratory work they have an immaculate 120-bed hospital for communicable disease. All patients are treated free of charge.

Of great interest are the apartments of M. Pasteur — furnished as they were when he passed on. The museum contains the original apparatus used in his many classic works, all arranged by him and labelled with cards inscribed in his own hand. Pasteur's remains rest in a very beautiful tomb, the walls of which are of exquisite mosaic. Here the artist has portrayed pictorially the many contributions M. Pasteur made to the welfare of mankind. Not far distant rest his associates Roux and Metchnikov.

I was able to spend a very delightful afternoon in this environment, and everybody was most hospitable and desirous of answering all my queries. In addition, they were very interested in hearing about our experiences, especially during the years they have been isolated from us.

This "first letter" from Capt. Don W. Fawcett, MC, AUS (*WS* 1943) was well worth waiting for.

I came overseas early last summer. That seems a very long time ago, but I realize it actually is not when compared with the foreign service of many other MGH-ers whose letters in The News I have read with much interest.

I have been a Battalion Surgeon with the 126th AAA Gun Bn., which was engaged last August and September in the defense of London against flying bombs. Our batteries were situated on the "White Cliffs of Dover", where we were occasionally subjected to long-range shelling from German batteries on the French coast. We moved to Normandy in November, and then to Belgium, where we became part of the antiaircraft defenses of the number one supply port of Antwerp which was under bombardment from flying bombs and rocket bombs for 154 days. In the defenses of London and Antwerp our battalion destroyed over 250 flying bombs, and were credited with the destruction of several enemy aircraft during the "battle of the bulge".

The assignment has been interesting even though our casualties were very light, and much of the time my medical duties consisted of routine sick call and sanitary inspections. The four gun batteries are now widely separated, and traveling from one to another takes me through some very beautiful parts of Germany.

I suppose I was prejudiced by the high standards taught at the M.G.H., but what I have seen of medicine and surgery as practised here on the continent has been a great disappointment. I will be very glad when I can return to Boston and the M.G.H. and begin to learn again.

It is always good to hear from Capt. Lloyd S. Saltus, MC, AUS (*CM* 1938). Surely every one remembers his "We didn't get into the lion's mouth like Lamar Soutter, but felt a few drops of saliva", in our May issue. A letter, from Naumburg, Germany, concludes with:—

In April I had the pleasure of working with Thorolf Gundersen [*r.p. N* 1941], at the 4th Convalescent Hospital. One day a familiar face appeared — Jack Snyder [*WM* 1939], now Lt. Col., in search of typhus victims. We dug up one suspect who was a dud but stimulated conversation. After a few moments of talking, Gundersen asked Snyder, "Now give us your Typhus Lecture." Snyder: "I just did!"

Dr. Meigs considers this letter to him from Major Howard Ulfelder, MC (*ES* 1939) "interesting news for The News". We agree — most heartily. Major Ulfelder is now with the 55th General.

On my return over here I found my outfit only moderately busy, and about two months ago I was transferred here. Though it was hard to leave the group I had known for so long, I wasn't needed professionally any longer. Moreover, I have been treated so well here it would be churlish to seem dissatisfied with the change.

This is a pleasant valley, with a near-by chain of hills, in west central England. The hospital is the usual dispersed group of one story brick or tile buildings, connected by covered walks. Although near a town, the general aspect is definitely English rural, and we are right beside a nine-hole golf course— in fact, the hospital is built on the other nine. We are on a gentle slope, the buildings are attractively arranged, and the grass grows luxuriously — all of which make it one of the most attractive temporary type hospital set-ups I've seen. Our capacity has been augmented by tents, and during the busy times last year well over 1700 patients were carried here. Census still keeps consistently above 1000, but we are not crowded. My service includes all varieties of war surgery, but neurosurgery is particularly well represented, as we are a center for that specialty and receive all such cases from a dozen or more other general hospitals. Equipment is excellent, as it always has been over here, and I have a very capable and friendly group of officers. My own job is necessarily largely administrative, but I scrub often enough to keep my hand in and I am being exposed to orthopedics and neurosurgery as I never will be again.

A very interesting project under way at the moment is concerned with wounds involving bone and nerve. Past practice has been to delay nerve suture until bony union, but that may be long past the optimum. We're getting them as early as possible after wounding (often 4-5 days), getting skin closed as soon as possible, and then doing nerve suture within the first month. No results to date, of course, but no question but that they will be an improvement over the past.

My immediate professional superior is Col. [Thomas H.] Lanman [*ES* 1918]. I owe him a great debt for his efforts to get me this fine position and for his help since I have come here. He's doing a big but not particularly pleasant job so quietly and well he's not going to get the credit he deserves. Imagine what it must be like to have a dozen or two chiefs of surgery, and try to get them to put personal bias for certain procedures into the background and to treat things with uniformity. In short, I have not only as fine a position as I could ever have dreamed of, but I hold it under most favorable auspices, and I am very grateful.

I certainly enjoyed every moment of my leave, even though sometimes now it almost seems that I dreamed it. It gave me a chance to tell you that the intervening years and variety of surgical experiences haven't particularly altered me or my plans for the future, even though my ideas have crystallized a lot— chiefly in the philosophical vein.

The news is exceedingly good these days and our chief speculation is "What next?" Hospitals are closing down, little by little. I feel reasonably sure this will be one of the last plants in England to cease functioning, because of the type of case we treat, but even that will probably be a matter of late summer or early fall. Whether units or individuals will then be moved no one knows. Probably some of both. Personally, I am anxious to get back to the States. Servicing the Army of Occupation holds no particular challenge, and I am afraid if I were transferred to the Pacific I would become a "recent arrival" and my years here soon overlooked. However, I expect to continue in the Army for some time, and am willing to do so.

The first part of the American Board of Surgery is to be given over here next fall and I plan to apply. As things slacken off this summer I'll have an ideal opportunity to study the texts and prepare for such a written exam.

I still think rehabilitation is important, and have gradually changed the program here and put some teeth in it.

I'm busy and I'm happy and I'm being treated far better than I deserve. But I still can't help counting time as starting the day I get back and settle in again.

Top sides—left to right: Major Daniel J. Holland, Jr., DC (*Dn.* 1938); Miss Josephine C. Barbour, ARC; Col. Donald S. King, MC (*EM* 1920)

Our surprise rivalled our delight when we received the picture shown in this issue, together with a note of explanation, from Major Daniel J. Holland, Jr., MC (*Dn.* 1938). The note reads:—

> We three have joined the "Camel Corps" in the sands of Egypt. Colonel King and I, both attached to Medical Section Allied Force Headquarters, had been Acting Medical Consultant and Acting Dental Consultant respectively, in the Mediterranean Theatre during the inactive period of the 6th General Hospital.
>
> Joined by Miss Barbour, Director of American Red Cross Hospital Service in Italy, we have recently completed a tour of temporary duty in the Middle East. Our itinerary called for brief stops at Malta and Greece, and ten days of touring Egypt and the Holy Land.

Miss Josephine Barbour wrote an "instalment letter", begun in October and finished in November, to Miss Cannon, who has passed it on to us.

> This experience here is an interesting one, and never a day goes by that I am not grateful for my years of happy and valuable association with you and the many people at M.G.H. The relationships with administrative heads in the hospitals, though terrifying at times, made it easier to cope with commanding officers and others in authority.
>
> I still miss the unit with which I came over, yet I do get the chance to see them all once in a while and it is like going home. I have also derived added pleasure from my present over-all work, because there seems to be hardly a hospital where I do not find some one who was at one time House Officer or Resident at M.G.H. It is such fun to walk into a mess hall and see a familiar face. Sometimes the name fails me, but I can somehow picture him or her in the rotunda at visiting hour, on the East Medical wards, or in the Orthopedic Clinic. I have been especially fortunate in that so many people in the Surgeon General's office are friends. We can be mighty proud of the contribution they are making to medical care in this Theatre. In one trip of a few days I saw Tom Ballantine, Phil Giddings, Gene Sullivan, Simeone, Tracy Mallory, and Charles Burnett. One never knows where an old MGH-er is going to appear.
>
> We were all so sorry that Heinie Faxon had to come home. We saw him off early one morning and he was being mighty fine about it all.
>
> Edith Stephen used to talk so much about Dijon, and during the few days I was in France I so wished I could have had her with me, for I know she could have told many stories about her experiences in the last war and pointed out places to me.
>
> Red Cross work in the hospitals here has shown growth and development in our contribution to the total care of the sick and wounded soldier. We now have workers in all types of hospitals, from the Field and Evacuation Units through Station and General Hospitals —the last step before the boat home. The individual worker feels some frustration in that the patient moves on and she never can carry along with him, but must have confidence that in the long chain of hospitals are other Red Cross workers who will continue to help him face his illness or handicap. Each step is an interesting and challenging stage in his adjustment from the first traumatic impact to the slowly increasing realization that comes in the General Hospital just before he may leave for home. Both the early attitudes and the later sustaining help toward independence as the weeks and months go by, are important, and we are trying to serve better in both.
>
> Our recreation and craft program is a vital part. To make something for some one, with one's own hands, brings a feeling of usefulness—of being human again, after the ugliness and horror of battle—relaxed from the tension and fears of war and its consequences. We are not doing occupational therapy—and cannot—but we are helping useless hands gradually to move; listless, stunned humans to show interest in things and people; and, in this way, one sees personalities come to life again. I can't tell you how I miss that part of the work with the patients, but I do find other satisfactions in helping, in small ways, the splendid staff of workers in the hospitals. Theirs is the real job of day after day meeting the many problems put before them, often facing personal danger and discomfort themselves.

Capt. F. Thomas Gephart, MC, AUS (*WS* 1941) is with a Field Hospital somewhere in the Southwest Pacific. In a letter dated April 13, he says:—

> In spite of frequent changes in APO number, The News is reaching me very regularly. I just want to tell you how much we all appreciate it. It is the most vital link most of us have with the Hospital.
>
> I have nothing new to report as to my activities, as things are pretty quiet for us at present.

Lt. Burdick G. Clarke, MC, USNR (*EM* 1943) is still aboard *U.S.S. Dorothea L. Dix.* His complaints against inactivity, as expressed in his last published letter, have evidently been appeased. In a letter to Dr. Faxon he says:—

> I've been on this vessel for a couple of years, have seen many places and a number of pretty tough casualties when we have been in invasions.

Comdr. Richard W. Dwight, MC (*WS* 1931) has put to sea again — this time on *U.S.S. President Monroe.*

> After nine months at N.C.T.C., Davisville, R.I., where I was Chief of Surgery in a Dispensary which had about 400 patients when I arrived but enlarged to around 700 before I left, I now find myself on a ship again —and am glad of the change.
>
> It was good to get my hand in again at surgery, after my previous 19 months at sea; but the routine hernias and appendices, enlivened only occasionally by a thyroid adenoma, or a perforated ulcer, were beginning to get monotonous. The alternate week-ends at home were the best feature of the setup down there. I remarked, after the last symphony concert on April 28, that now I was ready to go to sea again; and the Bureau of Medicine and Surgery, with its usual omniscience, came through with proceed orders on May 3rd.
>
> The ship is a transport, formerly a passenger ship, and consequently very comfortable as far as the officers' quarters are concerned. It also has a very good sick bay and operating room. It seems like very good duty, and I expect I shall see quite a lot of the world. Hope to meet many of the MGH men who are scattered round this part of the globe.

We have received our first direct communication from Martin J. Gilbride, Pharmacist Mate 1/c, a past orderly at Baker Memorial and in the operating room at Phillips House. Mr. Gilbride wrote from *U.S.S. Bulmer*:—

> I have been transferred for a short period—how long, I don't know. I'm well, only I'm baking down here in the sunshine and what goes with it.
>
> There's little news I can give you now. Please remember me to all at Baker and Phillips House. Best of luck to everybody.

For over two years no communication had come to us from, or about, Lt. Comdr. Alfred L. Duncombe, MC (*EM* 1934). Therefore, most welcome is this letter from him. His address is *U.S.S. Haven,* AH-12, and he says — much too briefly:—

> I returned in December 1943, after nineteen months' duty with a Mobile Hospital in Samoa; then had seventeen months at the U.S. Naval Hospital, Shoemaker, California —where the other MGH representative was [Comdr. John T. B.] Carmody [*NS* 1934]. Dan Hindman [*a. obst.*] is the only other MGH man on the *Haven* — one of the six new hospital ships being commissioned at this time.

We left Capt. D. Crosby Greene, Jr., MC, AAF (*CM* 1940) on Long Island a year or so ago. Recently, from China, came a renewal of his subscription to The News — paid for not only in U.S. money, but with an additional $50 note on the Bank of China! The note is on exhibition in the wall case near the foot of Treadwell stairs. We wish it were possible to show both sides at the same time, but it will be reversed after a few days.

THE NEWS

No. 35 Boston, Mass. AUGUST 1945

THE VINCENT MEMORIAL HOSPITAL

The Gynecological Service has kept its allotted 24 beds full and has been very busy. The Service has averaged 500 operations each year. The Visiting Staff has consisted of Drs. Meigs, Simmons, and Ingersoll, and the surgery has been done by them and by the Resident and House Staff. The morbidity and mortality have been exceedingly low. There has been an increasing number of radical hysterectomies for cancer of the cervix and more vaginal hysterectomies and plastic operations. On the whole, however, the main emphasis has been upon training the Resident Staff to think gynecologically and to do better gynecologic surgery.

We have continued to have our Thursday afternoon rounds. We have been fortunate enough usually to have some visiting surgeon or gynecologist with us to add to our interest in seeing the patients and advising what should be done. Rounds have been very well attended by the Resident and House Staff and the Medical Students, and I think that by free and open discussion of cases we have all learned a great deal.

We now have a Vincent Memorial Laboratory in the old House Officers' Laboratory on the ninth floor of the White Building. Here Dr. Maurice Fremont-Smith, Mrs. Ruth Graham, and Mrs. Helen Gilbert are busy doing vaginal smear work. Mrs. Lois Janzen, who worked with us for a year, has left to join her husband in Texas. The first paper on the vaginal smear in the diagnosis of cancer of the cervix was very successful, and over 1,000 reprints have been requested; in June 1944 — at the American Medical Association Convention — we were awarded a certificate of merit. Our last paper, reporting over 1,000 cases, showed a four percent error in the diagnosis of cancer of the cervix and endometrium. We have had many out-of-town technicians and pathologists come to our laboratory to study and learn this technique. Other very interesting problems, such as the vaginal smear following radiation, are being investigated.

We also have a technician in the Huntington Memorial Laboratory, where Dr. Ira T. Nathanson and Dr. Patricia H. Smith are endeavouring to measure basic hormonal studies in cancers of the cervix, endometrium, and fibroids. Obviously, interesting findings have been made and certainly openings have been made for more far reaching studies.

We are doing satisfactorily with our makeshift quarters, staff, and laboratory, but we all joyfully await the return of our old Staff members: Drs. Parsons, Bartlett, Sturgis, Gregg, and Ulfelder, and feel that then we should be able to advance much further.

One of the greatest events will be the building of the new Vincent Memorial Hospital, which is to replace Ward G, and eventually Ward I. This building is to be six stories high — the lower three floors will be for the Gynecological Service, and the upper three for the Children's Medical. We are to have office space, very satisfactory laboratory space, and facilities for 40 gynecologic patients. The plans are already drawn and are going through the process of the "detailed stage". It is obvious to us that this building is to be one of the very best and that the Trustees and the Lady Visitors of the Vincent Memorial Hospital will have something to be unusually proud of. One of the extra curricular spots in the new Vincent Memorial Building is to be the Vincent Room—equipped with committee room, lounging room, and kitchen. This innovation will be only a small reward for the wonderful support, both moral and financial, of the Vincent Club of Boston.

We hope that a new type of training in Gynecology will eventuate, with the closest possible coöperation between the Surgical Staff, the Medical Staff, the Psychiatric Staff, the various hospital laboratories, and the Gynecological Staff. There is a great deal to be done and we certainly will not be lacking in material and workers.

Joe V. Meigs, M.D.,
Chief of Service

Local newspapers recently published the following article:—

> Distinction of being the first Honorary Fellow of the Royal College of Surgeons asked to deliver the monthly Hunterian lecture, originated in 1793, was bestowed on Col. Elliott C. Cutler [*r. s.* 1916] professor of surgery at Harvard University, now serving as Chief of Professional Services and Chief Consultant in Surgery for the U. S. Army in the European Theatre. . . .

Pfc Donald Giberson, former plaster man on our orthopedic wards and now a paratrooper in the Pacific, has made another valuable contribution to our World War II collection. It is a Japanese textbook, handsomely illustrated with colored plates and line drawings. It would pay you to come to the Archives Room to see it.

Lt. Col. Albert G. Engelbach, MC, reports to Dr. Washburn that he has moved with his 250th Station Hospital from near Salisbury, England, to a temporary location in Verdun, France.

GEORGE WINSLOW HOLMES

In February of 1941, our beloved Radiologist in Chief, after having served the hospital faithfully for thirty-four years and having reached the retirement age, was placed on the Board of Consultation, and went to his home in Belfast, Maine, to spend the remainder of his life in quiet piscatorial and literary pursuits.

He was not allowed to remain in this blissful state long, because in September of 1942, Dr. Hampton, his successor, was ordered to active duty in the Army, and ever since, with the rank of Lieutenant Colonel, has acted as Radiologist in Chief to the Walter Reed Hospital in Washington. Holmes, therefore, as the British would say, was dug out of his retirement and came back to full duty, thus saving the hospital from a serious situation in its X-ray Department.

For nearly three years now he has worked here running this department and serving on the General Executive Committee, and indeed being a tower of strength and source of wisdom to the Staff in many ways. Finally, however, at the present writing, July 1945, Dr. Holmes feels that Dr. Robbins is fully equipped to take over as Acting Chief, and he has asked, therefore, to be allowed again to retire, and the Staff and Trustees have acquiesced in his request.

What we all think of George Holmes was illustrated at the Grand Rounds of the Medical Service on June 28th. When it had been pointed out that this was to be his last regular attendance, an expression of affection and gratitude to him was given in the shape of prolonged applause.

Dr. Holmes is again headed for Belfast, Maine — that lovely town beside Penobscot Bay — where he will continue to catch fish and use his fine brain in a leisurely way to the production of further literary works that he has long wished to get at. We hope, however, that he will be with us in the winter months from time to time, and give us more of his wisdom as a member of the Board of Consultation. As he goes to his well deserved leisure, he can be assured that every one of us will be with him constantly in spirit.

J. H. M.

Dr. Kurt H. Thoma has been asked by the State Department, Division of Cultural Coöperation, to spend the month of August at the University of San Carlos, Guatemala, as a visiting professor from the United States. He will give an intensive course in oral surgery. He is expected back September 10.

EDWARD LORRAINE YOUNG, III

It was our sad duty to announce, in the May issue, the death of Capt. Edward L. Young, III, MC, AUS (*WS* 1942). No details regarding the tragedy were then known; but Mrs. Young has since received a letter from Col. Edward Sigerfoos, Division Surgeon of the 17th Airborne Division, and she gives us permission to publish it in its entirety.

> Please accept my heartfelt sorrow in the death of your husband, who was killed in action on the 24th of March, 1945, following an airborne landing by this Division into the heart of Germany.
>
> Your husband was a member of a Surgical Team that was attached to this Division and to my office for the purpose of this operation. After a glider flight of approximately three hours, our gliders landed across the Rhine River, northeast of Wesel, Germany, and Edward was killed shortly after the gliders landed. He is now buried in the U. S. Military Cemetery in Margraten, Holland, and the cross that marks his grave bears his name. A chaplain of Edward's faith conducted the burial services.
>
> I first knew Edward during a previous operation in the Battle of the Ardennes, at which time his Surgical Team was attached to one platoon of a Field Hospital which was in support of this Division at the time. I came to know your husband rather well and thought very highly of him. He was a fine person and did excellent work as a surgeon. During this acquaintance, his services and the services of the other members of his team were volunteered to work with this Division in any future airborne operation. His death was a great shock to the officers and the men of this office, since everyone who knew your husband held him in high esteem.
>
> Do not feel that his life was given in vain, for it was the courage and perseverance of many brave men such as your husband that made this great airborne landing into the very heart of Germany a successful operation. Determination such as his is now taking our boys on to Berlin.
>
> He was a true soldier to the end and he died in the service of his country.

* * *

A Statement Relative to the Nursing Situation at the Massachusetts General Hospital

The nursing situation in this hospital is again becoming critical. Last year it was necessary to close a floor in the Phillips House, one in the Baker Memorial, and one in the White Building of the General Hospital. Unless this shortage can be relieved we shall be forced again to close floors.

The pre-war number of graduate nurses for all units of the Massachusetts General Hospital averaged about 300. Now the average is about 150. The pre-war number of student nurses averaged about 300. Now it is 450. However, there are many reasons why the increase in the number of students does not compensate for the loss in the number of graduates. Only a small amount of bedside nursing service is given by students during the pre-clinical course, none while they are on affiliation in other institutions, and none while in such special services at the home hospital as Diet Kitchen, Operating Room, and Out-Patient Department. In contrast, the graduate floor duty nurse gives all of her time to the care of the patients.

Another factor in reducing the amount of nursing care given by students is the request of the United States Public Health Service that fifty percent of the Senior Nurse Cadet Corps be assigned during their last six months to government services. The number of Senior Cadets thus lost to the Massachusetts General Hospital, just when they have become most competent, varies from month to month. In September it will be 42.

This explains in part why 150 student nurses do not replace 150 graduate nurses. Furthermore, we must consider the inexperience and immaturity of students. Too much responsibility cannot be placed upon their shoulders.

A larger enrollment in the School would be of some help but the number of well qualified applicants is beginning to fall off; an adequate number of teachers and supervisors is not available; our housing facilities for additional students would be inadequate, and the necessary beds to provide medical experience are limited.

There are but two remedies to the present shortage of nursing service: the closing of certain floors of the hospital or the addition of graduate nurses.

We are loath to close floors because of the demand for beds. All units are operating at 94% capacity. All units have long waiting lists, with appointments for six weeks ahead.

The other remedy is to increase the number of graduate floor duty nurses. To be specific,

One floor of the Phillips House had to be closed on July first. Before it can be reopened it will be necessary to provide seven graduate floor duty nurses.

If we are to prevent the closing of a floor at the Baker Memorial and one in the White Building it will be necessary to provide thirteen more graduate floor duty nurses than we now have by September first, twenty-five more than we now have by September twelfth, and thirty-seven more than we now have through October and November.

While a number of part-time nurses will greatly help, they cannot entirely meet the need. There is need for stability, particularly at night, which only a certain percentage of full-time workers can give.

This communication is being sent to all Trustees, members of the Medical Staff, Ladies' Visiting Committee, Advisory Committee to the School of Nursing, and to a group of the Nurses' Alumnae in this area, urging all to make every effort to recruit nurses for service in the Massachusetts General Hospital, particularly during the months of July through November. We hope that by December first the members of the Fall graduating class will be available. By then there should be also less demand from the Army Nurse Corps.

We shall welcome any suggestions that will help us to find the nurses during the next six months.

N. W. Faxon, M.D.,
Director

The following graduates of the School of Nursing received their commissions as 2nd Lieutenants, ANC, after completion of the course in basic training: the Misses Winifred Allard, Priscilla M. Cole, Marian Waterhouse. The exercises took place at Fort Devens on June 2, 1945.

Miss Elizabeth O'Loughlin (*MGH* 1943) returned in June from a four months' course in Pediatrics at Teachers College, Columbia. She was studying under a scholarship from the U.S. Public Health Service, Division of Nurse Education.

Lt. Anna M. McKee (*MGH* 1937) was recently presented with the Air Medal with Oak Leaf Cluster for air evacuation missions flown during April and May with a troop carrier unit of a jungle Air Force.

Alice R. Clarke (*MGH* 1939) has been promoted to Captain, and is Chief of the Army Nurse Corps, Public Relations Section, in the Philippines. She has been overseas 40 months, and will return to the States after touring the Visayan Islands and Sulu Archipelago.

Lt. Inez Cardinali (*MGH* 1943) has been assigned to overseas duty in Panama.

The Board of Trustees, at their meetings on June 14 and 29, voted to appoint:

Dr. Harold F. Bosco as Dental Intern for nine months beginning June 15, replacing Charles E. Rounds who has been called into service by the Navy;
Dr. Lewis W. Kane as an Assistant in Medicine;
Dr. Gertrud C. Reyersbach as Assistant to Children's Medical Service;
Dr. William H. Sweet as Assistant in Neurosurgery.

The Trustees also voted that:

Dr. Jost J. Michelsen be granted leave of absence to enter Military Service, it being understood he may resume his present position on the Staff on completion of this Service;
Dr. Edwin A. Robinson be granted a Dalton Scholarship of $500, to be paid in monthly installments from August 1, 1945 to July 31, 1946.

At meetings during June, the General Executive Committee appointed Dr. Milton B. Lorber as Graduate Assistant in Anesthesia, and reappointed as Graduate Assistants for the term July 1 through December 31:

- Medicine
  - Herbert Barry, Jr.
  - Winifred Chase
  - J. L. Jacobs
  - Madeleine Longtin—Student Asst.
  - Marian Perry
  - Eda A. Polcari
  - R. J. Savignac
  - J. B. Tompkins
  - E. O. Wheeler
  - P. R. Withington
- X-ray
  - Joseph Ferrucci
  - Harold Thomas
- Dermatology
  - A. P. Freedberg
- Neurology
  - Rudolph Neustadt
  - A. A. Weil
- Surgery
  - Martin Bellinger
  - E. H. Hubbard
  - J. L. Langohr
  - D. J. Mullane—Tumor Clinic
  - K. W. Thompson
- Urology
  - Joseph Lipton
- Dental
  - H. D. Howe
- Clinical Fellows
  - Fred Alexander—Medicine
  - Anne P. Forbes—Medicine
  - Joseph Hindle—Malaria Study
  - Sidney Levin—Malaria Study
  - Curtis Prout—Malaria Study
  - E. C. Reifenstein, Jr.—Medicine
  - Edna Sobel—Children's Medical
  - L. D. Trevett—Malaria Study

* * *

All material of a military nature in this and every issue of The News is first cleared for publication by the local Public Relations Department of the Army or Navy.

MASSACHUSETTS EYE & EAR INFIRMARY

At a meeting of the Board of Managers held June 28, 1945, the resignation of Mr. Leverett Saltonstall was accepted with regret. Mr. Saltonstall had been associated with the Infirmary as a Manager since 1925.

Mrs. Sullivan A. Sargent, Jr., Chairman of the Ladies' Visiting Committee, was appointed a Manager to fill the vacancy caused by the resignation of Mr. Saltonstall.

Lt. Eunice Grant, ANC, formerly Head Nurse on the Third Floor at the Infirmary, came in to see us recently. She is back in the States after serving in North Africa, Italy, and France, and has four Bronze Stars to her credit. Lieutenant Grant said she was flown back, and is to report for treatment at the Walter Reed General Hospital. We gathered from our conversation that her outstanding wish is to be able to stay in one place for a while.

Dr. Julio Quevedo (*Oto-Lar.* 1941) writes that he has been appointed, through a competitive examination, Head of the Oto-Laryngological Service in the Guatemala City General Hospital. He writes, also, that his first total laryngectomy was successful. Incidentally, it was the first ever to be performed in Guatemala.

Cpl. Alfred LaBranche, formerly a baker at the Infirmary, who left in October 1942 for service with the Army, came in to see us the other day. He served as a First Aid Man with a Combat Medical Unit assigned to front line duty. He has been in New Guinea, Australia, and the Philippines, and has four Bronze Stars. He hopes to be released from the Army in the very near future.

The following have been appointed to the Resident Staff, Ophthalmological Service:

Dr. Alexander R. Irvine, Jr.	July 1, 1945
Dr. Lloyd Mills, Jr.	October 1, 1945
Dr. Gustav C. Bahn	January 1, 1946
Dr. Lawrence B. Holt	April 1, 1946

1st Alternate: Dr. Gerald J. Halton
2nd Alternate: Dr. Sidney W. Penn

The fact that Boston and Los Angeles are not very far apart these days is evidenced by the fact that 48 hours after Dr. Irvine received his appointment he reported for duty at the Infirmary.

The Lucien Howe Library of Ophthalmology has recently been enriched, through a gift from Dr. Paul A. Chandler (*Oph.* 1925), with some very interesting old books, among which that of Fabricius of Acquapendente: *De visione, voce, auditu* is worthy of special note.

This volume, published in Venice in 1600, may be seen in the Treasure Room of Harvard University, where are lodged a number of rare works on ophthalmology, placed there for safe keeping by the late Mrs. Lucien Howe. Among these may be mentioned the *Augendienst* of Georg Bartisch, published in 1584, and famed as the earliest ophthalmologic textbook to appear in the German language.

New addresses:—

Lt. Ronald C. Bishop, MC, AUS (*M* 1945), 69th OTB, Carlisle Barracks, Carlisle, Pa.
Capt. Douglas A. Farmer, MC, AUS (*WS* 1943), A.A.F. Regional Hospital, Mitchell Field, Long Island, N. Y.
Lt. Arthur C. Guyton, MC, USNR (*WS* 1943), Camp Detrick, Frederick, Md.
S 1/c John D. Kenney, Co. D, Coast Guard Training Station, Fort McHenry, Baltimore 30, Md.
Col. Thomas H. Lanman, MC (*ES* 1918), 95 Suffolk Road, Chestnut Hill 67, Mass.
Lt. George R. Livermore, Jr., MC, AUS (*WS* 1943), Hdqrs. Med. Training Group, ASFTC, Camp Crowder, Mo.
Lt. Oglesby Paul, MC, USNR (*WM* 1943), U.S. Naval Hospital, Chelsea, Mass.
Lt. Gardiner Pier, MC, AUS (*WS* 1943), Med. Det., 702nd Military Police Bn., Logan Field, Dundalk, Md.
Capt. Earl C. Slaughter, MC, AUS (*Oto-Lar.* 1940), Finney General Hospital, Thomasville, Ga.

Brief bits:—

Lt. Comdr. Allen G. Brailey, MC (*EM* 1930) is stationed at a U.S.N. Base Hospital on Guam.

Lt. Robert K. Brown, MC, AUS (*WS* 1939), still attached to the 403rd Med. Thor. Surg. Det., has a new San Francisco APO number.

Capt. Charles H. Burnett, MC, AUS (*r.p.* 1942) is serving with the 225th Station Hospital.

Lt. Charles H. DuToit, MC, AUS (*WM* 1943) is with the 134th Evacuation Hospital in France.

Lt. Lytt I. Gardner, MC, AUS (*CM*) has been transferred to the 170th Evacuation Hospital.

Capt. William W. L. Glenn, MC, AUS (*r.s.* 1941) is still with the 30th General, but has a new APO.

Capt. John B. McKittrick, MC, AUS (*An.* 1938 & *WS* 1939) has been appointed Chief of the General Surgical Section, Walter Reed General Hospital, Army Medical Center, Washington 12, D. C.

S/Sgt. Bruno Mickeleit, past employee in our Surgical Laboratory, writes he is on the move again, to "strange lands" in the Pacific.

Lt. Comdr. Hugh Montgomery, MC (*EM* 1932) is stationed at a U.S.N. Base Hospital out in the Pacific Area.

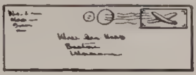
Ph 2/c Benjamin S. Parsons, past Baker orderly, is at a Landing Craft Repair Base, somewhere in the Pacific.

Lt. John H. Peters, MC, USNR (*WM* 1943) has gone to sea again.

Capt. Leonard D. Rosenman, MC, AUS (*ES* 1943), who has been in and about the Philippines for well over a year, writes that his address has changed and will change again.

Capt. Charles A. Wheeler, MC, AUS (*NS* 1935 & *WS* 1938) has been promoted to this rank. He is still with the 230th General Hospital.,

Lt. Comdr. Arthur T. Willetts, MC (*r. U* 1941) has finished land duty and is back aboard ship, again in the Pacific Theatre.



In reporting his transfer to Cushing General Hospital, Framingham, Mass., Major Russell V. Fuldner, MC (*Or.* 1939) adds just 16 words: "THE NEWS continues to be the only publication of which I read every word. Grand work!"

Such a tribute should be much appreciated by those of you whose letters make THE NEWS what it is. However, with a military record such as Major Fuldner's — varied service both in the States and overseas — why doesn't *he* send us something for publication?

And we don't confine this suggestion to the Major alone. Others of you have friends who eagerly search the columns of THE NEWS for some word from you. We know this is true, from their letters.

Sgt. Dominic W. Cervizzi left our Out-Patient Pharmacy early in 1941 for military service. After participating in action in New Caledonia and Guadalcanal, he was returned to the States in 1943. A "first letter" from him, from Glennan General Hospital, Okmulgee, Oklahoma, says:—

> THE NEWS has been a constant source of interest, and since it has not been my good fortune to run into any of the MGH crowd, I have been kept informed of whereabouts and activities through this medium.
>
> Glennan General has recently been activated to handle American casualties from the European Theatre. My work is in the Pharmacy, and we're kept plenty busy with incoming patients.
>
> I am sending you the local paper of last Sunday, which edition was a welcome by merchants of Okmulgee to the staff and personnel of the Hospital.

The newspaper — containing dozens of articles about Glennan officers and men — is on display in the wall case near the foot of Treadwell stairs.

A new correspondent to join our ranks is Lt. Joseph A. Elliott, Jr., MC, AUS (*M* 1945). From the 69th O.T.B., Carlisle Barracks, Pa., comes this letter.

> Although I have thoroughly enjoyed THE NEWS, I know I shall enjoy it more as time goes by and more of my intimate friends at the General go into the armed forces and write home about their experiences.
>
> I received my commission 29 July 1944 and was ordered to active duty at Carlisle 8 June 1945. At present that is about all I can say, since I am merely at the beginning of the course here at the Medical Field Service School and do not know what my next post will be. However, I will keep you posted on my changes of address and on any interesting episodes that occur.

Major George B. Beaman, MC, AAF (*a. Psychi.*) has sent a new address.

> I have been transferred from Bowman Field Convalescent Hospital, where I was Chief of Service, to Buckley Field Regional Hospital, where I am also Chief of Neuropsychiatric Service and where I hope THE NEWS will continue to reach me. I have found it a very interesting

method of keeping in touch with old friends.

Throughout the war, one of the interesting experiences I have had, as a hide-bound New Englander, is to see the United States back and forth from coast to coast—an experience every other hide-bound New Englander ought to have. Further than that, I have had a rather vast experience in the field of psychiatry and have observed man in every stage of his military career except for actual battle conditions.

Last month we reported that Major Arthur A. Holbrook, MC (*CM* 1933 & *EM* 1934) has returned to the States. A more recent letter tells us why.

Home again! The heat finally exacted its consuming toll and my fair complexion would have given comfort to a leper beholding me. So they sent me back, and I'm still asking people to pinch me.

At present I'm at the Schick General in Clinton, Iowa. I'll let you know the next assignment.

For over two years the War Records form, sent to Capt. Chester W. Fairlie, Jr., MC, AAF (*WM* 1942) has lain dormant. It came alive in a reply just received from the 290th AAF Base Unit Det. "D", in one of the West Indies, and gives us our first inkling as to Captain Fairlie's location and his record of military activity.

The discrepancy in dates between receipt and return of this note is so inexcusable that apologies are useless; but I hope the fact that I've carried the note safely with me all this time will show that I do appreciate the interest and ties which it represents.

After entering the Army in November 1942, I attended the Miami OTS (at the same time that Perry Culver [*EM* 1942] and John Homans [*WM* 1942] were there, although not in the same class) and after that the course at Carlisle. Then came a very enjoyable 21 months at a Station Hospital in Great Bend, Kansas. Such a job, I think, is about the most desirable the Army offers for a man who has just completed his internship (the necessary abbreviation of which I still sadly regret). It provides fairly abundant practice of medicine if the hospital census is good; and, if one is lucky in his associates, the personal contacts and the general level of medical practice in the hospital are most satisfactory.

Since leaving M.G.H. my family has been increased by two—married in October 1942, and a son born in November 1944.

I am starting my fifth month of so-called "overseas" service in the Caribbean Area—first in Porto Rico and now here.

From the 141st General Hospital, Devizes, England, Major Donald W. Bickley, MC (*WM* 1936) writes:—

As a rule, Lieutenant Colonel Comeau's [*a.* in *M* 1937-39] copies of The News have substituted for those of mine which have been lost in the long chain of APO numbers.

Colonel Comeau is our Chief of Medicine. I am still Chief of the General Surgical Section, but there are many changes afoot.

Dr. Faxon has received this letter from Lt. Col. R. Earle Glendy, MC (*r.p.* 1934), headed Liége, Belgium.

It looks like a long haul yet, even though the Krauts have folded up. Our one desire is to return home, but it isn't as simple as it looks when one realizes the staggering proportions of men and matériel we have scattered over the face of Europe.

We have been in operation in tents since November, have listened to and shuddered at the drone of some 6,000 buzz-bombs, contemplated being overrun by Rundstedt's hordes when we were dangerously close to the upper rim of the bulge, handled some 20,000 patients since we opened, and though still fairly busy we're impatient and anxious to return to home and loved ones.

Best wishes to my friends at M. G. H.

Since good intentions have finally been carried out, and particularly since Capt. William V. McDermott, Jr., MC, AUS (*WS* 1943) convinces us he has not been idling away his time since V-E Day, we can overlook the gap between his two letters. This latest one carries the heading 30th Field Hospital.

For over five months I have had almost daily intentions of notifying you of my change of assignment, so there would be no obstacles to the regular and speedy arrival of The News, but until tonight I remained strictly in the good intentions class.

This has been a busy and interesting job, as our platoon of the hospital served as the surgical unit with the 5th Infantry Division during the campaigns in Luxemburg and Germany, and since V-E Day has operated hospitalization units for various liberated concentration camps in Austria. How long this latter work will last I have no idea, but, like everyone else in the ETO, we have hopes of a westward crossing soon.

Regards to all at the M.G.H.

After the ice is broken with a "first letter", the habit of writing occasionally becomes, happily, an easy one to adopt. This second letter from Capt. Robert P. Smith, MC, AUS (*M* 1943) contained a snapshot of himself and Capt. Rafe Banks (*ES* 1943), both all abristle with skis. The picture will appear in an early issue; but we hasten to publish the letter now, even though devoid of its accompanying illustration, since word has just come from Captain Smith that a new address will follow soon.

When I last wrote you, in February, I was in Southern France, near Saarburg, and mentioned meeting Rafe Banks. Now I can complete the tale and report that Rafe and I have finished the war in the same town and, to make things still better, there is a large Alp near by where we go skiing—as you can see from the enclosed photo.

To bring my own story up to date: I spent the rest of the war as Battalion Surgeon (as one tends to do when one becomes a Battalion Surgeon). I was in the 54th Armored Infantry Battalion, 10th Armored Division.

From the Saarburg region, where we were in temporary reserve for the 7th Army, we went via Metz to the Saar-Moselle triangle where, after very bitter fighting through the pillboxes of the Siegfried Line, we took Trier. Then we made a wild dash toward the Rhine, hitting two or three hot spots but actually meeting surprisingly little resistance. We passed mile after mile of destroyed German matériel, horses, and men—mostly due to strafing, but not entirely. As we closed off a large pocket near Speyer we hit a very hot spot, but it soon cooled.

Then we crossed the Rhine via a bridge already prepared, went to Mannheim (badly destroyed), and out to Heidelberg. There the university and castle were untouched by war. We fought down to Neckargartack, across the Neckar from Heilbronn. That wall being too solid, we made a 1-day end run to Krailsheim, about 50 miles beyond, and doubled back to open Heilbronn. Thence, a fast drive through the Schwabisch Alps and to Ulm. From there we rushed to Garmisch Partenkirchen, and, while I was on pass to Paris, the Division arrived there (rumor says) about 2 hours ahead of the German Government moving from Munich.

So, here Rafe and I sit waiting for someone to send us a boat and, in the meantime, thoroughly enjoying ourselves touring the spectacular countryside. We have visited Brenner Pass, Arlberg Pass, Innsbruck, Tegernsee (where Himmler lived), Berchtesgaden, and many local spots such as Oberammergau.

May the time be near when I can return to Fruit Street and relearn all those big words.

Capt. Lloyd S. Saltus, MC, AUS (*CM* 1938) sends this description of the pitiful condition of liberated allied prisoners in his section of Germany.

We have been in Naumburg for the past month and have had the pleasure of treating many recovered allied prisoners fresh from camps. Practically all those sent here made the grade, though a few could not believe they would until improvement and a few jokes began to take effect. Many Tbcs., as one would expect, many nutritional edemas, and—as perhaps a corollary—many patients with pneumonia, hypertension, etc., who developed pulmonary edema as a complication much more quickly than one would expect with a normal subject. Many had merely stomach aches, mild or severe, from their first chance at solid food. Rapidly cured, they gave pleasure and amusement by their eating whenever and whatever available—usually with the smile that won't come off.

Other hospitals got loads of those so nearly dead it was said to be difficult sometimes to tell the patients from the recent patients.

More recently many of us have been detached as liaison officers—tending to the operation, supply, and necessary details of captured German hospitals. The immediate future is a complete question mark—made only more distinct by press releases and other rumors to date.

In reporting his promotion and transfer to a hospital ship, Lt. Robert H. Hepburn, MC, USNR (*r.s. U* 1943) adds a fine tribute to Robert S. Hurlbut.

This is to inform you that a kindly Fate has (1) changed my address and (2) raised my rank from Lt. j.g. to Lt. It is both a privilege to serve as urologist in this swanky 800-bed hospital and a pleasure to be paid a little more for doing so.

Congratulations on giving Bob Hurlbut such a fine write-up. He was a magnificent human being in so many ways. It should encourage us all to take bigger and better sized "pieces out of the pants of Nippon", as Bobby phrased it.

Lt. Comdr. W. Martindale Shedden, MC (*ES* 1920) is again on his way for overseas duty — this time in the Pacific. He will be at an Advance Base, and hopes to meet his three sons out there. One is an Army B-29 pilot, another a Navy Fighter pilot on a carrier, and the third has just enlisted in the Marines. The two oldest sons, both of whom have been awarded medals for outstanding gallantry, recently met each other in the Marianas — for the first time in five years!

From Okinawa comes a "first letter" from Lt. Comdr. Philip Solomon, MC (*Psychi.* 1936-37). He outlines his military activities to date, and has much to say which is of special interest to psychiatrists.

Though my period of service at the M.G.H. was not long, I look back to it with considerable pleasure. I have not written before of my experiences in the Service since nothing very much happened and I doubted that anyone would be interested. Recently, though, the pace has quickened, and here are the facts—if only for the record.

I entered active duty as a Lieutenant on July 2, 1941, because I was told that a neurologist was needed at the USNH, Chelsea. I served there for 2 months, doing—of all things—dermatology, contagious diseases, and chronic medicine (with a bit of neurology consultation on the side). I then was sent to the USNTS, Newport, to take part in the NP screening program which was starting up there. The 3 months after Pearl Harbor were a nightmare. We averaged 18 to 20 hours a day, 7 days a week! I screened as many as 400 men a day. It didn't seem that psychiatry could be done at that rate, but it had to be done, and it was. In October 1942 I was transferred to the new Training Station which was opening up at Bainbridge, Md., and I continued screening there. In September 1943 I was asked to start a new NP unit for screening Women Marines and colored Marines at Camp Lejeune, N. C. By late 1944 I was thoroughly fed up with screening and asked to be sent overseas to see something of the war.

In December 1944 I was ordered to the Sixth Marine Division as Division Psychiatrist—a newly created job. We trained at a tropical Southwest Pacific base and I immersed myself in an impromptu preventive psychiatry program. We landed here on Okinawa on Easter Sunday. My experience since then have been those of combat. I have been fortunate enough to see what few psychiatrists witness—NP breakdowns at the source. My unit has followed the front lines and has succeeded in returning hundreds of men to duty who might otherwise have been evacuated. The methods used have involved a few new wrinkles—for example, what I call "coercion techniques", and the use of plasma as an adjuvant.

At present, life is unusually exciting. About a week ago we moved into Naba, almost ahead of the front lines. We can still look out across the estuary and see the war going on in our back yard. Sniper fire we have learned to ignore, but we hit the deck fast for machine guns or shells. Our pet dislike is a new rocket affair the Nips have come out with. It comes over with a hideous nasty snarl instead of the respectable whine of a shell, and it packs a terrific wallop. The younger men call them "screaming-meanies", the older men, "flying mother-in-laws". The high spot for chill-thrills came the other day. We were awakened about 0530 by a crash and splintering wood. When we investigated, there on the ground under our cots was a huge 8-inch Howitzer shell—a dud! There was much laughter, of a hollow sort, and I noticed that the next day everyone went to church with a determined look.

The only MGH man I have seen out here is Commander Monks. When I saw him last, about a month ago, he was quite unhappy at prolonged inactivity, but doubtless by now his unit has swung into action.

In conclusion, may I say that I am enjoying my work immensely, but anyone who says he likes combat is either a fool or a liar.

A postscript, not intended for publication, asks us to deliver a message to some of Commander Solomon's friends. In it he says he has written some 12 articles since going into the Service, mostly in a desperate attempt to keep mentally alive. They have appeared, or are about to appear, in various military-minded journals.

Lt. Comdr. Walter E. Garrey, MC (*ES* 1933) writes from a Naval Base Hospital on Peleliu:—

Receipt of the April issue this week reminded me that I had not reported to The News since leaving the States, for the second time, in November 1944.

I went back to an attack transport of the Amphibious Forces, and made the Okinawa invasion on Easter Sunday morning. The trip up was made more enjoyable by having [Lt.] John Norcross [*EM* 1937] aboard as a passenger for 6 weeks. Casualties were light in the early days and we handled only a few.

Two months ago I was transferred to this hospital, flying from Hawaii through Guam to the Palau Islands. The censorship rules now permit us to say we are located on Peleliu. Having had a total of 29 months on attack transports, it was a pleasure to land in a hospital. Gordon Morrison [*Or.* 1941] is in charge of Orthopedics here, and is very busy. I am at present serving as Chief of Surgery. We are running at only part capacity, but do get some casualties from Mindanao, and there have been some very interesting abdominal cases lately.

In my travels during April I had one evening with [Lt. Comdr.] Herb Adams [*ES* 1932], and another with [Lt. Comdr.] Roy Mabrey [*a. in S*] and [Lt. Comdr.] Hugh Montgomery [*EM* 1932]. All three had recently been busy and had much of interest to report.

The News means much to us and I hope it keeps on coming.

My best to all at the hospital.

Letters from Lt. Comdr. John L. Wilson, MC (*ES* 1940) make such good reading, it is a pity this one is so brief. Maybe it's only a curtain-raiser for more to follow soon. Let's hope so.

Here's a request that my subscription to The News be continued — for life (if I have to stay away from M.G.H. that long). It is such a pleasure to be able to keep up, in a way, with so many good friends and acquaintances. I notice by the letters which you publish that the nostalgia must affect everyone.

I must apologize for my frequent changes of address, but I am moving tomorrow to another Base out here in the Pacific.

This very unusual letter has come to Mr. MacNair from Lt. Earl D. Sneary, ChC, USN, a past orderly at Baker Memorial.

After I left Baker to go into the Navy, I was sent to Chaplains' School at Williamsburg, Virginia, and then to Parris Island, South Carolina, for my first duty. As you may know, that is a large boot camp for the Marine Corps. I stayed there until September 1944, when I came overseas and joined the Fourth Marine Division as Regimental Chaplain of the Service Troops Regiment, where I am at present stationed.

Lt. William Baker [*WS* 1943] is in my outfit. He was interning in Baker when I was there. On the trip out to Iwo Jima, as I left my ship to go over to another to hold a service, I cut my hand on the jacob's ladder. Who should dress it but another Baker intern —Lt. [James E.] Conley [*WS* 1941].

While we were waiting to go ashore at Iwo, I worked down in the sick bay of the ship, helping take care of casualties brought aboard, doing dressings, catheterizations, injections of plasma and blood, SC and intramuscular injections of drugs — including penicillin, and making myself useful generally. I took time out to pray with the men who were dying and tried to cheer those who were glum and despondent. I did several treatments that we weren't allowed to do at Baker, and I wouldn't have taken a thousand dollars for the training you and Mr. Bates and Mrs. Reid gave me there.

Iwo Jima was rugged. Several times I just missed getting hit when mortars exploded round me, killing men who were as close as 50 feet. Large as I am, I made a perfect target for snipers, but I guess they weren't very good shots. We certainly were glad to get off that piece of sand and back to our rest camp.

I have a nice chapel and office — all tents, of course — and I like the men in my outfit very much. I have been accepted in the Regular Navy and plan to stay in after the war. There is nothing I would like so much as to get duty at Chelsea Naval Hospital or Boston Navy Yard after the fighting is over. At any rate, when I do come back to Boston, Baker is the first place I'm heading for, and I hope some of the old familiar faces will still be around.

This letter from Comdr. John P. Monks, MC (*WM* 1931), to Dr. Means, is every bit as graphic as the best of our war movies. It was written from Okinawa, on the back of Japanese forms of some undecipherable sort—one of which is being displayed in the case near Treadwell stairs.

This hospital sat on Guam, overlooking the Pacific and with the trade wind constantly in our faces, from December '44 until March '45. Though we sat, we were not set up as a hospital and so had much time on our hands, filled with the usual griping, building an impermanent camp for ourselves, and wondering where we were going next. We carved tent sites for ourselves out of the jungle which is thick with prickles and tenuous vines, and collected sea shells (any that the omniverous CB's left behind). While on the island I saw Chappie Fay, Allen Brailey, Dave Halbersleben (HMS), and frequently got together with Bob Schwab.

Late in March we embarked and reached this island on 11 April (L-day plus 11). We were in the midst of air raids while at anchor for 2-3 days, and during our first night on the beach — in old Jap trenches — several planes were shot down close to us. Later we moved to the northern part of the island, but the Marines had met with so little opposition here that we betook ourselves to the fields of a communal farming project and sat down again — first among the potatoes and cabbages, later in the mud. The air raids and snipers were troublesome enough to our sleep, so I built myself a nice sandbagged fox-hole with a flack-proof roof and slept cosily there on a Jap straw sleeping mat and my sleeping bag for a couple of weeks.

The surgeons in the outfit — including [Comdr.] Ross Mintz [*P* 1930 & *r.s. U* 1932] —were loaned to an Army Field Hospital at the active southern front, where they did a good job in support of the considerably less experienced younger Army surgeons. Several of our medical men were loaned to various military government hospitals (so-called), where the native Okinawans were herded in great compounds. Their chief problem was utterly inadequate medical personnel and supplies to cope with every sort of foul festering sores and gunshot and shell fragment wounds, always grossly infected from their long hiding out in the caves in the hills following wounding. Gradually the word spread that we would not torture or kill them and they poured out of the hills in hundreds and thousands. Since then, for the most part, they have been coöperative and friendly to us. One of our doctors had as his helpers in a dispensary several Korean prostitutes, captured from the Jap Army and very valuable, as they would catch on quickly as to what was wanted. The invariable English speaking native turned up — this time in the form of an ex-chauffeur of a vice-president of a large oil company in N. Y. C. where he had been for ten years.

The country in the north was mountainous and very lovely, and we would have wandered further afield except for the little yellow men all over the hills waiting to blow you to pieces and steal your boots. Finally we were shipped further south — about 10 miles behind the lines — to back up the Marines who had also been brought to the south to help the Army break the stubborn resistance of the cave-dwelling Japs in their various defense lines. Then we came under the command of the 10th Army. Ross and I may enjoy the somewhat weird distinction of being the only

Captain Edward L. Young, III, killed in action in Germany, March 24, 1945

MGH-ers who have been successively under immediate command of the Navy, the Marine Corps, and the Army.

For 5 weeks we performed the work of an Army field hospital, receiving chiefly Marine Corps casualties, however. Our function as an evacuation hospital was never fulfilled. The vast majority of the cases have, of course, been surgical of all sorts, except for traumatic amputations and huge abdominal wounds which were screened out and evacuated by hospitals further forward. Medically our chief concern has been cases of combat fatigue usually received within a few hours of their evacuation from the front. They usually appeared after our troops were "pinned down" and unable to move under Jap artillery, mortar, and machine gun fire. Especially did this occur during the famous Sugarloaf Hill episode, when the Hill was captured and lost by our troops nine times. The sense of inability to retaliate adequately against the enemy and of being unable to move seems to be the trigger mechanism. Most cases were treated successfully by our able young Navy trained psychiatrist and returned to duty. A point he has noted, contrary to previous experience with combat fatigue cases, is that when the elapsed time since combat is apparently so short — as here — battle dreams have not had time to develop and can evidently be aborted by adequate rest at this stage. Most cases have required no sedation, and little psychotherapy has been necessary. About the time that those cases who are uncomplicated by an underlying psychoneurosis are anxious to return to duty, those with an underlying psychoneurosis start to reveal what has been previously hidden by the symptoms of simple combat fatigue. Two other points he notes are the general lowering of ward morale and an increase of guilt feeling when surgical cases are admitted to the ward. Acute gastro-enteritis, and various fungus and impetiginous infections make up the majority of the rest of the medical cases.

A Naval Medical Research Unit, of which Cheever is a member, has been temporarily attached to our hospital. It is under the leadership of Shope, of the Rockefeller, and contains a hand-picked group of several others from the Rockefeller.

Medical intelligence, before the invasion, claimed this island a hellhole of disease, with very poisonous snakes lurking everywhere and wild boar ready to gore one. The report was utterly erroneous. The facts are as follows: There has been one case of schistosomiasis in a Jap soldier, presumably acquired in Japan, and some among our troops acquired in Leyte. No known case of primary malarial infection among the troops. Possibly a few cases of amoebic dysentery, and an occasional one of bacillary. There are some cases of encephalitis — unlike Japanese B — and no cases of yellow fever, cholera, or plague. A good deal of filariasis is present among the natives, as are intestinal parasites — frequently the infection being multiple in nature. A good deal of tuberculosis and leprosy and much tetanus in the natives. Some cases of gas gangrene among our troops. Most interesting to the Research Unit are various cases of dengue-like fever among our troops. Less than half a dozen snake-bites and no goring from the as yet invisible wild boars. The health of the troops generally has been excellent, so, as Chief of the Medical Service, I am a pretty useless ornament.

I live now in the forecourt of a typical Okinawan tomb which is covered by a pyramidal tent with walls covered with greenery. It is reminiscent of the mossy, fern covered New England rock-walled blue ribbon exhibit of some garden club at the annual Flower Show in Mechanics Hall. Nurses from a neighboring Army hospital work in our wards and give color to an otherwise drab existence.

Now that the island has been declared secure, my chief occupation seems to be that of censoring the souvenirs being sent to clutter the homes of the U.S. Some of the junk that is sent home is fantastic — a large collection of ordinary buttons, a pair of spectacles, a package of the Jap equivalent of testosterone, gold teeth, a carpenter's rule, albums of photos of stiffly posing Jap families, and ration coupons being among some of the more unusual ones. Rifles, bayonets, officers' swords, and money, by the dozens. Jap flags are the greatest prizes, and one of our men was doing quite well in selling futures in Jap flags — except that he had some difficulty in keeping off the prospective purchasers until the red paint was dry on the white cloth.

The News is a highly prized piece of mail out here, as it is to everyone else. We all appreciate it greatly.

Lt. George Mixter, Jr., MC, USNR (*WS* 1943) has been transferred to an Engineer Battalion attached to a Fleet Marine Force. His last letter was published more than a year ago. This one, just received, is equally interesting.

This is to add my two bits to the universal thanks for your grand sheet, which really is manna in the wilderness.

M.G.H. is certainly widely scattered. I only wish I could manage to run into some of our men. [Lt.] Bill Baker [MC, USNR (*WS* 1943)] was the last I saw, back in New River, N. C., almost 18 months ago!

Have been Battalion Surgeon with this grand bunch of engineers for about 6 months now. It's an "old" outfit which hit Guadal in '42 and has been "out" ever since. We got in on this Okinawa show pretty early and have covered the entire island. Now setting up our 20*th* camp in ten weeks! It is in a lovely valley, and now that the island is secured we hope to make a good rest area out of it.

No wounds, decorations, or heroic surgery to report—(I haven't scrubbed on anything bigger than a pilonidal sinus in the past two years!)—although there were two weeks of shell fire that made life a bit complex.

This job as a "commissioned corpsman" has its recompenses but they aren't medical! The work is all spot sanitation, writing reports, and moving from place to place. The high points were a trimalleolar Potts put up in plaster during an air raid and a couple of pretty bad chest wounds we got back to surgical teams in A-1 shape.

I greatly appreciate hearing from other theatres of operation and getting reports on their problems. Our health has been *excellent* all the way and our casualties pretty light, largely due to superior training of the men and their long experience out here.

It is a terrible shock to hear of Pinky Young's death. I know how impatient he was to be in the thick of it. A real loss to us all.

We're pretty isolated here but the welcome mat is always out to MGH-ers who happen to wander this way.

My best regards to all personnel I knew there at Massachusetts General—especially to Mrs. Cushing, whose Sunday afternoon playing in the Chapel is one of my pleasantest memories.

THE NEWS

No. 36 Boston, Mass. SEPTEMBER 1945

...—V...—

WAR'S END

There is an old Civil War song, "Tenting on the Old Camp Ground", that expressed the longing for peace of the people after four years of war. On Monday night August sixth we, too, could have echoed the words of that old song.

> "Many are the hearts that are weary tonight
> Wishing for the war to cease.
> Many are the hearts looking for the right
> To see the dawn of peace."

And then suddenly, at seven o'clock on the evening of Tuesday August 14, came the news that the world had been waiting for. "Japan has surrendered. The war is ended." To us this meant the end of an armed conflict that began on December 7, 1941—over 3 years and 8 months ago. To England, Russia and China it meant years longer. To us it had meant hard work, long hours, some deviation from our acccustomed way of living, and to most of us a constant sense of impending danger of the loss of loved ones. To those other countries—hardship, destruction, suffering and frightful loss of life.

But now it was over and we could rejoice. We who experienced the relief brought by that Tuesday announcement will never forget it. Some expressed their relief by jubilant shouting, others by silent prayer, others by a visit to their church or the Hospital Chapel. All gave thanks to Almighty God that this day had come.

N. W. F.

ORTHOPAEDIC SERVICE AFFAIRS

Wednesday, 8 a.m. — Staff Room, White 5:

Dr. Smith-Petersen: "All right, Dr. Williams, let's start." Yes, we still carry on Ward Rounds at 8 a.m. on Wednesdays and we still try to start on the dot; some of the old offenders—you know who they are—sneak in late and still think I don't see them! The stage setting is the same and the arguments essentially the same. This is true of Fracture Rounds as well as of Orthopaedic Rounds.

Friday, 8 a.m.—Bigelow Amphitheater:

"This is a 71-year old woman who fell and sustained an intertrochanteric fracture," says the House Officer, addressing himself to the film. "How are you going to treat her, doctor?" "Well, there seems to be a difference in opinion—she is not in awfully good shape—she has diabetes and hypertension." "All the more reason for nailing her—relieving her of pain and enabling her to move around." "I disagree with Dr. Smith-Petersen. These fractures heal with properly carried out Russell Traction. I deliberately say 'properly carried out Russell Traction'. I don't know why, but we do not seem to be able to do it in this Hospital. I can do it in other hospitals and they all unite." "Has she had her veins tied off?" (Guess who asked that question!) "Yes, sir. She entered night before last and she had them tied yesterday afternoon. No matter how she is going to be treated, we thought she ought to have prophylactic ligation."

White 5:

"Calling Dr. Larson, calling Dr. Larson." "B—s—s, B—s, B—s": "This is Dr. Larson." "Just a minute, doctor, Fracture Follow-up wants you." "Hello, this is Dr. Larson." "Oh, Dr. Larson—this is Miss Maloney—it is almost 11 o'clock and we have 23 follow-ups, no Visiting Surgeons, only one House Officer and this is his first day on Service!" "All right, Miss Maloney, I'll be right out," says Dr. Larson calmly, knowing full well it will be at least half an hour before he gets there. Since Orthopaedic Out-Patient has been given up on Wednesday mornings this situation is now under control—much to Miss Maloney's joy.

Surgical Executive Committee Meeting, Tuesday 4 p.m.; Staff Room, White 4. May 7th:

"What you got there?" "This, Dr. Faxon," says Dr. Smith-Petersen, proudly displaying a beautiful hip specimen, "is the specimen you requested me to produce before you would grant a room for anatomical specimens and reference books. Dr. Saunders, at the University of California, had it prepared for me. Smell it!" "Sniff, sniff—my olfactory nerve is satisfied!" This episode was followed by a lengthy discussion of possible locations for such an anatomical reference room. The final decision was that nothing could be done until Pete Churchill gets back. So, V-E Day was defeat day for this project which was started two and one-half years ago.

As you all know, the M.G.H. Orthopaedic Department has been divorced from the Children's Hospital Orthopaedic Department. Whether this is going to turn out to be a divorce or a temporary separation no one knows; it is an unsettled problem which has not as yet been discussed. This step became necessary because of our inability to secure surgically trained House Officers. The Orthopaedic House Staff is now "integrated horizontally and vertically" (quoted from the Harvard Medical School curriculum committee report) with the House Staff of the general Surgical Service. It is amazing how quickly these young men catch on and how well they carry out their duties during their short weeks' stay with us. We have been exceptionally fortunate in our Residents—we have had some real stars. As evidence of our not slipping too badly in operative technique, we have the statistics on sepsis: 2½% sepsis during 1944—number of operations practically the same as in normal times.

On the whole it is fair to say that the Orthopaedic Department is holding its own in spite of having lost 9 members of its Visiting Staff, leaving only 7 to carry on.

M. N. Smith-Petersen, M.D.,
Chief of Orthopaedic Service

At a meeting of the Board of Trustees held on June 29, it was voted:

To increase the room rates in the Baker Memorial by 75c a day, and to authorize changes in the operating room charges in accordance with recommendations of a Committee of the Staff;

To increase the rates on certain rooms in the Phillips House by approximately $1.00 a day, and to authorize certain increases in the operating room charges;

To authorize certain changes in the operating room charges in the General Hospital.

At their meeting on July 27, the Trustees voted to appoint:

Dr. Rosemary V. Gorman as an Assistant in Medicine;

Dr. Wade Volwiler as an Assistant in Medicine;

Dr. Patricia Wanning as Assistant to the Children's Medical Service, beginning July 1, 1945.

The Trustees also voted to accept with regret the resignation of Dr. Anne M. Hopkins.

The General Executive Committee, at a meeting held July 18, voted to appoint:

Dr. Nicholas A. Brose as Graduate Assistant in Surgery;

Dr. Stanley J. Sarnoff as Research Fellow in Surgery.

Pvt. Raymond F. LeMoine, USMCR, a past orderly in Baker Memorial, was killed in action on Okinawa several weeks ago. He was only 18 years old, and had been in the Marine service since July 1943. It was his first active engagement.

Dr. Faxon heartily endorses this urgent request we are about to make.

Ever since that first group left the Hospital for military training, the News office has endeavored to maintain a complete record of every MGH-er's participation in the war. This record includes not only the various changes of address, but contains — or *should* contain—the names of those killed and wounded, and the recipients of citations or decorations. This last file is, at present, most incomplete and unsatisfactory—due to the fact that many of you, because of reticence or procrastination, have failed to tell us when special recognitions have been conferred upon you. In several instances it has been by the merest chance that we have heard of these honors.

M.G.H. is justly proud of the work of her sons and daughters in World War I. Their records, in book form and in manuscript, comprise some of the most highly valued possessions of the Archives Department. The records of MGH-ers in World War II will be just as valuable, but it depends entirely upon your coöperation whether these files will be complete or not. Therefore, if you have received any one of the various commendations, won't you please acquaint the News office of that fact? We promise to refrain from publishing the information you send, if you so desire —although we don't see why we should. In either event, we trust you will accept this request with understanding and treat yourself objectively, in this one instance. Try to realize that the citation you may have received is the result of the opportunity for outstanding work (or courage) that good (or bad) fortune, or special professional equipment, presented to you; and that any honors bestowed upon you redound, because you are one of her sons or daughters, to the credit of M.G.H. Do not withhold from her that well-deserved reward.

In the light of this interpretation, we are hoping for early responses.

Brig. Gen. Elliott C. Cutler (*r.s.* 1916) has been decorated with the Croix de Guerre. The ceremony was held before Napoleon's Tomb in Paris.

Lt. Col. Frederick K. Poulin, DC (*Dn.* 1942) has been awarded the Bronze Star Medal for "meritorious service in direct support of combat operations in the Mediterranean Theatre of operations. Brig. Gen. Charles T. Myers, Commanding General of the Twelfth Air Force, made the award.

The citation reads in part: "As Dental Surgeon, Colonel Poulin resourcefully obtained vitally needed equipment and set up prosthetic dental laboratories in strategic locations".

Colonel Poulin, assigned to Headquarters of the Twelfth Air Force, has been overseas since August 1942, and is authorized to wear five Bronze Battle Stars.

Lt. Col. Milton S. Thompson, MC (*Or.* 1934) has been awarded the Bronze Star Medal. His citation reads: ". . . for meritorious service in connection with military operations as Staff Officer, G-3 Section, Headquarters European Theatre of Operations, from 15 February 1944 to 10 March 1945. Lieutenant Colonel Thompson has performed outstanding service in planning for the establishment of the rehabilitation training program for this Theatre. His services included the management of administrative details as well as a thorough study and understanding of both the medical and military problems involved. Lieutenant Colonel Thompson has contributed in great measure to the improvement of morale and efficiency of the personnel scheduled for return to combat. . . ."

We have reason to believe that Colonel Thompson may be on his way home. He left G-3 to become Commanding Officer of the 826th Convalescent Center which has been alerted.

Lt. Comdr. Maurice M. Tolman, MC (*a.d.*) has been transferred to the U. S. Naval Hospital, Long Beach, California. From there he writes:—

> As in my other activity, I am Chief of the Department of Dermatology and Syphilis, which keeps me very busy with both an active hospital service and a tremendous consultation service for the entire Naval Area. I am enjoying an extensive experience with penicillin in the treatment of the various stages of syphilis.
>
> I am very proud to inform you that I was recently invested with the Commendation Ribbon as a result of a letter from Admiral Stark.

A copy of the letter follows:—

HEADQUARTERS OF THE COMMANDER
TWELFTH FLEET
FLEET POST OFFICE
NEW YORK

From: Commander TWELFTH Fleet
To: Lieutenant Commander Maurice M. Tolman, Medical Corps, United States Naval Reserve

Subj: Commendation

1. Your performance of duty while serving at a large Naval Base Hospital in southern England prior to, during and after the invasion of the coast of France in June 1944, has been brought to my attention. You were instrumental in the efficient organization and preparation of the hospital for the reception of casualties, and your work in instructing and indoctrinating clinical teams for the most efficient and modern treatment of burns was outstanding. Your meticulous professional supervision was reflected in the excellent results obtained in the cases of large numbers of battle casualties. You exhibited the highest degree of professional skill in the effective treatment of the many difficult cases which fell within your specialty, and the superior quality of your services, in both routine and consultive capacities, was appreciated by all. Your devotion to duty, initiative and industry contributed materially to the excellent record of the institution.
2. For your outstanding services during this period you are hereby commended.
3. A copy of this letter is being forwarded to the Chief of Naval Personnel to be filed in your official record.

HAROLD R. STARK,
Admiral, U. S. Navy

Major Leo B. Burgin, MC (*CM* 1932), Executive Officer of the First Division's First Medical Battalion, is back home. He was in the thick of the fighting from Oran to Cheb, and has been awarded the Croix de Guerre with Silver Star, the Bronze Medal, and eight Battle Stars.

We succeeded in getting hold of him the other day, and plied him with questions about his experiences at the front. He felt there wasn't much of interest to tell about, but that depends upon the point of view, for here are some of the high lights in his story: He said that more people were killed in the Cocoanut Grove disaster than were lost from his unit at Oran. After Oran he went to Gafsa, the last oasis before the desert proper, in the southern part of Tunisia, then north to Beja to finish the campaign. He returned to Oran to prepare for the Sicilian invasion, and landed in Sicily on D-day. After that he returned to England to prepare for the Normandy invasion, where his Division spearheaded that landing. He participated in the break-through at St. Lo, proceeded up through France to Belgium, and on to Aachen in September. They came out for a rest on December 10, but were called back in again on the 16th, at the time of the German break-through in the Ardennes. He continued on through the crossing of the Roer, the closing of the Roer pocket, and across the Rhine. Advanced east to the Harz Mountains, and from there southeast through Bavaria and into Czechoslovakia as the war ended. He flew back to the States on the same plane with Lt. Col. Theodore L. Badger, MC (*EM* 1928).

He said that before crossing the Rhine his unit went through Bonn. The officers' mess was set up in the library of Dr. Sabota, the famous Anatomist of the University of Bonn. One day Major Burgin happened to pick a book at random from one of the shelves. He found, to his surprise, that it was Dr. Frank Mallory's work on Histology; and on the title page was written this inscription: "Presented to the University of Bonn by the American Army of Occupation, 1920".

More than once Major Burgin spoke of the effects (or, rather, absence of any effects) of his harrowing experiences. He is very grateful to find there are no remaining scars—either physical or mental. "Well there might have been," he said. "Immediately following each of the close engagements most of us, for a time, showed many of the symptoms of combat fatigue. The only difference between us and those who are still in hospitals undergoing treatment is that we got over it and they didn't."

Major Burgin has been released from the Army on inactive service, subject to call.

Everyone will remember that very dramatic letter from Capt. Robert P. Smith, MC, AUS (*M* 1943) in the August issue, in which he said that he and Capt. Rafe Banks, Jr., MC, AUS (*ES* 1943) were waiting in the Bavarian Alps for a boat to come and get them out. The boat arrived for Smith, but not for Banks at that time, although we have reason to believe that the latter has recently been released from the 117th Evacuation Hospital where Smith last saw him in a ward tent operating room in the little town of Oberau, busy with abdominal and fracture surgery.

The skiff that picked up Captain Smith pulled up alongside our office the other day for one of the most enjoyable visits we have yet received. His word pictures of combat conditions will never be forgotten, and his snapshots (including one of himself astride the "great window" in Hitler's Berchtesgaden retreat) made his word pictures doubly impressive. (We are still going to publish that picture he sent us of Captain Banks and himself taken atop an Alp, as soon as space permits.)

Their unit—the CCB of the 10th Armored Division—received a Presidential Citation for its heroic work in the breakthrough at Bastogne. Captain Smith said that each night during that drive, as soon as the men paused for a few minutes' rest, around midnight would come the inevitable one-word order from General Patton — "PUSH". And *"push" they would.* Someone had said (was it Patton?) that if Hannibal could get his elephants through the Alps the Americans could get their tanks through. And *get them through they did,* as we all know now.

Captain Smith is to go to a brief temporary assignment at Fort Jackson, S.C., and will send his next permanent address as soon as he knows it himself.

Major Henry H. Brewster, MC (*WM* 1940) appeared at the NEWS office recently to give us a report on his own work overseas and information regarding several other MGH-ers. Major Brewster has been working in psychiatry with the 5th General Hospital for over three years. He has received the Purple Heart, and wears Battle Stars for engagements in Normandy, Northern France, and the Rhineland. He has been Chief of Psychiatry since September 1944, when he was given a special assignment in England taking care of combat fatigue. In France his work was with combat neurosis.

When he arrived home he met, for the first time, his 3-year old son. The youngster is wary about accepting his father, and always refers to him as "that man" or "Major Brewster".

It is almost impossible to keep up to date on anybody's whereabouts these days, but we give the following, as reported by Major Brewster, for what it may be worth. He said that Major J. Evarts Greene, MC (*a. M*) is back in the States; Lt. Col. Horatio Rogers, MC (*ES* 1925) is Chief of Surgery at Cushing General Hospital, Framingham, Mass.; Major Howard I. Suby, MC (*a.u.*) is still with the 5th General, and when last seen was in Paris, assisting the G.U. in the writing of a history on G.U. surgery; Lt. Col. Moses S. Strock, MC (*oral s.*) is busy with his photographic equipment and waiting impatiently to come home; and Major Frederic W. Ilfeld, MC (*Or.* 1937) has arrived home, but has no assignment yet.

After a 30-day leave Major Brewster was to report back to Fort Dix for reassignment in the States.

Major Luke Gillespie, MC (*a. obst.*) reports that the personnel of the 13th Portable Surgical Hospital, of which he is the Commanding Officer, have been awarded the Combat Medical Badge for their close support of the Infantry during the recent campaign in Mindanao.

Capt. James G. Miller, MC, AUS (*EM* 1943) paid us a call one day in July. He told us he went overseas in February, visited England, all the American Armies in France and Germany and the French 1st Army, and had an opportunity to witness the handling of psychiatric casualties in combat areas. He has returned to his same assignment in Washington.

Dr. Faxon reports that Col. Walter Bauer, Lt. Thomas S. Risley, and Dr. Morris B. Sanders visited M.G.H. recently. Dr. Sanders, formerly a member of the staff of the American Hospital at Neuilly-sur-Seine, was interned by the Germans at the beginning of the war and was held by them for several months.

Col. John E. Gordon, MC (*cons. prev. med.*) is back after more than four years of service as Chief of Preventive Medicine in the Office of the Chief Surgeon, European Theatre of Operations. He has promised to send us an account of his work over there. He has been given a special assignment in the Pacific Area, attached to General MacArthur's Headquarters.

Ph 2/c Benjamin S. Parsons, a former Baker orderly, has been home on a 30-day furlough.

* * *

All material of a military nature in this and every issue of THE NEWS is first cleared for publication by the local Public Relations Department of the Army or Navy.

Apparently it took the arrival of a daughter to make Capt. Victor G. Balboni, MC, AUS (*WM* 1942) break a year and a half's silence. From Ashburn General Hospital, McKinney, Texas, he writes:—

> I have no exciting war news, but news which for me was far more exciting—the birth of Lillian Fletcher Balboni on June 8. When not admiring her, I am carrying on here as a Section Chief of the Rheumatic Disease Department.

MASSACHUSETTS EYE & EAR INFIRMARY

Comdr. Virgil G. Casten, MC (*Oph.* 1931) called on July 18th. He was stationed for 18 months in the South Pacific, covering assignments at Pearl Harbor, New Guinea, and at the invasion of the Philippines. He has now been transferred to the U. S. Naval Hospital, Newport, R. I.

Comdr. Raymond E. Meek, MC (*Oph.* 1926) has been on service in the South Pacific since shortly after Pearl Harbor.

Comdr. Abbott W. Dean, MC (*Oph.* 1929) is now stationed at the U. S. Naval Hospital at Aiea, Hawaii.

Major Thomas Cavanaugh, MC (*Oph.* 1940) is in charge of the Eye Department at Cushing General Hospital.

Comdr. John P. Macnie, MC (*Oph.* 1929) is completing a tour of duty at Espiritos Santos.

Lt. Comdr. Lyman G. Richards, MC (*Oto-Lar.* 1924) is stationed at the U. S. Naval Hospital, Pearl Harbor.

Lt. Comdr. S. Forrest Martin, MC (*Oph.* 1938) is *en route* to a station in the Pacific.

Major Trygve Gundersen, MC (*Oph.* 1930) is now at Valley Forge General Hospital.

Lt. Edward E. Moore, MC, AUS (*Oph.* 1944) is also stationed at Valley Forge General Hospital. We understand he is doing eye plastic surgery.

Lt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 & *Oto-Lar.* 1944) called recently. He has been doing work with the hard-of-hearing (rehabilitation) at Borden General Hospital, Oklahoma. He is now on his way to the Arctic.

Lt. Trumbull Frazer, MC, AUS (*Oph.* 1943) has been reported killed in action over Germany, February 7, 1945.

Lt. Caroline Densmore, USNR (WAVE) who, before her enlistment, did Ophthalmological research work at the Infirmary, is stationed at the U. S. Naval Barracks, Washington, D. C. She is Personnel Officer, handling placement transfers and changes and advancement in rating of the thousands of enlisted men and women on duty in the Navy Department.

At long last we have started to remodel the Wards of the Infirmary. Sufficient funds not being available at this time for a new building, which has been our hope for many years, the fact that remodeling work on the Third Floor (Men's Ward) has actually begun, is most encouraging. Briefly, the plans call for removing the partitions which divided the Ward, replacing the wooden floor with tile, a new Treatment Room with up-to-date equipment, a Nurses' Station, glassed in and situated so that all patients are under constant supervision. The Utility Room is being equipped with the latest type sterilizers, flush sinks, and other equipment which will add materially to the efficiency of caring for patients. The Ward Kitchen comes in for its share of new equipment, with the installation of a dishwasher, refrigeration units, and modern sinks.

When the Third Floor has been completed, the same improvements will be made on the Second Floor (Women's Ward).

Plans are also under consideration for a new wing to be erected after the war.

Dr. Theodore Terry's research on retrolental fibroplasia has revealed numerous social and educational problems in the premature blind child. The Social Service Department, which has been studying social aspects of the disease process over a period of two years, brought to light the lack of local resources for parental education of the pre-school blind child. Following consultation with an advisory committee which included ophthalmologists, pediatricians, psychiatrists, psychologists, nursery school directors, and workers in the field of the blind, Perkins Institution offered a two weeks' summer course for a limited number of mothers and their children who are under study. Twenty mothers and seventeen babies were enrolled in the course, which was held the last two weeks in June. Both mothers and children lived at Perkins Institution during this period. The mothers attended lectures on the medical aspects of the retrolental fibroplasia on the physical and emotional development of the children and observed the educational processes of the nursery school, which was in session for the children daily, from 9 A.M. to 4 P.M. The nursery school was under the direction of Mrs. Louise Wood, of the Boston Nursery for Blind Babies.

Two experts in the field of education for the pre-school blind child, Miss Harriett Totman, Department of Education, Cleveland, Ohio, and Miss Gertrude Vandenbroek, Bureau of Services for the Blind, New York State, as well as Miss Ruth Butler, of the Massachusetts Eye and Ear Infirmary Social Service Department, Miss Frances Marshall, social worker at Perkins Institution, and Miss Virginia Beale, nutritionist, from the Harvard School of Public Health, were in residence during the project for frequent consultation with the mothers in regard to the individual problems.

Mothers were enthusiastic about the information they obtained from all of the instructors, and all of those participating in the teaching program and in planning for the project believed the results indicated the value of parental education in the field of the pre-school blind child. The instruction given in nursery school techniques demonstrated that much can be accomplished by mothers in stimulating the activities of the pre-school blind child in his home. Exchange of opinions and information among the mothers on their common problems lessened their anxiety in regard to the tremendous handicap faced by the blind child and his family.

Dr. Mosher received this interesting letter from Capt. Paul S. Mertins, Jr., MC, AUS (*Oto-Lar.* 1936). It was written July 10, on Okinawa.

> I have been rather neglectful in my correspondence largely because, until the recent campaign, I have had so very little of interest to report.
>
> Since the first of the year I have had a very wonderful tour of a large part of the Pacific which, under slightly different circumstances, has been one of my great ambitions.
>
> Since our unit was not ready to function I have been associated with an Auxiliary Surgical Team in a Field Hospital here during a part of the campaign. Now that it is safely over I look back on the whole thing as a very interesting experience. Needless to say, I was quite frightened at times, but it is surprising how, in the press of work, one can become accustomed to the most unusual circumstances and more or less take them for granted. It furnished a most ideal situation for seeing and doing a world of very interesting work. We were frequently only a short way from the action, and often received cases before they had had any other medical care. We were allowed a great deal of latitude in our methods of handling cases and how long we could keep them. And, tho there were times when we had to pitch in and do everything that came for eighteen and twenty hours a day, there was a world of Eye, Nose and Throat pathology—and anatomy the like of which I had never imagined before. It was very interesting and enlightening to me. I will not bore you with details, but I was repeatedly amazed at the number of severe neck injuries that somehow missed the large vessels. The men here also sutured the most awful and dirty face injuries, closing all dead spaces first, and following that with intensive chemico therapy. The absence of infection and the plastic results were far better than I had hoped, and much of it seemed to bear the earmarks of Dr. Kazanjian's teachings.
>
> I will be associated with a very large General Hospital. Major McKay and myself are hoping to make the EENT Department a center for referred work in this part of the world. We are hoping to add chest surgery to the department. We have already formed a plan for an EENT society with monthly meetings, as there will be a world of material that all of us — and especially myself — will profit from by going over it together.

New addresses:—

Capt. Lemuel Bowden, MC, AAF (*ES* 1940), Station Hospital, 815th AAF Base Unit, Malden, Mo.

Col. Edwin F. Cave, MC (*ES* 1926 & *Or.* 1928), Chief of the Surgical Service, General Hospital, Camp Edwards, Mass.

Lt. Burdick G. Clarke, MC, USNR (*EM* 1943), U. S. Naval Mine Warfare Test Station, Solomons, Md.

Lt. Col. Milton H. Clifford, MC (*a.p.*), 21 Lowell Street, Cambridge 38, Mass.

Surgeon (R) Burnet M. Davis (*r.s.* 1942), U. S. Public Health Service, 17 North Avenue, N.E., Atlanta 3, Ga.

Lt. Joseph A. Elliott, Jr., MC, AUS (*M* 1945), Ward 418, Moore General Hospital, Swannanoa, N. C.

Major John R. Graham, MC (*WM* 1936), Oliver General Hospital, Augusta, Ga.

S 1/c John D. Kenney, USCG Barracks C-43, Naval Munition Depot, Co. 21, Earle, N. J.

Lt. James J. McCort, MC, AUS (*r.p. R* 1944), Lawson General Hospital, Atlanta, Ga.

Major Monroe A. McIver, MC (*ES* 1922), 32 Fair Street, Cooperstown, N. Y.

Lt. Henry D. Moorman, MC, USNR (*WS* 1943), U. S. Naval Hospital, Fort Eustis, Lee Hall, Va.

Lt. Col. Edward J. Ottenheimer, MC (*ES* 1924), WPBC, Office of the Surgeon, APO 244, c/o Postmaster, San Francisco, Cal.

Capt. Gordon A. Saunders, MC, AUS (*EM* 1937), Lovell General Hospital, North, 354, Fort Devens, Mass.

Capt. Robert G. Snow, MC, AUS (*Oto-Lar.* 1940), 50th Co., Pers. Center, Fort Dix, N. J.

Lt. Col. John C. Snyder, MC (*WM* 1939), Rockefeller Foundation, IHD Laboratories, 66th Street & York Avenue, New York 21, N. Y.

Lt. Jesse E. Thompson, MC, AUS (*ES* 1943), Carlisle Barracks, Carlisle, Pa.

Major Alexander M. Waldron, MC (*EM* 1938), Regional Hospital, Fort Knox, Ky.

Lt. Frank C. Wheelock, Jr., MC, AUS (*ES* 1943), Carlisle Barracks, Carlisle, Pa.

Brief bits:—

Col. Richard Collins, Jr., MC (*ES* 1933) sends a new address—ODI, Hq. USGCC. His APO number is c/o Postmaster, New York, N. Y.

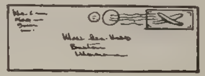
Capt. Henry L. George, Jr., MC, AUS (*CM* 1929) has been transferred to the 199th (US) General Hospital, APO 562, c/o Postmaster, New York, N. Y.

Major C. Fred Goeringer, *MC* (*Or.* 1940) is with the 247th General Hospital. He has a San Francisco APO.

Pvt. Tom Hennessy, past employee at M.G.H., left recently for training as a gunner on a plane. His address is 3706th AAF Base Unit, Squadron Q, Sheppard Field, Tex.

Lt. Daniel H. Hindman, MC, USNR (*a. obst.*), still on *U.S.S. Haven,* is now in Pacific waters.

Capt. John Homans, Jr., MC, AAF (*WM* 1942) has gone to the 5th Field Hospital. His APO is c/o Postmaster, San Francisco.



Last month we reported that four members of the Shedden family—father and three sons—are now on active duty in the Pacific. A quest for the whereabouts of Lt. Comdr. W. Martindale Shedden, MC (*ES* 1920), through Mrs. Shedden, brought forth this priceless letter from the Commander himself. Get ready for one of the most humorous accounts of Navy life you have ever read.

> My wife tells me that inasmuch as 24 months have elapsed, you would like another letter from me. If you will remind me every 24 months, I will be glad to write.
>
> We have just landed in the Philippines—a large number of us—after crossing a very pacific but unnecessarily wide ocean. Never again shall I sleep easily unless 47 others are packed into the room with me (I've notified my wife to make such arrangements), never—pardon me a minute, a Filipino boy is calling "Papers!" outside my Quonset—never mind. the papers are dated *May 27th!*—never, as I

was saying, shall I be able to brush my teeth without at least 8 other companions ogling themselves as they shave beside me. The senior officers, as a special favor, slept on the top tier of 3-tiered bunks. From that dizzy height it is interesting to observe the early matutinal gyrations of one's fellow humans. Then, up the ladder briskly to the deck for a little wake-up snooze. But the word has gotten out. Instantly a sailor appears with a hose and earnestly washes down the deck.

One night, in desperation, I slept on deck and under what I fondly imagined were protecting eaves. But nay, they found me out—better than that, they found that my feet were just under a gutter leading down from the deck above. That was a moment of rejoicing for the deck-washing crew.

I find the Philippines delightful, the jungles really fascinating, and the Filipinos most friendly and coöperative. At the moment I cannot tell whether this is all a most pleasant end-of-the-road or a *Dementia Propter Calore.*

P.S. My wife told you about my three boys, I think. My paternal soul glows, but I shall in *ré puerorum* remain mute.

Comdr. G. Elliott May, MC (*a. obst.*) has joined the fleet of "heard-from's". He writes:—

After three years in Boston, at the Receiving Station, Dependents' Dispensary, and Chelsea Naval Hospital, the Navy finally decided I was getting too set in my ways. Consequently, during the past month I have been Base Medical Officer at this island "Paradise" in the New Hebrides. We have a 200-bed dispensary and, for a place that the war has passed by, a goodly amount of business. The only MGH man I have met is Comdr. John P Macnie. John is Executive Officer to a Base Hospital that is going forward; but, after 22 months in these tropics, John hopes he is going backward.

Very like a bread-and-butter letter is this one from Capt. Paul E. Spangler, MC, USNR (*WS* 1925), in appreciation of his 3-weeks' visit at M.G.H. last March.

I left Base Hospital #8 over a year ago. I was Senior Medical Officer at NAS, Honolulu, for 9 months, where I built a dispensary and organized the Medical Department of that Station. Then I was ordered to the *U.S.S. Repose,* and have been with her during her intrauterine life and now for over two months since her birth. We hope to get into action soon, and then I expect we will have something more exciting to write about than the Cook's Tour we have been on for the past few weeks. Have one other MGH man here —[Lt.] Robert Hepburn [*r.s. U* 1943], who is my Urologist.

I did so enjoy my 18 days at M.G.H. in March. Everyone was so nice and helpful to me. They all went out of their way to show me things they knew would be of interest to me. I hope you can print this much of my letter so that those whom the shoe fits can know I am ever grateful to them for their kindness.

If it hadn't been for his friends who mentioned him in their letters, we would have had no idea of where Lt. Comdr. Herbert D. Adams, MC (*ES* 1932) might be nor of the nature of his work. We are hoping for a real letter from him soon, but in the meantime here are a few sentences just received from him.

Have been here 20 months, taking care of large numbers of casualties from Tarawa to Okinawa. The enclosures will give you some idea of this work. Best regards to everyone at M.G.H.

The "enclosures" are on exhibition in the wall case near Treadwell stairs.

We knew that Lt. John R. Paul, Jr., MC, USNR (*CM* 1943) had been transferred from Portsmouth Navy Yard because a copy of The News, sent to him there, was returned. Our attempt to locate him resulted in this letter from his father.

I am forwarding your letter to my son. I hope that upon receipt of it Jack will be able to write directly to you, as I am sure that Massachusetts General Hospital is very dear to his heart.

In the meantime I might say that he has been serving for some months on an amphibious landing craft—an LCS (Landing Craft Support)—at Okinawa. I received a letter from him today saying he has just been transferred to a Navy hospital at Guam. I am sure he is very happy to find that in addition to his routine medical work as a Navy doctor he will be able to spend some time on his favorite subject of Pediatrics. I gather that on the invasion beaches this particular subject received very little actual practice.

Comdr. James B. Graeser, MC (*WM* 1929) reports in and tells us where he's been.

I arrived back in the States from the South Pacific in February 1944 and was assigned duty at USNH, Oakland, California. There I was in charge of Medical SOQ (Sick Officers' Quarters). In November 1944 I was transferred here to USNH, Treasure Island, San Francisco, to be Chief of Services and Chief of Medicine.

All of us in the service greatly appreciate The News, for there is always someone we know who has reported to you. Thanks!

In this "first letter" Major Richard H. Thompson, MC (*ES* 1937) outlines his entire military career and gives us news of several other MGH-ers. But why didn't he tell us whether they ever got that extra ice box?

Although I am fortunate enough to be back from overseas, I still feel the urge to get out of the "silent ones" group.

The News was read to the last word by all MGH people overseas, but it seemed especially welcome to us in Australia and New Guinea.

I went over with the 105th General and spent the first year as a ward officer in Australia. During part of that time our Portable Hospitals, under [Major] George Marks [*ES* 1931] and Neil Swinton (from the Lahey Clinic), were distinguishing themselves in the Buna Campaign.

These units returned for reorganization, and in June 1943 I joined one of them (the 4th Portable Surgical Hospital) and went to New Guinea, arriving at Port Moresby. We expected to stay there for only a few days before jumping off for some forward area, but our short stay lasted for two and one-half months. We passed the time as best we could by taking road marches, going swimming, watching with amazement the lanky form of [Capt.] Arthur Pier [*WM* 1941] *running* a couple of miles each day, and between times making trips to Medical Supply to try for the extra ice box which would come in so handy where we were going—if we ever got going, and if we ever got the ice box.

At last we did get under way, and when we had the hospital and ourselves loaded into planes, it took only about two hours to get to the Markham Valley. Here we found the only coconut grove there was and set up our hospital. For about two months we were busy, but there was very little surgery. Art Pier had lots of malaria to treat. He could be seen at almost any hour of the day and far into the night, carrying an intravenous with quinine in it to give to one of his "young boys", as he called them, who was pretty sick

I left the Portable in March of 1944, and went as Chief of Surgery to a Station Hospital in the same area. The work at this hospital was the best of all because we had more of a variety of general surgery than at either the General or Portable Hospitals. From time to time we functioned as an Evacuation Hospital, for we were in the line of evacuation from the north coast of the island. During the quiet periods we took jeep trips round the valley, went to visit native villages, or hiked up into the hills behind the hospital. We got pretty well accustomed to the heat, and as that part of New Guinea was quite dry, we were really very comfortable.

In September 1944 my promotion came through, and the next month I got the chance to go for a time to a General Hospital as Chief of Surgery. This was a pleasant assignment, and everyone was extremely nice to me.

In December I received orders to a Station Hospital in Hollandia where I again had a Surgical Service. However, I had dermatitis on my hands which had bothered me since October. This progressed steadily, and by the end of January I was boarded home because of it.

During my stay in the Markham Valley it was a great pleasure to have friends stop in at frequent intervals on their way through, as they traveled about the Theatre. In this way I saw [Major] Myles Baker [*EM* 1930] and George Marks several times while they were working as consultants. They always stayed for a day or two, had many helpful suggestions to make, and, of course, brought news of what was going on in other parts of the Theatre. Art Pier dropped in on his way home from Biak, and [Capt.] Lew Dahl [*r.p. WM* 1942] on his way back to the 105th after a spell of combat with the 5th Portable.

At Hollandia I again saw Myles Baker, and found him doing an outstanding job as Chief of Medicine in a large General Hospital. He is now in the Philippines, back at the job of being a consultant.

Now I find that the wheel has come full circle. I am assigned to the General Hospital at Camp Edwards, with Colonel Cave as my Chief. There is a lot of general surgery here, and it is good to be busy once more.

Lt. Peter T. Brooks, MC, USNR (*ES* 1943) has returned home after many months in the Southwest Pacific. He is stationed at the U. S. Naval Hospital, St. Albans, N. Y., and sends this expression of appreciation for what your letters have meant to him.

Even though at long last I have finally returned to this country for a while, my desire to find The News once a month at mail call is no less keen. Though I never took the trouble to write and tell you so, every copy received overseas was read from cover to cover and very thoroughly enjoyed. All of us who are away certainly owe you all a very sincere vote of thanks.

After spending 25 months aboard my ship, those wonderful orders "to the nearest US port" arrived on board, and I was able to leave the Philippines by plane one Sunday, with a group of patients, and be in New York City at 0600 the next Saturday—a distance of 10,000 miles in less than 6 days!

After that, it seemed almost impossible to have any more luck, but my new orders finally came through to this hospital, to make everything perfect. Duty at present is on the Orthopedic Service which is large, very active, and I couldn't be happier.

In the July issue we placed Lt. Robert E. Carroll, MC, AUS (*ES* 1943) out in the Pacific. From Tinian comes this brief note, with an enclosure.

Greetings! This is in no way a "first letter" nor a bid for journalistic debut in your compendium of peregrinations. Just a note of appreciation for receiving The News. Thought you might like to see our daily bugle.

The newspaper has been on exhibition in the wall case near Treadwell stairs.

The Vincent Drill—Volunteer Day, 1945

Major Merrill Moore, MC (*gr. asst. N* 1933-34) is back home. In a letter to Dr. Means he says:—

> After 31 months overseas, I became ill in the Philippines and was evacuated to the States. After a period of rest at Letterman General Hospital, I have been given sick leave, which I am spending at home, and will report back soon for reassignment to duty.

In a letter to Miss Meehan, Capt. Robert K. Brown, MC, AUS (*WS* 1939) discloses the nature of his work and reveals his promotion in rank. He says, in part:—

> We have at last arrived and are at work in a very fine spot. My group is assigned to a General Hospital for the time being, and we are doing thoracic surgery. This is the chest center for the area, and we have enough cases to keep us on the job. The treatment of chest wounds is quite different from what we used to teach the lieutenants and majors two years ago, and I am bug-eyed all day long at what I see and do. The management of these cases, based on the Chief's principles worked out in the M.T.O. and on plenty of whole blood and penicillin, is strange and wonderful to a civilian like me.

Comdr. James I. Farrell, MC (*Oph.* 1932) writes from the *U.S.S. Samaritan*:—

> There are three other H.M.S. graduates on this ship, so there has been no lack for conversation when we get together.

A letter to Dr. Faxon supplies the first direct word we have had from Lt. George H. Carter, MC, AUS (*M* 1943). His letter is headed 107th General Hospital, Fort Lewis, Wash., and says in part:—

> I had a very brief tenure of overseas duty, including about two weeks in a Replacement Depot in France and about ten weeks in England, partly in a psychiatric Station Hospital for the treatment of combat fatigue, and partly in the General Hospital to which I am now assigned.

An atmosphere of quiet, after the tempest, pervades this letter from Capt. Lloyd S. Saltus, MC, AUS (*CM* 1938). He is with the 2nd Evacuation Hospital.

> I have (thank goodness) no wildly startling news, such as a San Francisco Post Office address. A new APO is the only change, as we have settled down to care for occupation troops in the neighborhood of Fulda, under the control of the 7th Army. Things are peaceful here and we enjoy good weather, a big swimming pool, and an increase in the previously rare leaves and passes, but always with the suspense about when we go home. Officially, our unit will sail home some time next winter, but a few have been pulled out on short notice and flown home, so we have to keep our luggage light, just in case.

Another "silent one" has spoken up—Captain John B. McKittrick, MC, AUS (*An.* 1938 & *WS* 1939), who writes from Walter Reed General Hospital:—

> My long silence does not reflect the untold pleasure, not to say useful information, The News has given me these last few years. Without it the old M.G.H. would have been a sharp but ever-receding memory, but the pages of The News brought me back home each month in a manner nothing else could have done except an enormous correspondence, which I am obviously incapable of keeping up. I can report, first-hand, that it has received its reward in the eager enthusiasm with which it is read.
>
> My own itinerary is drab and uninteresting when compared with most of those I have followed in The News. Beginning with the 6th G.H. (Remember those delightful summer months in Blanding?), I was indoctrinated into the communal way of life. I went overseas with them in February 1943 and remained at Casablanca until the following July. Lang Parsons [*WS* 1929] was the first to leave, and I was second. From Casablanca I went to Tunisia, just outside Bizerte, to join the 9th Evacuation Hospital which was encamped atop the dustiest hill available. The 9th stems from the Roosevelt Hospital in New York, and there I found several old friends—Walt Crandell [*r.s PH* 1941], Hugh McMillan, and Charlie Roberts [*r.p.* 1938]. I spent the remainder of my overseas time with the 9th and, unfortunately, never again was able to contact the 6th in toto, although I did see many of its members at intervals.
>
> From Africa we went to Sicily, September 1943, and thence to Naples, January 1944. In Naples we were attached to the French and had a very fine service, indeed—linguistically, sociologically, and professionally. Seven months of that, and then Southern France with the 7th Army. I made it as far as Luneville, and then was turned in for salvage because of fifteen months of recurrent hepatitis and amboebic dysentery. I arrived back in N.Y.C. just two years from the day of departure. Life with the 9th Evac. was as enjoyable as such duty could be, and I can truthfully say I regretted to leave.
>
> After a period of "observation and treatment" at Lovell General Hospital, I was assigned to the Surgical Service at Walter Reed.
>
> Throughout my travels I constantly ran into old friends too numerous to mention at this late date, but meeting them was always unexpected and thereby doubly pleasurable.
>
> At the moment I am one of those limited duty specimens but hope to have that erased from my 201 file soon. It is wonderful to be back, but aside from the family angle I find that Army life offers much more overseas than in the States. Here it lacks the real companionship and feeling of group unity that was so strong in most of the hospitals I knew over there. We are all in the same boat here as we were overseas, and yet we console each other to a lesser degree because we all leave the hospital at about 5:30 and do not reassemble until the next morning. Evenings over there were the times for crying in each other's *eau de vie.*

THE NEWS

No. 37 Boston, Mass. OCTOBER 1945

UROLOGICAL SERVICE AFFAIRS

In the last annual report of the hospital six names are listed as composing the house staff of the Urological Service. Five of these men are on active duty with the armed forces—a contribution of over eighty percent, and not bad from any standard, even the income tax.

To adequately run the service under these circumstances has required a change from the past when we had a full staff. An added embarrassment has resulted from the shortening of the appointments of the assistant residents and residents to nine months each and a similar decrease to six weeks in the length of time the surgical interns spend on our service. This is true of the other surgical service, of course. How have things gone with these changes? The answer is, exceedingly well. The reason, though simple, perhaps deserves some thought. It is because of the efforts of the resident staff. The residents and assistant residents have taken the added responsibility in their stride. They have worked hard and have done well in spite of the handicap of a shortage of help on the wards and in the operating rooms. To them the credit is due.

Since the beginning of the war the Urological Service has had five residents—John Gens, Robert Hepburn, Paulo Albuquerque, Alexander Michie, and the present resident, Howard Hoffman. Gens and Hepburn are now in the armed forces, and Albuquerque returned to his home in Rio de Janeiro last February. The two assistant residents now on service are Tetsuo Sugiyama from California and Richard Rodgers from Wisconsin. Each of these men has contributed to the smooth running of the service. It is perhaps fair to mention particularly one of our ex-residents, Paulo Albuquerque. After three years with us, he is now practising in Brazil. During his stay at the hospital he won the friendship of all who came in contact with him, performed over 300 major operations, and before leaving this country had passed the examinations for the Board of Urology.

Of all the service activities, probably the Out-Patient Department has suffered the most from the shortage of men. Much of the work here has been done by the first assistant resident, ably aided by faithful Frank Eggleston. Other members of the Out-Patient staff have unselfishly devoted their limited time to teaching and the clinic. A recent addition to the staff is Dr. E. J. Ganem, who was trained in New York at the Squier Urological Clinic. But special mention is due those men who had retired from active service and have turned a hand to help when needed. Until his death Dr. O'Neil worked again in the O. P. D. Dr. J. D. Barney, our ex-chief, deserves special praise for being willing to help in the Out-Patient Department and to give his advice at all times. The greatest loss to the service has been the absence of Dr. G. G. Smith from the wards and operating rooms since his retirement as chief.

The Urological Service is ready to give a hearty welcome to any or all of its members who return from the wars. May that be soon!

Fletcher H. Colby, M.D.,
Chief of Service

* * *

WHAT OF THE HOSPITAL VOLUNTEER?

All through the long trying years of war, men and women and young people have trekked to the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, unmindful of weather or transportation difficulties. "No gas? Why, that's all right; I'll use my 'bike' to the corner and take the trolley in to Boston!" Thus, in sun or storm, literally hundreds have kept faith with their hospital obligations and have come in to serve in their special capacities.

How many times we've heard the director, Dr. Faxon, a department head, and even floor nurses say, "We just cannot get along without the volunteers!" Yes, it is true that the volunteer has become a vital, human part of hospital service, and as such will be welcome through the years to come.

Right now, some short-thinking people are heard to say, "The war is over. Why doesn't the volunteer resign and let his work be done by a paid worker?" The fact remains that the volunteer never has taken work away from a paid worker, and never will!

The difficulty in securing paid help for a hospital is still very real, and the consensus of opinion is that it will be a long time before hospital routine will be normal once again. In the meantime, telephone calls come repeatedly to the Volunteer Service Bureau, "Hello, Miss Greenwood, if you still want me, I'll be in. Yes, I'll stay as long as I am needed."

There is comfort in the thought that the volunteer who looked upon hospital service as a war effort, now will look upon it as a civic effort. Many have come to know and love the Massachusetts General Hospital and the Eye and Ear Infirmary, and they do not wish to sever the relationship which has grown up between them.

So through the difficult, demanding years of the past, we are emerging into a new project—that of holding the postwar fort as long as needed, and in years to come to remember with satisfaction and pride that as a hospital volunteer we helped carry the load for those who struggled with almost superhuman endurance to care for the sick.

Thank God for doctors, nurses, dietitians, and all who help to make the running of a hospital possible. Thank God, too, for the human heart and hand of the volunteer who walks along in the procession.

Eleanor Greenwood,
Chief, Volunteer Service Bureau

This letter was written to Miss Viden by a British sailor who used to come in to help with the cleaning and scrubbing whenever his tanker was in port. He volunteered here off and on, from September 1944, all through the winter, and was always cheerful and smiling. His letter reads:—

> I am writing this on the *Queen Mary,* so that I can air mail this back to you in the first post office I see.
>
> I called at the Hospital before I left, but you were on your holidays, which I hope you enjoyed, and which you deserved, because I have seen the work you do. I must admit I was sorry when I left the U. S. A.—especially the Hospital. You and your Nursing Office Staff treated me with kindness which I could not have got better in my own country. I must tell you I loved working there. Also, you trusted me to carry on my work alone. I was free to walk all round the Hospital, and everyone who knew I was a British Sailor used to speak to me. Also, when I used to eat, the girls were so kind to me. I made such a lot of friends in the Hospital, and I made it like a home for myself. I admit to you now, Miss Viden, I shed a few tears before I left. Well, perhaps we will meet again. Any of your staff are always welcome at my home if they come this way.
>
> Wishing you and your staff the best. And God Bless You. Also, the U. S. A.

Plans for Ether Day, October 16, are not yet completed nor officially published, as we go to press. While the celebration this year will be simple and informal, one very interesting feature on the program will be the presentation of medals to all those who have worked here in the Hospital for more than ten years.

* * *

Miss Josephine C. Barbour has been appointed Chief of the Social Service Department, to succeed Miss Ida M. Cannon who is retiring.

HUGH CABOT

Dr. Hugh Cabot was born in Beverly Farms, Massachusetts, on the eleventh of August, 1872. He was graduated from Harvard College in 1894 and from the Harvard Medical School in 1898. He was, by all accounts, a rugged youth; whenever he could, he took to the woods or lived in a shack which he had helped build on the marsh at Barnstable.

After graduation from the medical school, Dr. Cabot served as Surgical House Pupil at the Massachusetts General Hospital. Following this, he assisted his uncle, Dr. Arthur Tracy Cabot; this association must have been a major factor in arousing his interest in genito-urinary surgery. Although he never limited his practice to that specialty, it was as a urologist that he acquired his reputation.

In 1910 Dr. Cabot was appointed Genito-urinary Surgeon to out-patients at the M. G. H.; one year later he was made Chief of the newly established Department of Genito-urinary Surgery, a unit of ten beds which was set aside for urological patients as a result of his persuasive powers.

In 1916 he organized and became Chief Surgeon of the Harvard Unit, B. E. F.; the unit, known as Base Hospital No. 22, saw long service in France. Dr. Cabot, who served as commanding officer in 1917-18, was made a Companion of the Order of St. Michael and St. George and later, in 1925, was granted the honorary degree of LL.B. by Queen's University, Belfast.

For a short period after the war, Dr. Cabot returned to take up his duties as Chief of the Urological Department at the General, but the larger opportunities offered by the position of Professor of Surgery and Dean of the Medical School at the University of Michigan appealed to him and he went to Ann Arbor in 1919. After eleven years at the University of Michigan, he moved to Rochester, Minnesota, where he became Professor of Surgery in the Graduate School of the University of Minnesota and Surgeon at the Mayo Clinic. These positions he held until his retirement from active practice in 1939.

Since that time, Dr. Cabot has lived in Needham, Massachusetts, but for him retirement meant anything but inactivity. For years he had been interested in the sociologic and economic aspects of medicine; he had written "The Doctor's Bill" (1936), an excellent review of the situation, and in 1940 "The Patient's Dilemma". Always somewhat inclined to the left, he became one of the leaders in a movement which aimed to inject a new point of view into the relations between the medical profession and the public. For the past few years he had been Chairman of the Russian Relief, a position which he filled with his usual vigor.

In 1902 Dr. Cabot married Mary Anderson Boit of Brookline; they had four children. Mrs. Cabot died in 1936; in 1938 Dr. Cabot married Elizabeth Cole Amory, who survives him.

In writing of a man's life no summary, however brief, should be concerned solely with his achievements. We remember a man, particularly if we knew him well, not so much by the things he did as by what he was. Hugh Cabot had a vivid personality which one could never forget. In his youth he had spent considerable time with those who lived simple lives in the woods or on the sea; from them he had learned a direct and forceful way of talking, well larded with expletives and figures of speech, which gave great emphasis to what he said. Whenever Hugh Cabot stood up to discuss a paper, people listened.

Dr. Cabot was always interested in teaching; he had held some teaching position from 1910 until he retired. From 1929-35, he was an Overseer of Harvard College. To his younger associates he was a stimulating teacher; he was a link between the older generation of surgeons—those who were active in the final decades of the last century—and the men of the new century. Dr. Cabot told many an anecdote of the former group, handing on not only the record of their sharp wit but also the traditions which had developed in the M. G. H. during a century of medical service.

We think of Hugh Cabot as he was when he worked in this hospital and there is no reason to believe that he ever changed. His forte, it seems to me, was teaching; the young men and women of the middle west must have got much that was wholesome and stimulating from the vigorous, sturdy personality of this product of New England's forests and marshes, of her schools and colleges and of her Massachusetts General Hospital.

G. G. S.

* * *

A group of thirty Medical Illustrators met in Chicago on July 16 - 19, to organize the Association of Medical Illustrators. Mr. Tom Jones, professor of Medical and Dental Illustration, University of Illinois College of Medicines, was elected President of the Association. The other officers are Mr. Willard C. Shepard, Art Director of W. B. Saunders Publishing Company, Philadelphia, Vice-president; Elon Clark, Duke University Hospital, Durham, North Carolina, Chairman of the Board of Governors; Elizabeth Brodel (daughter of the father of Medical Art in this country), Presbyterian Hospital, New York, Treasurer; Muriel McLatchie, Massachusetts General Hospital, Boston, Secretary.

The Association of Medical Illustrators has been formed to promote the study and to encourage the advancement of Medical Illustration and allied fields of visual education, to promote understanding and coöperation with the medical and dental professions, including Public Health and Nursing, and to advance medical education.

The Association begins with a charter membership of about fifty-five. Philadelphia has been tentatively selected as the site for the 1946 meeting.

The Association will include members in Latin America and Canada.

The Medical Art Department announces the opening of a large traveling exhibit sponsored by the Moderne Medicine, on November 5, 1945. In the exhibit will be masterpieces by Mr. Max Brodel, loaned from Johns Hopkins Medical School, and a pictorial history of Medical Art loaned from a collection by Miss Vera Morel, New Orleans, Louisiana. Many well known illustrators are represented in the show. Tom Jones, W. C. Shepard, Elizabeth Brodel, Russell Drake, and Ralph Sweet are only a few of those included.

The exhibit is very much in demand and has become widely popular in less than a year's travel to Baltimore, Yale, New York, Mayo, etc. We are indeed fortunate to have secured the November date.

At the meeting of the Board of Trustees held on August 24, it was voted to appoint:

Dr. Thomas B. Brazelton as Assistant Resident on the Children's Medical Service for the term September 17, 1945 to April 1, 1946;

Dr. Clito R. Damiani as Resident in Dermatology for the term August 27, 1945 to March 31, 1946;

Dr. Thomas B. Fitzpatrick as Resident in Dermatology for the term beginning April 1, 1946;

George Edward Foley as Assistant in Bacteriology;

Dr. Nathan O. Kaplan as Assistant Chemist, to work with Dr. Lipmann in the Surgical Bio-chemical Laboratory for six months;

Dr. Richard C. Webster, Jr., as an Assistant in Surgery, with particular attention to plastic surgery.

Dr. Charles P. Sheldon has returned from military service and has resumed his former position on our staff, as Assistant Obstetrician.

Dr. J. Evarts Greene has returned from active military duty and has resumed his former position on the staff at the Hospital, as Assistant in Medicine.

* * *

S/Sgt. John T. Keating, past Storekeeper in the Dietary Department, appeared at the Hospital recently, wearing his discharge button.

Capt. Marlow B. Harrison, MC, AUS (*EM* 1938) paid us a call recently. He went to Camp Blanding with the original 6th General Unit and remained with them in Italy until this last June, when he was transferred to the 60th Station Hospital which was slated for Manila. While waiting to board ship the Jap surrender came, but Captain Harrison didn't know until two days before sailing that he was on the way to the States. After 30 days spent at home in San Francisco, he is to report at Camp Sibert, Alabama, for further orders.

Capt. Ralph H. Luikart, Jr., MC, AUS (*M* 1944) came in to say hello the other day. He told us he went to Europe in May, had a very luxurious tour of Paris and other places, and returned in June with a boatload of wounded men—mostly psychiatrics. He gave us accounts of several specific instances where the high reputation of MGH men for outstanding professional ability was acclaimed. He said that very often one would hear, "He can do that; he's a Mass. General"; and that when a doctor said, "They do it that way at Massachusetts General", it was immediately accepted as the best treatment.

* * *

In addition to the citations already mentioned in THE NEWS, the following, brief or detailed, have been received from various sources:—

Major Otto E. Aufranc, MC (*Or.* 1938)—Bronze Star

Capt. Franklin G. Balch, Jr., MC, USNR (*ES* 1925)—Bronze Star Medal

Lt. Col. Marshall K. Bartlett, MC (*WS* 1931)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in North Africa and Italy from 20 February 1943 to 8 May 1945. As Assistant Chief, Surgical Service, and later as Commanding Officer of the 6th General Hospital, Lieutenant Colonel Bartlett continually sought, in addition to performing his routine professional and administrative duties, to further medical knowledge of his staff. In early 1944 he published an article which showed that the diet as eaten by combat troops was sufficiently lacking in Vitamin C to delay wound healing and in late 1944 and early 1945 he worked long and arduous hours culling important information from a large series of records, sorting and compiling this information and supervising the preparation of articles summarizing the results obtained from various types of treatment. When, in March 1945, he was called unexpectedly to the temporary command of the hospital, he entered upon this new task with the same industry and enthusiasm he had shown in his professional work. . . .

Lt. Col. Edward F. Bland, MC (*EM* 1929)—Bronze Star

Capt. John R. Frazee, MC, AUS (*Oto-Lar.* 1934)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in North Africa and Italy from 20 February 1943 to 20 May 1945. Captain Frazee, on three different occasions, set in operation an Ear, Nose, and Throat Clinic which in its twenty-two months of operation cared for more than 4,400 patients. Captain Frazee worked with diligence and great skill to keep his department at a peak of efficiency, and by his able care many soldiers were enabled to continue to render useful service with their organizations, rather than to become non-effective through hospitalization. Captain Frazee's diligent application to duty and the high level of efficiency which he personally maintained, as well as leading his department in rendering continued superior medical service, reflected great credit upon himself and the Medical Corps of the Army of the United States. . . .

Capt. F. Thomas Gephart, MC, AUS (*WS* 1941)—Silver Star, Bronze Star . . . For gallantry in action on Angaur Island, Palau Group, 17 September 1944. When a battalion surgeon was severely wounded in action, CAPTAIN GEPHART volunteered to take his place. After a heavy enemy attack was sustained by the battalion with which he was serving, CAPTAIN GEPHART went to the front and, while under continuous enemy fire, administered first aid and blood plasma to the wounded. His complete disregard for his personal safety and actions in the face of the enemy undoubtedly saved many lives.

By command of Major General MUELLER:

JAMES C. SHORT,
Colonel, G.S.C.,
Chief of Staff

Major James A. Halsted, MC (*WM* 1932)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services in the Mediterranean Theater of Operations from 15 February 1943 to 12 April 1945. Major Halsted by his continuous study of the problem of gastro-intestinal disorders in combat soldiers, evolved new methods of treatment which decreased the average hospitalization time from 25 days to 6, and enabled the Medical Corps to return 80 percent of such cases to full combat duty, whereas formerly only 40 percent could be returned. In addition, the adoption of these methods unquestionably resulted in the saving of thousands of men for combat duty in other theaters of operations. This remarkable improvement in medical science was solely the result of Major Halsted's personal effort and skill, and represented a major advance in medicine as well as an important saving of combat manpower. . . .

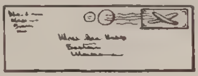
Col. Donald S. King, MC (*EM* 1920)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services in North Africa and Italy from 20 February 1943 to 8 May 1945. By his outstanding ability, his tireless energy and his inspiration and wise counsel, Colonel King developed the Medical Service of the 6th General Hospital to an extremely high degree of efficiency. Not content with superior performance of his regular duties, he devoted many hours to the conduct of research and the guidance of other officers in his department in the preparation of articles which presented important information gathered from studies of patients in the hospital. Because of his high professional qualifications, Colonel King was chosen as the physician to attend the Right Honorable Winston S. Churchill when the British Prime Minister was taken ill upon his return from the Teheran Conference. In the summer of 1944, as the senior officer of a committee to study tuberculosis in the Mediterranean Theater, he completed an exhaustive study of the disease as found in that Theater. Colonel King's superior performance of duty and broad contributions to the furtherance of medical knowledge reflect great credit upon himself and the Army Medical Service. . . .

Lt. Col. James R. Lingley, MC (*res. R* 1930)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in North Africa and Italy from 20 February 1943 to 8 May 1945. Not content with the operation of a highly efficient X-Ray department over a period of almost two years, Lieutenant Colonel Lingley, as Chief of X-Ray Service, 6th General Hospital, always sought for methods of improving existing facilities with whatever means he had at hand. Foreseeing the need for a spot film device, he assigned the problem of its design to his junior officer. While the details of this device were being worked out he constantly supervised and guided those designing it. He later designed and had built a very simple but highly efficient laminagraph, thereby permitting much more detailed roentgenographic study of deep body structures. While his hospital was stationed at Rome, Italy, where the operating schedule was extremely heavy, he readapted and redesigned an operating room fluoroscope designed originally by another officer. With this fluoroscope the roentgenologist was able to guide the operating surgeon to a foreign body without interrupting the operation. Lieutenant Colonel Lingley's thorough knowledge of his field, coupled with his inventive skill and his energy, resulted in contributions of great usefulness to the Medical Service of the Army of the United States. . . .

Lt. Col. Langdon Parsons, MC (*WS* 1929)—Legion of Merit . . . in recognition for his work in maxillo-facial surgery.

Capt. Herman D. Scarney, MC, USNR (*Oph.* 1928)—Bronze Star

Major Charles L. Short, MC (*WM* 1930)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in North Africa and Italy from 1 October 1943 to 8 May 1945. In addition to performing his routine duties as Medical Internist, Medical Service, 6th General Hospital, with resourcefulness and ability, Major Short devoted much of his time to the furtherance of research in the field of Arthritis. Early in 1944 he began to publish the results of his findings and later submitted to the Theater Surgeon a comprehensive article on Arthritis. This article, representing a masterly and complete summary of the disease as seen in the Theater, was a most valuable as well as scholarly contribution to the field of medical literature. Major Short, by his interest, enthusiasm and diligence, went far beyond the normal requirements of his assigned duties, and in so doing contributed to the furtherance of medical knowledge of the Army. . . .



All material of a military nature in this and every issue of THE NEWS is first cleared for publication by the local Public Relations Department of the Army or Navy.

New addresses:—

Lt. Ronald C. Bishop, MC, AUS (*M* 1945), General Delivery, Moore General Hospital, Swannanoa, N. C.

Capt. Lester A. Brown, Jr., MC, AUS (*Oto-Lar.* 1937), 16th General Hospital, APO 113, c/o Postmaster, New York, N. Y.

Asst. Surgeon Harvey S. Collins (*M* 1944), U. S. Public Health Service, Hillman Nutrition Clinic, Birmingham, Ala.

Lt. Comdr. Bernard M. Jacobson, MC (*a.p.*), 108 Longwood Ave., Brookline 46, Mass.

Lt. E. Porter Jewett, MC, USNR (*Oph.* 1945), 7th Fleet, c/o Fleet Post Office, San Francisco, Cal.

Capt. Paul S. Mertins, Jr., MC, AUS (*Oto-Lar.* 1936), 233rd General Hospital, APO 331, c/o Postmaster, San Francisco, Cal.

Lt. Comdr. George M. Noss, MC (*gr. asst. Dn.* 1939-43), District Medical Office, U. S. Coast Guard, 40 Broad St., Boston, Mass.

Lt. John H. Peters, MC, USNR (*WM* 1943), *U.S.S. Paracutin* (AE 18), c/o Fleet Post Office, New York, N. Y.

Lt. Gardiner Pier, MC, AUS (*WS* 1943), APO 21234, c/o Postmaster, San Francisco, Cal.

Lt. John W. Raker, MC, USNR (*ES* 1942), Hotel Beaumont, Room 515, Beaumont, Tex.

Major Francis C. Skilling, MC (*Oph.* 1933), Base Surgeon, AAF Station Hospital, Key Field, Meridian, Miss.

Brief bits:—

Lt. Col. Myles P. Baker, MC (*EM* 1930) has received this promotion. He has been home on leave, and is to return to military service.

Lt. Harry A. Bliss, MC, USNR (*M*) has sent a Pacific Area address, which includes "7th Fleet under orders".

Major Spiros P. Sarris, MC (*WS* 1939) has been promoted to this rank. He has been home on leave, and is not sure where his next assignment will be. He was still attached to the 171st Evacuation Hospital.

MASSACHUSETTS EYE & EAR INFIRMARY

The regular Fall Meeting of the New England Oto-Laryngological Society was held at the Massachusetts Eye and Ear Infirmary on October 3. The regular Wednesday conference was held in the morning.

An innovation was received with a great deal of success, in presenting seven instructional courses for the first part of the afternoon. These were given by Drs. Edward J. Whalen, Philip Mysel, John A. Murtagh, V. H. Kazanjian, Philip E. Meltzer, John R. Richardson, and Werner Mueller.

The speakers for the afternoon were Mr. James A. Caughlin and Dr. Werner Mueller who spoke on the Preliminary Report of the Massachusetts Hearing Tests. The next subject presented was on Status Asthmaticus by Dr. George O. Cummins of Portland, Maine. Dr. William Dameshek, by invitation, opened the discussion.

We regret to announce the death of the following:

"Henry" Knoop, elevator man at the Infirmary for many years, died at the Massachusetts General Hospital on August 20, after a brief illness. "Henry" was a friend to many House Officers. He had been employed at the Infirmary since 1925, and will be missed by all who knew him.

Dr. Clarence Field Worthen (*Oph.* 1917) died on August 21.

Last month we reported that Major Trygve Gundersen, MC (*Oph.* 1930) was stationed at Valley Forge General Hospital. We now learn that he is Chief Consultant in Ophthalmology to the Surgeon General of the United States Army and is stationed in Washington. Just where he will be when the next NEWS goes to press is anyone's guess, but we hope he will be back on the active staff at the Infirmary.

Dr. Derrick T. Vail, Jr., (*Oph.* 1924) has been released from military service and is to take up his duties as Professor of Ophthalmology and Chairman of the Department at the Northwestern University Medical School.

We are glad to welcome back Dr. Michael J. O'Connor who has returned to finish his residency in Ophthalmology. Dr. O'Connor was called to military service in 1940, just before he had completed his junior service. He is the first to return to resume a residency interrupted by the war. We understand there are several others who plan to come back.

A recent release from the Marine Corps Air Station at Cherry Point, N. C., reports that Capt. Herman D. Scarney, MC, USNR (*Oph.* 1928) has been promoted to this rank. The release continues:—

> Senior medical officer on the station, Captain Scarney is in charge of the station dispensary which serves the medical needs of thousands of Marines at the largest Marine Corps Air Station. He reported here for duty in July, after a year of action-packed service aboard an aircraft carrier in the Pacific.
>
> His carrier, operating with the Third and Fifth fleets, participated in attacks on Tokyo, Iwo Jima, Okinawa, Luzon, Hong Kong, and actions in the China Sea. Kamikaze pilots attacked often, scoring several hits on the large flattop. His carrier also rode out one terrifying typhoon which wrenched gun mounts loose from the deck, twisted gun barrels, and tore planes loose from their moorings. It was a badly mauled carrier that returned to the States for overhauling. For his services during that period of heavy action Dr. Scarney was awarded the Bronze Star.
>
> Captain Scarney first joined the Navy Medical Corps in 1925, after receiving his medical degree at the University of Michigan. Later he resigned his regular commission to take specialized training at the Harvard Medical School. For a few years he served as house surgeon at the Massachusetts Eye and Ear Infirmary in Boston, Mass., then entered private practice as an eye surgeon in Detroit.
>
> Although separated from the regular Navy, Captain Scarney retained his commission as a member of the organized reserve, and while practising in Detroit served as flight surgeon for Marine and Naval aviation squadrons at Grosse Ile, Mich. Recalled to active duty in 1940, he became senior medical officer at Grosse Ile and later was assigned as senior medical officer for the Naval Air Station, Dallas, Tex., before joining the carrier staff.

Headed Camp Atterbury, Atterbury, Indiana, came this letter from Major Joshua C. Drooker, MC (*Oto-Lar.* 1939), to Dr. Schall.

> It's difficult to write to an old Army Surgeon from a camp stationed in the zone of interior, for I have no dramatic tales of operating from sunup to sundown under a hail of shrapnel and using two wooden crates for an operating table. But the day's routine is quite the Army, and there's no mistaking that, even if it is in Hoosierland.
>
> You asked me about our neurosurgeon's routine in using tantalum. He has given up the chisel in making a slot for the tantalum plate. He feels that it isn't necessary. I believe you said that Dr. Kazanjian feels the same way. He simply sets it down to the edge of the cortex of the bone and trims it with heavy bandage scissors if necessary. He then makes it secure with glazier points. They appear very smooth postoperatively.
>
> Our overseas cases have fallen off lately and most of our work now is routine. The clinic load of patients is terrific and there are only three of us to handle it. In addition to the regular general hospital cases we function as a sort of reviewing authority (I like to call it that; it's flattering) for what may be called a chronic hospital for broken down GI's. It is similar to the use we made of Long Island or Tewksbury hospital when I was an intern at the Boston City Hospital. When the other general hospitals tire of a case he is sent here. I think I have a new scale of vital statistics that is the last word. A soldier who goes through the gamut of studies from one hospital to another with only three or four diagnoses on his 55 A sheet is unquestionably destined to the good fortune of becoming a centenarian.
>
> As to things clinical, we are having good results with penicillin in Vincent's infection. 20,000 in 5 drops of saline placed under the membrane in tonsil ulcers, three times daily for about two days. We have also had dramatic results with intramuscular use in acute frontal sinusitis in the engorgement stage with recovery without going through the suppurative stage. It was given systemically in the patient and a rigid trial given because no local treatment was used.
>
> Thank you very much for the notice of my reappointment at the medical school. It's nice to see glimpses of the horizon.
>
> Best regards to the Infirmary crowd.

Lt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 and *Oto-Lar.* 1944) has been transferred to the 188th Station Hospital in Greenland.

Never was more excitement created in the NEWS office than when this letter, with its enclosures, arrived from Capt. Robert K. Brown, MC, AUS (*WS* 1939). The surrender leaflet, particularly, is a prized addition to our World War II collection. Stop by the Treadwell stairs bulletin board and see it. The *Target* is also on display.

The letter reads:—

> Thank you, first of all, for THE NEWS. It is the most interesting and concentrated piece of mail we get. I thoroughly appreciate it, and so do all the MGH and Boston people to whom I pass it along. The November to June numbers, in one bundle, were awaiting me when I arrived on Saipan, and the rest have come regularly.
>
> During these last two months my thoracic surgical team has been attached to a General Hospital, doing chest work. The service is large and there was considerable operating to do—mainly decortications of the lung for clotted or infected hemothorax, and a few diaphragmatic repairs. Now, with the cases cleared up and the war over, we are waiting to see what will happen to us next.
>
> You might be interested in the enclosed papers. The *Target* is the daily paper on Saipan. The leaflet is one they are now scattering by plane over the woods and hills of the island in an effort to bring out the Japs who are still in hiding.

This long-awaited letter from Capt. F. Thomas Gephart, MC, AUS (*WS* 1941) contained a copy of his citation, of which we were informed by the wife of a friend of Captain Gephart's.

> Your letter has just reached me, after two and a half months *en route*. I am enclosing a copy of the citation which you requested for the MGH records.
>
> I have been fortunate in being with a Field Hospital during my stay overseas. We have done a lot of moving around, which helps the time pass. I was also fortunate in being able to spend a few days as a Battalion Surgeon during combat without losing my hospital position. We've been busy at times—in fact, very busy—but, of course, our census fluctuates greatly. Between each of our frequent moves there is always a spell without any patients at all.
>
> Right now we are in the Philippines. During the past month I've been able to have brief visits with six former MGH-ers—George Berkheimer, Ed Goeringer, Lester Yee, Lloyd Evans, Ed Albright, and Gustav Kaufmann. They are all Majors, and each has seen many months of service in this Theatre. They should all be getting back to the States before too long. Unfortunately, I am afraid I can't say the same thing for myself; my

prospects for an early return are definitely poor.

THE NEWS is coming through regularly. Many thanks for keeping us so well informed as to life at the Hospital and the activities of those in the services. We do appreciate it.

A thank you letter for that $50 note on the Bank of China, which Capt. D. Crosby Greene, Jr., MC, AAF (*CM* 1940) sent us for our war collection, brought forth this first communication from Captain Greene, other than mere changes of address. It is headed "Somewhere in China".

I have always hesitated to write THE NEWS because my experiences have been so peaceful and insignificant compared with most of your correspondents'.

I am still Surgeon for my old outfit, the 36th Fighter Control Squadron. We sailed from California six months ago, and stayed in India for a month. I was able to visit Bombay and Calcutta several times. Despite the prevalence of disease and filth in the country, the Army camps were clean and sanitary, and sick call was light. I visited the wards of a large General Hospital and saw cases of smallpox, malaria, amoebic dysentery, and dengue fever in the course of a few minutes.

From India we traveled "over the Bump", via motor convoy, into China. The vast jungles and mountains over which the Stilwell Road winds was something I shall never forget. Nor shall I forget the inner intracacies of the Army Cross-Country Ambulance.

Endemic goiter is very prevalent in Southwest China, and more of the inhabitants seem to have it than not. I landed at my first "permanent" base by plane. There I graduated in the course of a few weeks from chief latrine sniffer to Base Surgeon. I was able to see and treat such diseases as malaria, bacillary and amoebic dysentery, cholera, leprosy, and parasitic infestations, among the Chinese and Americans. Recently we have been transferred again—this time to a base so healthy I am becoming irritable for lack of work.

About that $50 Chinese note—it is quite valid, but don't get excited over the amount. It is worth just 3 cents on the market here.

In closing I might say that while overseas I have never seen a Jap, never treated a battle casualty, never heard a bomb blast nor felt a sniper's bullet—which pretty well backs up my first statement.

Capt. W. Philip Giddings, MC, AUS (*WS* 1939) has given us permission to publish this letter from him to Dr. Haase. It came from Riva del Garda, Italy. Captain Giddings has been with the 2nd Auxiliary Surgical Group for over two years.

Since the war over here ended we have spent most of the time on the shores of Lake Garda—the first few weeks near the southeastern end, and since June 10 here in Riva. We have a large old resort hotel which is exactly adequate for our large officer personnel. Swimming is excellent, we have boats as well, and there are two fine tennis courts—all of which adds up to the best situation we have had overseas.

We are in our 30th month away from the States now, and though rumors are thick, there is as yet nothing concrete about our getting home. In spite of our comfortable life in this beautiful place, everyone is restless and a little annoyed that we have been kept here so long. We have been very busy compiling a report on our surgical experiences. It includes over 3000 abdominal cases alone, so you will realize the task is not a small one. The material is valuable, and we believe warrants the effort being put into the compilation. Some excellent papers have been written, and some really fascinating facts brought out. I am somewhat in the thick of the whole thing, and so long as we are here that is good, for it keeps me busy enough so that I can't spend all my time griping at not being home yet.

I confidently expect, however, that I shall see the last of Italy in the next six or eight weeks. I hope I'm not wrong. Whenever the time comes, you may be sure one of my early visits will be to the M. G. H.

Please give what portions of this you will to THE NEWS for publication. That sheet is read not only by the MGH alumni here, but seems to have interest for many others as well. It has been an excellent and highly successful enterprise.

Capt. Henry L. George, Jr., MC, AUS (*CM* 1929) sends another change of address—the 124th (US) General Hospital, APO 777, c/o Postmaster, New York, N. Y.—and says in addition:—

This unit is setting up in an old S. S. barracks, about 3 miles south of Salzburg, Austria. It is very picturesque here, with mountains on all sides of us. I have been to two of the "Orchester Konzerte" of the "Salzburger Festspiele 1945". Hitler's wrecked home at Berchtesgaden is about 13 miles south of here.

It took two false starts before Major Albert E. Rauh, MC, AUS (*CM* 1936) reached Iceland. In this "first letter" he gives us an excellent description of the island and its people, and finally carries us along with him to his present assignment in England.

In May 1941 I was accepted in the reserves as a 1st Lieutenant with good prospects of being called soon to serve a year of active duty. Shortly after the commission arrived, a friend who was serving as neuropsychiatrist on one of the induction teams at Fort Jay recommended that I apply for such work. I saw some of the officers at Fort Jay, found they had a vacancy, and, as it was mutually compatible, we agreed I should start work the following Monday. This procedure must sound as naive to anyone who has been in the Army for any length of time as it now does to me. However, a day or so later a telegram informed me to report to the Induction Station at the previously arranged time. How the Army managed to get an order through—even a telegraphic order—in so short a time will, in my mind, forever remain a deep, dark mystery. There was something in the telegram about COL SUPPLEE, but, as there were a number of errors in spelling and many abbreviations I didn't understand, I guessed I was being instructed to COLLECT SUPPLIES on arrival.

My friend at Fort Jay went to the Induction Station with me. He told me to sign a book so that everyone would know I had reported for duty that day. A private room was awaiting me, and I set to work psychiatrically screening the prospective inductees. For the first few days I was very slow, averaging no less than 6 or 7 minutes a man, but after a week I had reduced the time to 3 minutes; and at one period, when I clocked myself, I averaged 1.9 minutes per man. It is really remarkable what one can learn from a nude male in 3 minutes—part of which time is spent performing a hasty neurological examination. At the end of the first week I received a phone call from someone who wanted to know if I were there and when I had begun to work. After getting that information he wanted to know why I had not reported for duty. Of course, I thought signing the book was the equivalent, but it wasn't. I should have reported to COL. SUPPLEE, whom I have never seen to this day and of whom I still think as a typographical error. However, I never lost any pay over the matter, and have long since read in the Officers' Guide the proper manner of reporting for duty at a new station. I seriously regret not having done it that time, for never again—although I have had three subsequent assignments—have I been able to hang my hat on the hook outside the C. O.'s door, knock, advance to within the prescribed number of paces, salute, and announce my arrival on duty status. Perhaps this will happen at a Separation Center—soon.

Toward the end of August I was becoming rapidly convinced that after three more months I would be thoroughly fed up with induction screening, which made excellent bait of a telegram I received asking whether I wished to apply for the position of Neuropsychiatrist, Bermuda Base Command. I volunteered, and several weeks later more papers arrived. Then several months passed, and on 9 December 1941 I received orders assigning me to the 50th Signal Battalion and warning me to prepare for the cold. Obviously, Bermuda was not to be my destination. After purchasing what I thought would be needed for "cold" of unspecified degree (I bought much more than I needed) and clearing the post (a more complicated procedure than I had anticipated), I taxied to the POE, showed my orders, and was informed that although no one could tell me where I was going, I was on my way to Iceland. The following day I headed for Fort Slocum, and there, after extensive inquiry, finally found soldiers belonging to the 50th Signal Battalion. They weren't quite sure where I should report for duty, but seemed to think Captain Musgrave would be able to help. While looking for his office I ran into another medical officer who was also looking for the 50th. When we entered Captain Musgrave's office there was certainly no opportunity to report in a formal fashion. Papers seemed to be flying all over the room, and soldiers were dashing in and out asking questions in a language that seemed foreign to both the other medical officer and myself.

As soon as Captain Musgrave spotted our MC insignia he expressed delight at our having finally arrived, inasmuch as we had been requisitioned at least a month previously. One of the clerks wanted to know which of us was the ranking officer. This stumped us both, as we were obviously of the same rank. However, he seemed irritated and intimated that such a thing was beyond precedent in the Army. Didn't we know which one of us had been commissioned first? No, we didn't. So we proceeded to ask each other and discovered that I had been commissioned two months prior to the other officer, which made me Battalion Surgeon and him Assistant Battalion Surgeon. Frankly, the idea of being a Battalion Surgeon rather frightened me, as in medical school I had taken a minimum of surgical training and had no idea what a Battalion Surgeon did. It was not long before I learned that the title had no literal application and that the Staff Sergeant in the detachment was well qualified to make up the monthly reports I had to sign.

Not long after arriving at Slocum I learned that our battalion was only a part of a larger task force headed for Iceland. The next two days were spent giving innumerable shots to innumerable men listed on innumerable rosters, and on the next morning we boarded a rather small harbor craft that didn't look as if it could hold half the task force, but somehow we managed to squeeze on board. Shortly before noon we reached the POE in Brooklyn, and the following morning we sailed, not expecting to see the States again for many months. The first day out was rough, the second was rougher, and on the third we all thought the old tub would never make it. Our confidence was not enhanced when our Naval hosts told us the last time the ship had been overhauled, three months previously, it was not expected she would be able to see more than three months of "limited service". During these three days we were introduced to the gentle art of "watching", and found that our Naval companions could virtually see in the dark. We also learned that even sailors who had been on the high seas for several years were not above becoming seasick. We were further encouraged that seasickness was not all psychogenic by observing the behavior

Brig. Gen. Francis H. Oxx congratulates Col. Donald S. King, after presenting him with the Legion of Merit

of our mascot, a fox-terrier of sorts, whom the enlisted men had managed to get on board in a barracks bag. This poor little fellow had all the symptoms of any seasick GI, and it was a pitiful sight to see him standing on deck, his feet wide apart, and moving his head from side to side trying to bring forth gastric contents that had long since been washed overboard.

The convoy dropped anchor in Halifax Harbor, but the next day the rest of the convoy sailed and left us behind. Apparently the prediction of the men who had previously repaired our ship was accurate, for it was almost three months to a day that the ailing turbine refused to function. At the end of a week another ship began blinking in the clear that she had come to escort us to Boston, where we arrived without incident a few days before Christmas. There, among other things, we purchased a harness and lead for our mascot, on which he had his name and unit engraved. We also bought him a plaid jacket for the "cold", on which were sewn Sergeant's chevrons and a hash mark. Needless to say, the presentation of these honors was duly ceremonious.

Within a few days all our cargo was transferred from one ship to another—a ship that, so far as anyone knew, would take us to Iceland; but no sooner had the second ship been loaded when it was learned other plans had been made for her, necessitating our return to Fort Slocum by train. During the next two weeks, before we again left for Iceland, many of us received leaves home and bade farewell a second time.

The second trip was successfully completed in 11 days. We arrived at our future camp site after dark on 25 January 1942—tired, hungry, and rather cold. The Nissen huts to which we were assigned were damp, in poor repair, and the only source of heat was a small British job filled with wet ashes. After supper at a neighboring camp, we were issued beautiful sleeping bags consisting of two goose-down bags which fitted one inside the other. Believing it would be bitter cold, we zipped ourselves inside both bags, but in short order had to open the outer one. Iceland was not so cold as its name implied.

In an incredibly short time our camp became a real home—the most welcome additions to which were potbellied stoves that could be relied upon to give even more heat than we needed.

During my early weeks in Iceland I realized that my professional duties were all but nonexistent and that I should have to find some way to occupy my time. Why I decided on weaving I do not know, unless it was because a woolen mill was not far from camp. There I made the acquaintance and later the friendship of the manager—a German refugee, who had in his possession a small hand-loom, a copy of which I built. I later wove cloth according to his directions.

For five weeks during the summer of 1942 I had the good fortune to be posted with the construction company of our battalion on a peninsula some 30 miles west of Reykjavik. We lived in a tent camp and were favored by generally excellent weather. About 65 miles north we could see the Snaefellsjokull, one of Iceland's smaller glaciers. Being near the Arctic Circle, the sun set almost directly behind the Snaefellsjokull at about 2330 hours and in two hours rose on the other side. There was nothing even remotely resembling darkness, or even dusk, and the skies during these prolonged sunsets and sunrises were spectacularly beautiful—rivaling only the winter displays of Northern Lights, which are neither like those sometimes seen in the States, nor like the picture calendar conception where there is a focal point on the horizon from which the Lights emanate. Rather, they hang vertically from the sky like a fine, shimmering, vari-colored veil suspended in mid-air from any part of the sky and taking all sorts of swirling shapes. The most spectacular movement takes place when this vertical veil begins to whirl around itself and passes across the sky almost from one end to the other. One never tires of watching the Lights, and as they appear on still, clear nights, I have watched them for hours on end. Such nights are not excessively cold, as the temperature round Reykjavik almost never drops to zero.

Not long after arriving in Iceland I told the Base Surgeon of my interest and training in psychiatry, and he promised I should be placed in my field as soon as possible. That was February 1942. By February 1943 I received orders to proceed to the 208th General Hospital, where it was understood I should be on the Psychiatric Service; but I had to remain with the 50th, on detached service, until July 1943, when a suitable replacement arrived from a disbanded hospital in the north of Iceland and I proceeded to the 208th which, on the day of my arrival, was changed to the 327th Station Hospital. At last I was back in Psychiatry and, until our unit left for England in November 1943, we had quite an active service.

During my stay in Iceland I made a number of firm civilian friends in whose homes I spent many pleasant evenings. I attempted to learn something of their language under the guidance of an exceedingly fine teacher. It is a very highly inflected language and has changed little in the 800 years since it was developed by monks from the Norse runes. Illiteracy is practically unknown in Iceland and, although not all Icelanders write their language correctly, it is so correctly spoken by all that no one Icelander can tell from the manner of his speech the educational status of another. The Icelanders may have taken too much pride in their "splendid isolation", but nevertheless they belong to one of the most highly cultured communities in the Western World. Not only do they print more books per capita than any other country, but they show a lively and active interest in all the fine arts.

My present unit did not come to England until January 1944, at a time when I was still with the 327th Station Hospital, and apparently had no idea it was to become a Neuropsychiatric Center until after its arrival in Malvern Wells, Worcestershire. Such a change meant many transfers in and out of the organization among officer personnel, and extensive training of nurses and enlisted men —to say nothing of the training of junior officers who remained with the unit. We were designated as a "Holding Hospital", which meant that our primary function was to hold patients after they had been Boarded for the Z/I elsewhere; but until such Boarding was simplified in December 1944, the vast majority of our patients arrived un-Boarded. After D-day the number of patients greatly increased and, due to the fact that we were much under T/O strength, long hours of work were needed to keep pace with our case load. In September we began to receive officers with at least some psychiatric training—officers who had been promised us as far back as March. Shortly after our arrival we found it necessary to make more secure our closed wards—of which we have many. Some of the closed wards have been devoted solely to insulin coma treatments, and another is used for Electro-Convulsive Therapy. One ward is devoted to neurological cases—principally epilepsy—and we eventually acquired an electro-encephalographic apparatus.

As a Station Hospital in England, we found ourselves shorn of our former authority to Board patients to the Zone of Interior, as well as of our ability to keep patients longer than 30 days. Thus our Psychiatric Service was all but non-existent. This alone made me desire a transfer to another unit; and a rumor that our hospital was to take only German prisoners of war after the invasion of the continent made me more determined in this effort. In February 1944 I was transferred to the 96th General Hospital. I soon became Chief of the Admission Section and Ward Officer for the closed ward officer patients. Later I became Ward Officer of the open ward officer patients. In June 1944 I had my first interview for promotion and finally became Major in March 1945.

The location of our hospital in a valley of the Malvern Hills has been ideal, and we were subjected to no enemy aerial activity. We are situated about 10 miles from the city of Worcester—famous for its Cathedral where King John is entombed, its Royal Worcester Porcelain Works, and its meat sauce.

Having celebrated four birthdays overseas, it now appears very likely I shall be sent directly to the CBI in order, if for nothing else, to make symmetrical my overseas duty which I began in the IBC.

Three trophies—two for baseball and one for softball—won in Africa and Italy by the 6th General Hospital teams, are on exhibition in the Archives Room. They are appropriately inscribed, and are unique in that they are made from shells used in the war. If someone, familiar with such things, would tell us whether the large one is a "bread basket" bomb, as is our guess, we'd appreciate it very much.

THE NEWS

No. 38 Boston, Mass. NOVEMBER 1945

DENTAL SERVICE AFFAIRS

The Dental Department has undergone an evolutionary change during the last three years. Principally an out-patient clinic since it was founded in 1868, its oral surgery division was established as a house service when the official relationship with the Harvard School of Dental Medicine was effected in 1943.

The out-patient staff continues to attend to the regular surgical dental procedures on ambulatory patients under the excellent supervision of Drs. Glenn W. Lawrence, Harold A. Carnes, John C. Stanton, F. Chester Durant, and John A. Breen, each of whom is in charge of the clinic one day a week. We have been fortunate in that only ten out of thirty-nine dental surgeons, assistant dental surgeons, and graduate assistants were called into service; therefore, the out-patient dental clinic did not suffer too much during the war, for those who remained performed their duties conscientiously. The staff will soon be complete again, and the clinic will profit from the experiences gained by those who have served in the combat zones.

New developments in this division of the service were recently effected to conform with the recommendations made by the Hospital Dental Service Committee of the American Dental Association which has been working with the Council on Professional Practice of the American Hospital Association. It has suggested that dental departments should give special consideration to the differentiation of the dental staff into various specialties, such as are recognized by the dental profession, and that men should be appointed for special work who are qualified in their fields in accordance with the accepted standards.

With this trend in view, the service in our out-patient department has been gradually extended. A stomatologic clinic conducted by Dr. David Weisberger is held every Thursday morning and is attended by students of the Harvard School of Dental Medicine.

Dr. Fred R. Blumenthal who was recently appointed orthodontist is available by appointment for the diagnosis of developmental defects and malocclusion of the teeth of children.

Lt. Col. Henry J. Carney who has just returned from military service, has agreed to accept an appointment as maxillofacial prosthetist. Well known before the war as an expert in the production of prosthetic appliances including artificial ears and noses, Dr. Carney will, with his additional experience, be able to make an outstanding contribution in various departments of the hospital.

Captain Henry M. Goldman who has been attached to the Army Medical Museum as pathologist for diseases of the maxillofacial region, is to develop a periodontia clinic. Periodontal disease, one of the most common dental afflictions, certainly deserves special attention in our hospital.

A careful investigation of the oral and dental health of the entering class of student nurses was made this year. Although these young women were supposed to have had their teeth attended to before coming to the hospital, routine clinical examination and X-ray surveys carried out show that in a group of 112 examined, 42 had moderate and 26 extensive dental caries; 11 had one or more apical abscesses; and 83 had impacted teeth. Pericoronal infection of impacted teeth and chronic dental abscesses which may become acute because of fatigue, toothaches due to progressive caries interrupt the training of many of the nurses, and often have serious consequences such as submandibular and submaxillary abscesses. Our dental hygienist, Miss Lillian Peck, who is in charge of the admission and supervises the follow-up treatments of the patients, has given the dental problem of the student nurses a great deal of attention and deserves much credit for her untiring effort.

The house service takes care of all major oral surgery cases, and is the direct responsibility of the chief of the department who also has the title of oral surgeon. He serves on a half-time basis, with Dr. Weisberger who is assistant oral surgeon.

Two dental house officers are appointed on an annual basis. They rotate between the out-patient department and the house service. The arrangement which provides for presentation of oral cases in the various conferences such as fracture rounds, the osteomyelitis and tumor clinics, gives these interns not only an excellent knowledge of the care of similar diseases in other parts of the body and the use of supportive therapy, but also affords an opportunity for the medical house officers to observe the treatment of the diseases of the jaws and oral cavity.

Dental staff meetings are held once a month from October to June. These furnish an opportunity to discuss some of the departmental problems and to present for review interesting cases treated by the staff. These meetings are frequently attended by visitors from near and far, civilians, and men in the armed forces.

A semiannual publication, *The Clinic of the Dental Department of the Massachusetts General Hospital* has been started; the fifth issue has just appeared in the *American Journal of Orthodontics and Oral Surgery.* In these clinic reports have been included papers describing new methods developed by members of the department, such as the fixation of condylar fractures of the mandible by internal wiring, the use of a peripheral bone clamp instead of pins for skeletal fixation of the jaw, the repair of the mandibular nerve in cases of paresthesia following jaw injuries, the value of chemotherapy and penicillin in the treatment of odontogenic neck infections, and the use of lipiodol injections for the investigation of swellings of the salivary glands.

Kurt H. Thoma, D.M.D.,
Chief of Dental Department

Dr. Thoma brought back with him from Guatemala a very beautiful certificate which announces his appointment as Honorary Professor on the Faculty of Oral Surgery in the University of San Carlos. Dr. Thoma is also an Honorary Member of the Dental Society of Guatemala.

* * *

To the Massachusetts General Hospital Ida M. Cannon *is* Social Service. It is largely due to her initiative, foresight, planning, and hard work, that the idea of Social Service has become a reality. Having served additional years to help meet wartime staff deficiencies, Miss Cannon has recently tendered her resignation. The regret at her leaving and the appreciation of her service are expressed in the following resolutions passed by the Hospital Trustees:

> "In accepting the resignation of Miss Ida M. Cannon as Chief of the Social Service Department the Trustees of the Massachusetts General Hospital wish to record their grateful acknowledgment of her outstanding services.
>
> "Miss Cannon entered the Hospital as a volunteer in 1906 and in 1907 was appointed in charge of Social Service. For nearly four decades she has given devoted service to this Hospital in the hitherto neglected field of human relations.
>
> "Dr. Richard Cabot was the founder of the organized union of professional and social work, while Miss Cannon was in large measure the instrument who through the years put into operation the principles and developed the techniques of this essential service. A large part of the credit for the development of medical social service here and in other hospitals is due to her. She was a true pioneer.
>
> "As author, lecturer, consultant and trainer of social workers she made such an impress in the field of social work that she is looked upon as an acknowledged leader throughout the nation.
>
> "Endowed by nature with a sympathetic and kindly disposition, Miss Cannon brought to her problems a deep human understanding and sound judgment. The merit of her work has

reflected happily upon the history of this Hospital. With her resignation we lose one who has been an abiding helper but retain the inestimable heritage of her great contribution in the field of medical social service.

"The Trustees feel assured that Miss Cannon's writings in the days to come will continue to contribute to the good of the Hospital and the general welfare."

The ninety-ninth anniversary of Ether Day was observed in the Moseley rotunda on October 16.

Dr. Faxon opened the program by reading the following excerpts from *The personality of a hospital,* an address given by Dr. Harvey Cushing in 1921, at the Centennial Celebration of the opening of the Hospital:—

> . . . What are the elements that make a hospital what it comes to be as the years roll round? Given two institutions side by side in the same community with the same purpose, the same organization, the same initial endowment, and starting at the same time, differing only in their personnel, how quickly, yet unconsciously, do they assume different characteristics and acquire differing personalities. Nothing should be more alike than two sister ships, yet in time how markedly different is the life aboard. How alike and yet how different are Andover and Exeter, twin offspring of a single brain; Harvard and Yale; Boston and New York; Massachusetts and Maryland. Each as an institution in which people combine for definite and similar objects has become a composite of many personalities, —some dominant, some less so,—all, living or dead, nevertheless discernible however faintly in the ultimate picture. . . .
>
> It is on the personality rather than on the personal accomplishments of these surgeons and of others who have been connected with the hospital that I would dwell, for it is their combined individualities rather than their individual contributions which in the end have produced that complex which we recognize as giving to the hospital its particular flavor, tone and color. It is an intangible thing—this distinctive character of one hospital which makes it differ from others of its kind. Like an old wine, it has acquired a certain quality which only comes with age and a new institution cannot imitate, for it represents the fusion of the countless personalities of all those who have worked for it or in it, no matter how lowly—of a nurse or house officer or orderly, no less than of a trustee or superintendent or member of the staff. . . .
>
> Every hospital recognizes more or less clearly its set obligations; what helps or hinders most in their fulfillment are the crystallized traditions which give an institution its particular individuality. In the development of this quality countless people, however unconsciously, have contributed— those whose charity has given comfort and peace of mind, as well as those whose professional skill has brought physical well-being to the maimed and sick; those who have brought the greatest sympathy and understanding to the problems of the young people here to learn; those who may never have come in special contact with either patients or students, but, freed from the killing routine of the clinic, have applied themselves to the forwarding of knowledge; those who have managed the business affairs of the hospital and its relations to the outside world; those, too, who have made the beds, kept the books, answered the 'phone, cooked the food, done the wash, stoked the fires, scrubbed the floors, and killed the rat—in the Hospital Jack built.

Then followed a new and most impressive feature. Very lovely pins of blue enamel on gold were distributed by Mr. John R. Macomber, President of the Corporation, to all those employees who had served the Hospital for ten years or more. The pins bear the Hospital seal, and include one star for each ten years of service rendered. Many received pins with one star, several with two, fewer with three, and Mrs. Genevieve C. Chase, our Record Librarian, was awarded a pin with four stars for more than forty years of service. Then came the high point in the program. Two men — Mr. Eric Frankson, our Storekeeper, and Mr. Robert Henderson, Dean of Orderlies — were presented with pins, similar in design, but fashioned entirely of gold. These special pins signify over fifty years of association with the Hospital.

After the applause had subsided, Dr. Faxon extended to all an invitation to enjoy a social hour in the Brick Corridor. Light refreshments were served by members of the M.G.H. War Service from tables decorated with colorful autumn leaves and brilliant pumpkins.

Although the exercises were simple, it seemed to one observer, at least, that never within her memory had an Ether Day program been more inspiring.

The names of all who received pins will be published in the next issue of THE NEWS.

* * *

By a very circuitous route a most exciting piece of news came to our ears. Listen! At the Royal Palace in Italy, Col. Edward D. Churchill and Major Daniel J. Holland, Jr., were decorated by His Royal Highness, Prince Umberto, Lt. General of the Realm, with the Order of the Crown, for "meritorious service to the Italian nation".

In addition to the citations already mentioned in THE NEWS, the following, brief or detailed, have been received from various sources:—

Major Otto E. Aufranc, MC (*Or.* 1938)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in North Africa and Italy from 15 May 1943 to 8 May 1945. As the only experienced orthopedic surgeon in the 6th General Hospital, Major Aufranc performed his routine duties in a highly commendable manner and personally trained, with great skill and patience, the several officers with whom he worked, with the result that a high standard of excellence was attained by his entire section. In addition Major Aufranc summarized, in a series of articles, the results obtained with various types of treatment and devised and put into service a number of simple, useful orthopedic appliances. Major Aufranc's contribution to the field of orthopedic surgery in the Mediterranean Theater was fourfold in that he proved himself an accomplished surgeon, an ingenious improviser, an able teacher, and astute observer and reporter. . . .

Lt. Col. Henry K. Beecher, MC (*WS* 1934)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services in the Mediterranean Theater of Operations from 6 September 1943 to 1 August 1945. Lieutenant Colonel Beecher, by personally treating soldiers seriously wounded in combat, evolved principles and procedures of resuscitation and anaesthesia that were accepted and put into practice throughout this and other theaters of war. First hand experience gained during the cold winter months before Cassino and in the dug-out shock tents of the hospitals at Anzio was translated by him into basic concepts to govern these phases of the management of the wounded soldier from the time the missile strikes until the damage it caused has been repaired. Original observations were made on the pain suffered by man wounded in battle that had never been recorded in the history of warfare, and combined with his observations on the hazards of the traditional use of morphine, those studies pointed the way toward the giving of this time-honored remedy of the battlefield in a manner that was both safe and humane. . . .

Lt. Col. Edward F. Bland, MC (*EM* 1929)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in North Africa and Italy from 20 February 1943 to 8 May 1945. Performing his assigned duties as Assistant Chief of Medical Service of the 6th General Hospital in a highly efficient manner, Lieutenant Colonel Bland displayed great interest and enthusiasm in the furtherance of medical knowledge within the Mediterranean Theater of Operations. He was chairman of a committee which inaugurated a series of highly successful interallied medical meetings, and in his chosen field of cardiology he had already made several contributions to the medical literature of the Theater when he began to compile records of war wounds of the heart. Not merely by study of all available records, but by personal contact with as many as possible of the medical officers who attended patients with heart wounds, he gathered a series of cases which was of such scope that no comparable piece of work on the subject exists in medical literature. Lieutenant Colonel Bland's industry, ability, and resourcefulness in gathering, digesting and summarizing important data from each case in his series resulted in an outstanding contribution to war surgery and medicine. . . .

Major Richard B. Capps, MC (*CM* 1931 & *EM* 1933)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in the Mediterranean Theater of Operations from 21 January 1944 to 8 July 1944. By his great technical skill, diagnostic ability and painstaking persistence, Major Capps contributed in a large measure to the discovery and standardization of methods for diagnosing and treating infectious hepatitis, a disease which was common to the Allied Forces throughout the Theater, but about which very little was known prior to the work of Major Capps and his associates. . . . The investigations in which Major Capps played such an outstanding role constitute one of this war's major contributions to the medical science, and are in keeping with the highest traditions of research in the Medical Corps of the Army of the United States. . . .

Capt. Daniel S. Ellis, MC, AUS (*EM* 1941)—Bronze Star Medal

Major Daniel J. Holland, Jr., DC (*Dn.* 1938)—Bronze Star Medal . . . assigned the arduous task of preparing the dental history of the Mediterranean Theater of Operations while on temporary duty with the Medical Section, Allied Force Headquarters, Major Holland attacked the problem of collecting, compiling and writing the history with such diligence, zeal and skill that he not only completed the project considerably sooner than reasonably could have been expected but turned out a manuscript of such quality that it was commended in the Office of the Surgeon General for its completeness and its orderly, systematic and graphic portrayal of facts. Instrumental in establishing central dental treatment centers, Major Holland effectively utilized dental personnel and equipment and determined the most advantageous location of successive centers in order to render the highest possible dental care in accordance with the large troop movements throughout the Theater. During the period of redeployment of large numbers of troops from the Theater, he planned and established large dental centers in five redeployment training and staging areas. . . .

Comdr. E. Ross Mintz, MC (*P* 1930 & *r.s. U* 1932)—Bronze Star Medal

Capt. Richard V. Riddell, MC, AUS (*ES* 1943)

—Bronze Star Medal . . . for meritorious service in connection with military operations . . . from 17 July 1944 to 8 May 1945 in France, Luxembourg, Belgium and Germany. Through his professional skill and sympathetic understanding, he has maintained a superior standard of health in his battalion. He has demonstrated initiative and diligence in furthering the general welfare of those with whom he served, and without thought to his own interests. His devotion to high medical standards has spurred those working under him to emulate his zeal, and is in keeping with the best traditions of the armed services. . . .

Lt. Col. Charles P. Sheldon, MC (*ES* 1931)—Bronze Star Medal . . . for meritorious achievement in Leyte, Philippine Islands, from 29 January 1945 to 6 March 1945, in connection with military operations against the enemy. As Chief of the Hospitalization Section, Office of the Chief Surgeon, United States Army Services of Supply, Lieutenant Colonel Sheldon was responsible for the supervision and planning of the hospitalization program of a major base. His advance calculations anticipated the requirements of developing operations with such accuracy that adequate base hospital facilities were provided to hospitalize all casualties from local operations and to provide care for a high percentage of all patients evacuated during the Philippine Islands campaigns. By his sound professional knowledge and devotion to duty, Lieutenant Colonel Sheldon was instrumental in providing important services for the victorious armies in the Southwest Pacific. . . .

Lt. Col. Eugene R. Sullivan, MC (*EM* 1936 & *P* 1937)—Legion of Merit . . . for meritorious services from June 1943 to August 1944. Lieutenant Colonel Sullivan surveyed the need for transfusion of fresh whole blood in the surgical treatment of the severely wounded and formulated plans for the organization, equipment, laboratory techniques, and overall operations of the blood bank system. He applied his advanced skill to the technical training of these units and his contribution helped to make possible the collection, from within the Theater, and distribution to the 5th and 7th Armies of more than 35 tons of blood without known error, mishap or spoilage. . . .

At a meeting of the Board of Trustees held on September 21, it was voted to appoint:

Dr. James A. Martin as Assistant Resident on the Radiological Service for the term beginning April 1, 1946;

Dr. Curtis Prout as an Assistant in Medicine.

The Trustees also voted to appoint the following Interns for the term beginning April 1, 1946:

Medical

James H. Averill
Willard Dalrymple
James H. Donald
John T. Finkenstaedt
John G. Freymann
Frederick C. Goetz
Rita M. Kelley
Gale H. Keyes
George W. Mellinger
George F. Odland
William D. Sohier, Jr.
Bernard G. Stall, III

Surgical

Armand L. Bengle, Jr.
Ernest S. Crawford
Thomas H. Green, Jr.
Laurence K. Groves
Falls B. Hershey
Arvil J. Hinshaw
Mahlon B. Hoagland
Edward V. Johnston
George H. Lawrence
Isaac V. Manly
Joseph K. Maloy
George S. Richardson
Clifford J. Straehley, Jr.

The General Executve Committee, at their meetings on September 19 and 26, voted to restore to their former positions on the Staff:

Dr. Leo B. Burgin, Assistant Physician to Children's Medical Service;

Dr. Edward G. Thorp, Assistant Physician.

The Committee also voted to appoint:

Dr. Alexander Albert as Clinical Fellow in Medicine;

Dr. John J. Bandeian as Graduate Assistant in Gynecology;

Dr. Nancy L. R. Bucher as Clinical Fellow in Medicine;

Dr. Alexander O. Haff as Graduate Assistant in Radiology;

Dr. Dinor W. Invernizzi as Clinical Fellow in Medicine;

Dr. Woodrow W. Schier as Graduate Assistant in Medicine;

Dr. Thomas J. G. Tighe as Graduate Assistant in Pathology;

Dr. Enrique Vivas-Salas as Graduate Assistant in Medicine.

Everyone will be relieved to know that Capt. James K. Keeley, MC, AUS (*NS* 1937) has at last been liberated from a Japanese prison camp. He had been held by the Japanese Government since 1942.

A few who have appeared at the Hospital recently:—

Major H. Thomas Ballantine, Jr., MC (*WS* 1939)
Lt. Col. Henry K. Beecher, MC (*WS* 1934)
Capt. Richard S. Cosby, MC, AUS (*EM* 1940)
Miss Betty Dumaine
Capt. Daniel S. Ellis, MC, AUS (*EM* 1941)
Col. James E. Fish, MC (*ES* 1930)
Major James A. Halsted, MC (*WM* 1932)
Lt. Irad B. Hardy, Jr., MC, USNR (*ES* 1939)
Col. Donald S. King, MC (*EM* 1920)
Lt. Col. Frederick K. Poulin, DC (*Dn.* 1942)
Major Charles L. Short, MC (*WM* 1930)
Lt. Col. Moses S. Strock, MC (*oral s.*)
Capt. Adney K. Sutphin, MC, AUS (*WM* 1943)

John Szerejko, who was so severely wounded that several surgical operations were necessary, is back on duty as an orderly at Baker Memorial.

The *New York Times* has given us permission to quote from an article by Sam Pope Brewer, published in its June 10 issue. The article is entitled "German decline in surgery noted", and contains statements made by Col. Edward D. Churchill, MC (*WS* 1922), based upon his inspection of German hospitals.

The German handling and healing of war wounded lags twenty years behind American methods, Col. Edward D. Churchill, Allied Mediterranean Forces' Surgical Consultant, said . . . after he inspected the wounded in former German hospitals.

Germany, once the world's acknowledged leader in surgery and medicine, dropped back under the paralyzing effect of the Nazi regime to a point where one leading German Army surgical consultant . . . told American investigators that he regarded the outcome of wounds in this war to be identical with conditions he observed in World War I. American recoveries, on the other hand, improved phenominally, thanks to methods that the Germans had not even attempted, such as field operating tents up at divisional clearing stations, the highly developed use of blood transfusions and the high standards of antisepsis in the field.

GERMAN EQUIPMENT OUTDATED

With Lt. Col. Howard Snyder, Surgical Consultant of the United States Fifth Army, Colonel Churchill . . . inspected six German hospital areas and examined many wounded who had been treated in German hospitals. As an example of the conditions he found in the German areas, Colonel Churchill said that of forty serious chest wounds picked at random, thirty-seven showed infection, while the American patients' average was well below 10 percent.

For blood transfusions the Germans used an antiquated syringe-type apparatus discarded years ago by the Americans. The most astonishing point, Colonel Churchill said, was that the Germans had not realized the possibilities of transfusion and would not believe, until the Americans gave a demonstration, that a single man could successfully receive more than 600 cubic centimeters.

The American investigators, who knew of the German conditions in the pre-Hitler days, were shocked at the apathy and ignorance of today's German doctors and at the complete lack of pride in achieving professional results. Technical procedure remains the Germans' focus of interest, Colonel Churchill said, and "pre-operative and post-operative care and the intelligent use of other aids to operative measures remain in the shadows."

CHEST WOUNDS OVERCOME

The fundamental difference found between the American and German systems is that the Americans have a systematic, continuous routine from the moment of wounding until the highest possible degree of restoration to health. This concentration on "reparative surgery" as Colonel Churchill calls it, results not only in a reduction of deaths from wounds but also in a great reduction in disabilities.

Infected chest wounds, which after World War I left hundreds permanently hospitalized with great gaping wounds, can now be handled so that within a few weeks the men are completely restored with normal respiratory systems.

The Germans' methods, on the other hand, are characterized by a lack of direction or any general and definitive policy in professional methods, Colonel Churchill said. The individual surgeons, he said, carried on "just about as they pleased" and field surgeons were inclined to pass over extremely serious cases with the idea that the injured men would die anyway.

The studies made during the past months convince him that the American wounded receive the highest standard treatment of any in the world and have the best chance of virtually complete recovery.

* * *

Dr. Means sent us this clipping from another *News*—this one published at the Naval Center, Bethesda, Md. We quote:—

> Capt. Clyde L. Bozart, Med. School Exec., read it, thought of euthanasia. He swallowed, read the following again:
>
> "It has been arranged for myself and two corpsmen to shoot two patients at Newton D. Baker, Martinsburg, West Va. This will involve one day's absence from the Hospital. It is requested that the attached pass requests be approved."
>
> It was signed by Lt. W. C. Lown.
>
> Relax, patients, Lieutenant Lown heads the motion picture lab at the Center.

And, of course, you've recognized the name as that of the head of our Photographic Laboratory who is on leave of absence.

Lt. Col. Elbert L. Persons, MC (*EM* 1929) sends a change of address to 723 Anderson St., Durham, N. C., and calls himself a "soon-to-be (29 Nov.) civilian M.D.! — one of the luckier members of the 65th General Hospital, thanks to that second 12 points, now 30 months old."

All material of a military nature in every issue of THE NEWS is first cleared for publication by the local Public Relations Department of the Army or Navy.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Percy E. Ireland (*Oto-Lar.* 1935) came for the New England Meeting. He has just been released from the Canadian Army after five years of overseas service. His rank was that of Lieutenant Colonel. He saw service in England, Africa, and Italy, and was Ear, Nose and Throat Consultant to the Canadian Forces overseas. Dr. Ireland is now back in civilian life and is at the University of Toronto Hospital.

Comdr. John P. Macnie, MC (*Oph.* 1929) has been in service in the Pacific Area for three years. We understand that he expects to return to the States in the very near future.

Dr. Frank D. Carroll (*Oph.* 1935) came in to see us recently. He is associated with the Eye Institute at the Presbyterian Hospital, New York.

A letter to Dr. Schall from Lt. Richard Barton, MC (*Oto-Lar.* 1945) tells where he was last August.

Dan Reagan used to tell me that the Eye and Ear would seem pretty good to me after I had been away a few months. I am finding this to be all too true.

My Navy career thus far has been short on medicine in general and oto-laryngology in particular, except for five busy days spent at St. Albans. The operating schedule there included at least one SMR and six local tonsillectomies daily. The Navy does all its tonsillectomies under local. In addition, we had two simple mastoidectomies — one with sinus thrombosis and peri-sinus abscess and the other with a large extradural middle fossa abscess. Both cases had been going about six weeks and had received chemotherapy most of that time.

However, all this lasted briefly and I soon found myself attached to a division of destroyer-escorts. The ships were overhauled in New York, changing the anti-submarine gear that had been used in the Atlantic to anti-aircraft equipment for the Pacific.

Then I spent a month in the Atlantic, visiting Cuba, Jamaica, Porto Rico, etc. This was a most enjoyable cruise, during which I developed a deep respect for the strength of the U.S. Navy. I hadn't even seen the Pacific Fleet then!

Now, after a month in the Pacific, I am even more proud of our country's ships and bases. They are amazingly wonderful to me. The Navy which this country has built up remains an awesome force, the like of which the world has never before seen.

Destroyer-escorts are small ships and very rough. My semicircular canals have been vigorously stimulated many times! We have two types of duty — one, as a "killer group" of six, tracking submarines; and two, working as a screen for a baby carrier. This has proved rather interesting.

I am on the staff of the Commander of the Division, and the health and sanitation of the six ships are my responsibility. There are about 200 men to a ship, which gives me about 1200 men to care for. Each ship has a Chief Pharmacist Mate and a Pharmacist Mate. These men are quite remarkable and extremely valuable. They have a pill for every symptom and they can treat anything from athlete's foot to falling hair. They give all the inoculations, teach first aid, etc., and are really an omnipotent bunch!

In order to train large numbers of these men in a short time, the Navy, like the Army, has gone in heavily for "audio-visual" education. To me their training films are masterpieces that open up the field of education, especially medical education, for great improvement. "March of time" has done some especially good ones for the Navy. I am certain much more of the medical curriculum could be absorbed were instructions given in this fashion.

Remember me to everyone around the Infirmary. I hope it won't be too long before I see you again.

Dr. Schall has passed on another letter — this one from Gaston N. Duclos (*Oto-Lar.* 1943 & *Oph.* 1945).

Here is a summary of my activities since I left Boston:

On April 1 I joined the Army and went for training at Camp Borden, near Toronto (something like Carlisle). I remained there for six weeks.

Then I was posted at the Quebec Military Hospital, in charge of the E.E.N.T. Department. I enjoyed my stay there very much. It was near home, I was working with my classmates of Medical School, I was dealing with good cases, and kept my hands in the surgical field.

On July 20 I was temporarily transferred to Regina, Saskatchewan as E.E.N.T. Consultant for the Province of Saskatchewan. I am doing purely desk and paper work: I evaluate the E.E.N.T. disabilities of the returned men from overseas, determine their incapacity, and recommend compensation or advise surgery. This type of work gets to be very uninteresting and even dull. I am anxious to return to a large hospital and do some more surgery. I expect to be back east by fall and am looking forward to a good hospital posting. I will probably end up in practising in either Quebec City or Ottawa.

I joined the Army with the rank of Captain and should have my Majority in October. I expect to be discharged by next May or June.

Best regards to everyone at the Infirmary.

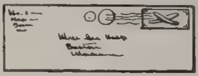
MASSACHUSETTS GENERAL HOSPITAL 1811

New addresses:—

Lt. Col. Frank L. Bauer, MC (*P* 1941), 110th Evacuation Hospital, APO 403, c/o Postmaster, New York, N. Y.
Major Howard C. Coggeshall, MC (*WM* 1935), Eighth Service Command, Army & Navy General Hospital, Hot Springs National Park, Ark.
Lt. Col. Wilfrid J. Comeau, MC (*a. in M* 1937-39), 48 Penobscot St., Bangor, Maine.
Capt. Lewis K. Dahl, MC, AUS (*r.p. WM* 1942), M.D.R.P., Brooke General Hospital, Fort Sam Houston, Tex.
Lt. John J. D'Urso, MC, USNR (*r.p. D* 1944), Dispensary, Naval Receiving Barracks, Naval Training and Distribution Center, Shoemaker, Cal.
Lt. Joseph A. Elliott, Jr., MC, AUS (*M* 1945), Medical Section, Unit A, Separation Center 45, Indiantown Gap Mil. Res., Pa.
Lt. Donald J. Emery, MC, AUS (*res. fel. D* 1941), Hdqrs. Squadron, 459th Air Service Group, APO 133, c/o Postmaster, New York, N. Y.
Lt. Sheridan S. Evans, MC, AUS (*ES* 1945), McCaw General Hospital, Walla Walla, Wash.
Capt. Henry S. Fuller, MC, AUS (*WM* 1943), U.S.A. Typhus Commission, APO 218, c/o Postmaster, New York, N. Y.
Lt. Col. Doris Knights, A.N.C., Lovell General Hospital, Fort Devens, Mass.
Col. Alexander Marble, MC (*r.p. WM* 1930), Consultant in Medicine, Hdqrs. Eighth Service Command, Dallas 2, Tex.
Capt. John R. McDaniel, MC, AUS (*ES* 1940), Savannah, Mo.
Lt. Richard B. Pippitt, MC, USNR (*EM* 1938 & *P* 1939), Bureau of Medicine and Surgery, Navy Dept., Washington, D. C.
Capt. Richard V. Riddell, MC, AUS (*ES* 1943), Co. D, 3rd Med. Bn., APO 3, c/o Postmaster, New York, N. Y.
Capt. Lloyd S. Saltus, MC, AUS (*CM* 1938), 11 Headley Road, Morristown, N. J.
Asst. Surg. John W. Smillie (*ES* 1944), U.S. Public Health Service, Nutrition Section, Bethesda Station, Washington 14, D. C.
Capt. Paul E. Spangler, MC, USNR (*WS* 1925), *U.S.S. Repose* AH-16, c/o Fleet Post Office, San Francisco, Cal.
Capt. Somers H. Sturgis, MC, AUS (*ES* 1933), Medical Replacement Pool, Fort Dix, N. J.
Capt. Robert H. Talkov, MC, AUS (*res. fel. M* 1942), Army & Navy General Hospital, Hot Springs, Ark.
Lt. John F. Tannheimer, MC, USNR (*r.p. P* 1944), U.S. Naval Hospital, Chelsea 1, Mass.
Lt. Jesse E. Thompson, MC, AUS (*ES* 1943), Ashford General Hospital, White Sulphur Springs, W. Va.

Brief bits:—

Lt. George H. Carter, MC, AUS (*M* 1943) is at Pine Camp, N. Y.
Capt. Duane H. Mitchel, MC, AUS (*M* 1943) has been assigned to the Occupation Forces in Korea.
Lt. Royal S. Schaaf, MC, AUS (*WM* 1943), who is stationed at Fort Lewis, Wash., is very proud of a new daughter.



A letter addressed to THE NEWS, but headed "Dear friends at the Mass. Eye & Ear Infirmary" has come from Capt. William F. Donoghue, Jr., MC, AUS (*Oto-Lar.* 1942 & *Oph.* 1944). It was written from Walter Reed General Hospital.

I guess it will still be a long war for most of us who must measure its termination by our return to civilian life. However, for those of us who did our tours of duty in the States it has been an easier war, I'm sure, than for those who spent years overseas.

While at home in July I finally received my captaincy, although I did not know it until the last day of my leave.

Last week I saw Katharine McMahon Mazzarano, whose departure from the eye operating room two years ago left a vacancy so difficult to fill. She is well and happy, and is supervisor of the operating rooms here at the Episcopal Eye and Ear Hospital.

Nancy and Frank Wheelock of the Terry Laboratory and ES [1943] service respectively are now here at Walter Reed. Frank is assigned to an orthopedic ward for convalescent patients and is justifiably unhappy about it.

Colonel Hampton [*c.R*] is still Chief of X-ray here and we see him quite often.

I hope we'll all be home soon.

In this letter to Dr. Faxon, Lt. Col. Albert G. Engelbach, Commanding Officer of the 250th Station Hospital, describes his present setup in Regensburg, Germany.

Much land and water have passed under my feet since I wrote you last, and many place names have become a reality—some a sorrowful mess in comparison with what they used to be.

For a while it seemed that Sunday was always a moving day. On a Sunday I left behind in England all the things I had become fond of there. After a visit at LeHavre and a rest in camp for the remainder of the week, come Sunday it was again a move across France to Verdun. Each move was toward the east, and I had about come to the conclusion I might be heading for China. But, no—here I am in Regensburg. Out through the hospital window I can watch the waters of the Danube rushing along at their breakneck speed. Across the stream, directly in view, the Regen empties itself into the Danube.

The hospital is open for business and the force is busy, though not as busy as we were. It is a civilian hospital, built in 1930 and '32. Both buildings have the most modern appointments and are generally more adaptable and more like civilian hospitals than any I have seen used by the Army to date. Operating rooms are most modern. No air conditioning, but sufficiently pleasant to make the eyes almost pop out of those who have been working in the OR. The rooms, although designed for one or two patients, are going to have more than that; but the square footage allotted will be sufficient to meet Army standards. The Out-Patient Department is being adapted from a portion of the hospital which was designed for bath therapy. Major problems which presented themselves are quickly clearing and I suspect that shortly I shall have naught but the little ones to bother with.

Although the trip here did not include going on into Munich, some day I shall have a chance to get a good look at that town. We did, however, pass alongside Dachau, one of the concentration camps from which so many prisoners had been released. There were no prisoners there when we passed through so I did not have a chance to see any of them. I am just as happy, for the description given me by others would indicate that it was not too pleasant. I did see some burning buildings, however, and gathered from a guard that that was the part which was the worst.

Nuernberg, which is not too far from here has been visited. This town shows more total destruction than any I have seen. I am told that the devastation was the result of forty minutes of bombing. Almost all the buildings within the walls of that old city are laid low. I also visited the Sports Plaz near Nuerenberg. The place is tremendous. I should judge that twelve football games could be held at one time and have room left for a couple of baseball games. This was little damaged by the war. Now it houses and is the concentration point for captured armament and vehicles.

Don't ask me how long I am going to be here. I don't know. How long would I like to stay? Well, I could be packed and ready to leave in an hour if the going were to get me home.

Later, in a letter to The News, Colonel Engelbach says:—

The News arrived today—time 11:20; devoured (before lunch) 11:59¼. Each issue is read carefully to learn what the other members of the family are doing and where they are located. That letter from [Comdr.] John Monks [*WM* 1931] was most interesting. It was told as only John could tell it.

As for myself and the hospital I am commanding—we are astride the Danube. I have yet to see the river in its blue mood as made famous in that Strauss waltz. Here it is swift and treacherous, green in color, and bordered on both sides by well cultivated farm land, except where it passes through a village or town. We are doing a general hospital business with plenty of patients. Fractures from jeep accidents, gallbladders, thyroids, chronic skin conditions, pneumonia, jaundice, enteritis, ear and eye conditions—well, almost anything you can think of comes in and gets the best attention possible.

Oh, yes—we have been designated as an Occupation Army Unit.

Our congratulations on the arrival of a son, and a mild reprimand for not keeping us up to date on his new assignments, resulted in this letter from Lt. John H. Peters, MC, USNR (*WM* 1943).

I have not let you know more about my new jobs because, to be frank, I am tired of new jobs. I have had so many ships (over 15 in nine months in Europe) and shore stations (over 20 in less than two years) that I have become trunk-happy. And now the Navy is asking me to do it again. A short time ago I received orders to a hospital in Georgia, but I have asked that they be cancelled. Thus far, my longest stay in any one job has been six months in Washington.

On June 11 my six months in Washington came to an end, and from there I went to Brooklyn, Newport, and Baltimore in connection with preparing the medical department of this ammunition ship for sea. On July 25 we were commissioned. We spent about six weeks in the Norfolk area, getting shaken down and outfitted with last minute supplies and repairs, and on September 8 took off for the Canal.

Unfortunately, our trip down was marred by a bit of engine trouble, and instead of heading for the Philippines, as originally scheduled, we are guests of the repair authorities here for an indefinite period. From here we probably go to Pearl Harbor, although the scuttlebutt has sent us 1) back to Baltimore, 2) to San Diego, 3) to San Pedro, 4) to San Francisco, 5) to New Orleans — so you can take your choice.

Best regards to all at M.G.H.

With war's end and high hopes of a speedy return home, many who have hitherto neglected to write are sending in reports of their whereabouts. One such is Capt. Charles L. Swan, Jr., MC, USNR (*WS* 1929). He has been aboard *U.S.S. Refuge* for many months.

Since leaving New York in November 1944, we have been operating with the 7th Fleet in the Philippine area. In the initial period we were busy shuttling about evacuating patients from Leyte. Later we lay at anchor off Leyte and Manila serving as a station hospital for the Fleet and the beach. We are now *en route* to Korea to evacuate prisoners of war. We hope soon to return to the States.

Am delighted to announce my promotion in rank to Captain.

Looking forward to seeing you all soon. Cheerio.

A release from Fifth Air Force Service Command, Okinawa, gives us the first bit of information we have had concerning Lt. Col. Thomas A. Warthin, MC, AAF (*a. M*) since he was stationed at Westover Field back in March 1944. The release says, in part:—

Thomas A. Warthin has been promoted to lieutenant colonel in the Medical Corps.

Currently in the Ryukyus, Colonel Warthin is Command Surgeon for the Fifth Air Force Service Command, which is the supply, maintenance, and engineering organization for the Fifth Air Force.

In addition to the silver flight surgeons' wings, Colonel Warthin wears the Asiatic-Pacific Theatre ribbon with four campaign stars and the Philippine Liberation ribbon with one campaign star.

Major Hilbert S. Sabin, MC (*r.s. U* 1941) makes his first appearance on our pages through this letter to Dr. George Gilbert Smith. Headed Ledo, Assam, it reads:—

Greetings from the land of "mystery and enchantment". I've been stationed here at the 20th General Hospital on the Ledo Road, approximately 40 miles from the Burma border, for the past six months. It's been a fascinating experience in many ways. We flew from New York, eventually arriving here via Casablanca, Tripoli, Cairo, Kurachi, and Delhi. I had a lay-over in Cairo for some time and an opportunity to see everything from the sphinx and pyramids to Shepherd's Hotel and the native dancers. The latter must be seen to be believed.

At the time of my arrival here the Burma Campaign was drawing into its final stages but we were still receiving a good many casualties, particularly among the Chinese, and even now are surprisingly busy. This unit was originally manned by personnel from the University of Pennsylvania. There's a splendid group of men on the staff, which has made life in the jungle bearable and even enjoyable. The physical setup is amazingly good. The wards and clinics are constructed of stucco, with tin roofs covered with palm thatching. We live in bamboo houses—known as bashas—which are extremely comfortable. Each officer has a Hindu bearer or "gentleman's gentleman" who performs such chores as making beds, taking care of the laundry, shining shoes, mixing drinks, and anything else one can think up for him to do—all for the princely sum of $12.50 a month, which to him is affluence beyond his wildest dreams.

I arrived here at the beginning of the monsoon season, during which blazing heat (as high as 130°) alternates with torrential rain, so that one remains soaking wet for one reason or another almost continually. Thus far I've managed to elude malaria, amoebiosis, scrub typhus, bilharziasis, Delhi boil, and the innumerable other delightful ailments endemic in this area.

The hospital is situated on a fair sized river near a fairly large mountain range. On a clear day one can see the Himalayas in the distance. Wild orchids, gardenias, papayas, mangoes, and bananas all grow in profusion in the jungle. The fauna include tigers, elephants, cobras, and jackals — the latter of which howl round our basha nightly like souls in torment.

After living out here any length of time one gets the impression that the Indian problem is utterly insoluble. Overpopulation, famine, disease, and religious taboos all combine to make efforts to better their lot the height of futility. Their agricultural methods haven't changed in the last thousand years and medical care — except for the wealthy — is unknown.

As you may well imagine, renal and ureteral calculi are extraordinarily common out here. It's a slow day when there aren't a few GI's giving birth to stones on the urological wards. Infections of all types thrive in this climate and I've seen a number of perinephritic abscesses and one large renal carbuncle — and on the whole have been quite busy. Have also, of course, seen a fair number of gunshot wounds of the kidney and urethra.

You can imagine our joy at the news of Japan's capitulation. I still can't believe we are no longer at war after all these years. Of course, going home is now uppermost in everyone's mind, but the chances of our being out of here before the first of the year seem rather remote.

I was shocked and grieved to hear of Bob Hurlbut's death in the Pacific. He was a splendid chap in every way and I know his loss is keenly felt by all who knew him.

Major Russell V. Fuldner, MC (*Or.* 1939) responded most satisfactorily to our "needling" of a few months ago. From Cushing General Hospital he writes:—

My thoughts have been only of retaliation since the reproof [for long silence] given me in the August issue of The News. Happily, I have just recalled that Heaven's worst punishment is to grant us our desires, and I hasten to pen the letter our editor has requested:

Soon after my last letter was published in The News I was sent to the Cannibal Islands. On arrival I was heartened to learn that the name had been changed to the Fiji Islands and that the native dietary had undergone a pleasing modernization. The Fijians turned out to

COL. EARLE STANDLEE, CHIEF SURGEON, CONGRATULATES MAJ. DANIEL J. HOLLAND, JR., AFTER PRESENTING HIM WITH THE BRONZE STAR MEDAL

> be kindly, hospitable people. Many of them—female and male—were of beautiful build from head down (or, as an orthopedist would say, from feet up). At Suva, the capital, are the Central Medical School and the Central Nursing School, where natives from that part of the South Seas received training as doctors and nurses. I was impressed by the earnest purpose of the students and by their general level of competence in assimilating foreign ways.
>
> My outfit in the Fijis was the 18th General Hospital, daughter by fission of the Johns Hopkins Unit. After a somewhat prolonged period spent mostly in prayer and meditation, we were moved across a large segment of the world to Assam, the place where India joins Burma. The oft-repeated sardine dialogue gained point but lost humor during this voyage: *"Going to join the swim to the Sardines' Picnic today?" "What! and be packed in like a bunch of soldiers?"* Our transport docked at Bombay, on the west coast, perhaps because the trans-Indian train trip was considered an excellent way of toughening us up. However, after the crowding aboard ship, the train seemed leisurely and spacious, like a bargain counter the week before Christmas.
>
> Assam's income appeared to be derived principally from tea, rice, and Americans. Near Burma the country becomes jungly; the large bamboo shacks which made up our hospital wards were well fitted to the scenery, but scarcely to anything else. Numbers of Chinese were about, acting inscrutable. As patients, they were cared for in American hospitals. We learned that the Chinese Army has fairly rigid views regarding narcotic trafficking—one Chinese patient who received a massive, meticulously applied bone graft for a tibial defect was executed two days later for opium smuggling. Here again we see the necessity for carefully taken histories. This incident occurred at another hospital, our own hospital receiving rather more medical than surgical casualties.
>
> Our older personnel in point of service were rotated home last spring. The wilds of Assam, on this shrinking sphere, were no more than a week distant from the airport in Washington, D.C. On returning to the States I was impressed first by the speed of the trains, and second by seeing civilian chow lines even longer than the Army's.
>
> My present berth at Cushing could not be other than pleasant and instructive: Major Bill Tobin [*Or.* 1939] and Major Nelson Hatt [*Or.* 1919] run the Orthopedic Service, and Dr. Smith-Petersen comes out to see us every so often. Like nearly everyone, though, I count my "points" as a miser his gold.

Comdr. Roy E. Mabrey, MC (*a. in S*) is back. From Chelsea Naval Hospital he writes:—

> After 20 months at Aiea Naval Hospital, Oahu, T.H., I was transferred back to Chelsea. Just after my arrival the much looked for Alnav came out with many promotions, including my own.
>
> Herb Adams [*ES* 1932], with whom I lived in Hawaii, has been assigned to a hospital ship, (*U.S.S. Tranquility*), and the last I heard was in Tokyo Bay.
>
> It is nice to be back, but there is still a lot of activity around naval hospitals.

The first word in over two years has come from Major William H. Lowell, Jr., MC (*a.r.p.* 1940). He writes this staccato note from Station Hospital, 112th AAF BU, Westover Field, Mass.:—

> THE NEWS has been following me from Burma, India, and the U. S. via Texas and Florida to here.
>
> Promoted to Major February 1944 while in CBI. Returned to the States March 1945. School of Aviation Medicine until June 1945, then School of Applied Tactics through July. After a short vacation in Vermont with the family, at long last assigned here to the Medical Service, after three years in the field.

Lt. Terry E. Lilly, Jr., MC, USNR (*ES* 1943) is aboard *U.S.S. Heermann*, berthed in Tokyo Bay. From there he sent us a delightful "UNCONDITIONAL SURRENDER" picture which is displayed on the foot-of-Treadwell-stairs bulletin board.

At last! This impressive letter from Lt. Comdr. Hugh Montgomery, MC (*EM* 1932), headed U.S. Naval Base Hospital 18, Guam.

> You are very kind to put it that way — that I must have many interesting things to write about. Most of us think that more interesting things are going on at home than here.
>
> As you probably know, this is my second time out — the first was aboard the *U.S.S. Solace* in the Southwest Pacific. Those were the tense days, with no preconceived idea about victory; and they provided the excitement of seeing many islands that are no longer in the news. Personally, I prefer those places to Guam. We have an excellent hospital here, and have the honor of taking care of great numbers of recent casualties, but the island is fast becoming another Pearl Harbor.
>
> I was here in time to get the Iwo Jima casualties that came through in enormous numbers. They were much like those from Guadalcanal, but lacked the effects of prolonged physical and mental strain that the systematic month-by-month bombings, shellings, and night fighting imposed upon those at the "Canal" and Tulagi. Few acutely maniacal patients came out of Iwo Jima or Okinawa. The latter was a bigger operation than any previously in the Pacific, but had no effects on patients not seen elsewhere. A considerable number of severely burned patients, especially from aboard ships struck by Kamikaze planes came to our hospital. We have had patients in large numbers from the *Ben Franklin*, the *Bunker Hill*, and the *Indianapolis*. The first two were nightmarish catastrophies, the last terrible in the proportion of loss of life. The patients from the *Indianapolis* were in the water about a hundred hours, with little or no food or drink, and had nasty cutaneous ulcers, generalized small pustules, and an occasional shark-bite. Perhaps the most tragic part of it was the hallucinatory experiences of those in the water, of seeing their ship below them and diving down to it. Nearly all those who survived are now in good shape, but still with us because of lack of transportation facilities occasioned by our needs for occupying Japan. We had patients from our hospital ship *Comfort* — especially sad because they were so very unnecessary. Some of the officers at this base had friends among the doctors and nurses who were killed. We are now getting officers and men who were prisoners in Japan. They are in fair shape and good spirits, but many had frightful experiences.
>
> I am rooming with Allen Brailey [*EM* 1930], who is leaving tonight for Tsingtao. John Monks [*WM* 1931] is back from Okinawa and I played tennis with him the other day. I was sorry to miss Myles Baker [*EM* 1930] when he came through here. Bunny Fay [*EM* 1929] is at one of the nearby Fleet Hospitals, and comes over to see us occasionally. We are lucky that Gordon Jones [*ES* 1939] was assigned to duty here at Base 18. He was on an LST for the past year or more in the Philippines, Iwo Jima, and Okinawa, and saw lots of action. He has taken over a burn clinic here and is doing beautiful work. (Shades of Cocoanut Grove.) Walter Garrey [*ES* 1933] has been through here several times on his way to or from Base Hospital 20 at Peleliu. I used to see Garrey in our old runs on the *Solace* from Espirita Santos (New Hebrides group) to New Zealand, when he was aboard the *U.S.S. American Legion* in the early Solomons campaign.
>
> Others who were Harvard Medical School, but not M.G.H., are our excellent Chief of Medicine, Capt. Ben Carr; our Chief of S.O.Q., about to leave for Stateside, Gene Owen; and at nearby NAMRU-2 (Nav. Med. Research Unit), Al Harris and Ken Emerson.
>
> I haven't seen Ben Tenney [*WS* 1927] since he left Mobile Hospital 5 in New Caledonia, where he always delighted me with his wisdom, but hear he was about to come out into the Pacific again this spring when his reputation as a Gynecologist found him out and he was put in charge of the Family Hospital at USNH, San Diego.
>
> Dave Halbersleben and I have worked here on chest wounds and wrote a little paper on our medical ideas. He was transferred to the *Solace* two months ago and has been enjoying her being repaired in Portland.
>
> All of the doctors out here, after experiencing the excitement of the news of the atomic bombs and Japan's setting sun, are eager to get home. Nearly all of us are reserves and want to get out of the service as soon as possible. We aren't sure we want to go back to just the same activities as before the war. We sense that enormous political changes should follow this war, are afraid their importance has not been sufficiently stressed in the press, and we wonder what parallel changes must take place in the doctors' responsibilities in practice, teaching, and research. But mostly we don't think — it is too hot and humid.

THE NEWS

No. 39 Boston, Mass. DECEMBER 1945

PATHOLOGY AND BACTERIOLOGY DEPARTMENT

Well, the old Path Lab is still doing business on Allen Street—yes, in the same antiquated structure built for James Homer Wright in 1896, just 50 years ago. The volume of work and the number of Staff and employees have grown "a bit" since then and there is now the first ray of hope that we may actually have a new building. A large building, to house not only the departments of Pathology and Bacteriology but also all the routine and research laboratories now scattered all over the hospital, is being contemplated. This would include modern animal farms and animal operating rooms. The two main obstacles in getting started are the finding of a philanthropic donor and agreement on the location.

During the past few years we have noticed that the number of surgical specimens sent to the laboratory has increased out of all proportion to the number of surgical patients admitted. In 1934 we received about 5000 specimens, and the surgical admissions to the General, Baker Memorial, and Phillips House totaled about 9000. In 1944 there were over 8500 specimens, a seventy percent increase over the 1934 figure, while the increase in surgical admissions (mostly in the Baker Memorial) was only ten to fifteen percent. The main reason for this discrepancy is the recent tendency to use diagnostic biopsies more freely. In 1934 biopsies made up only fifteen to twenty percent of the surgical specimens, whereas in 1944 they comprised about fifty percent of the specimens submitted. Two surgical specimens are now taken from many surgical patients — one a biopsy, and the other a specimen taken when the entire lesion is removed. The Radiological Department refuses, and rightly, to treat a patient until a definite diagnosis has been established by a biopsy. A large number of patients have biopsies taken while on medical wards. Now that endoscopy is used so extensively, except in cardiac, renal, and neurologic cases, most patients entering the hospital have either a bronchoscopic, esophagoscopic, peritoneoscopic, proctoscopic, or cystoscopic examination, almost always with a biopsy; and if none of these procedures is fruitful, a skin, lymph node, endometrial, cervical, or other biopsy is taken. The slogan of the Massachusetts General Hospital would seem to be, "Get a Biopsy". I do not decry this trend toward biopsies as a means of diagnosis. I believe it has produced a great improvement in the medical care of patients, and should be encouraged. The slogan might be changed to "Bigger and Better Biopsies".

The weekly C. P. C.'s, originated by Richard Cabot, continue to be popular, and during the past few years Service men stationed in and around Boston have been regular visitors. Because of the decrease in the number of our Clinical Staff, we have had to call more often on the remaining members to present the differential diagnoses and we are very grateful that they coöperated wholeheartedly. The publication of these Case Records in the *New England Journal of Medicine* means working against a "dead line" every week, and the fact that we have met this successfully is due almost wholly to the efforts "beyond the call of duty" of Miss Edith Parris. It is interesting to note that the subscriptions to the *New England Journal of Medicine* have increased during the past five years from 7,924 to over 17,000 and that a recent poll of the subscribers from the states of Connecticut, Ohio, Texas, Oregon, and Washington has shown that the Case Records is the most popular single item in the Journal.

In the summer of 1943, through the efforts of Colonel Walter Bauer, who was then Medical Consultant for the Eighth Service Command, under a grant from the Rockefeller Foundation, the Pathology Department provided the medical officers of about 100 installations in the Eighth Service Command with lantern slides of X-rays, gross specimens, and Kodachrome photomicrographs corresponding to previously published cases with which to conduct their own C. P. C.'s. This worked out so well that requests from other Service Commands forced us to ask the Rockefeller Foundation for funds to expand this project. This was immediately granted, and in the spring of 1945 we began shipping material including copies of the actual protocols for every medical officer in all nine Service Commands in this country. Thus, C. P. C.'s based on Massachusetts General Hospital cases were being conducted in most, if not all, of the Army hospitals in the country. This project is still in effect.

As in all departments, the war wrought havoc with the personnel problem. This was especially felt in the non-professional departments—secretaries, technicians, and dieners. The dieners problem was finally solved by the volunteering of a few of the "Conscientious objectors" during the periods when they were not on one of Dr. Butler's sea-water or malaria experiments.

The great loss to the professional staff was Dr. Mallory's entrance into the Service in the spring of 1943. As most of you know, he was pathologist to the Fifteenth Medical General Laboratory in Naples and served on a Medical research board investigating the Anuria problem in shock. He has just returned to this country, expects to spend a little time in Washington writing up his results, and hopes to be back with us by the first of the year.

During Dr. Mallory's absence, Dr. Sniffen and Dr. Castleman were assisted first by Dr. Mostofi, who left us after a year to enter the Army, then by Dr. Freiman, who resigned after a year because of illness, and now by Dr. Morris. Dr. Dienes and Dr. Kubik are still carrying on in their own inimitable manner.

The intern and resident situation, except for the shortening of each period from one year to nine months, has remained about the same. When Procurement and Assignment finally lets down the bar on the number of resident house staff, we are planning to increase our staff from three to six, as follows: three interns, two assistant residents, and one resident. Veterans will be eligible for any of these positions, as well as for two graduate assistantships of six months each.

Benjamin Castleman, M.D.,
Acting Chief

* * *

This fine letter speaks for itself.

Headquarters
Mediterranean Theater of Operations
United States Army
October 16, 1945

AG 201.22/034-P
SUBJECT: Commendation
TO: The Chairman of the Board of Trustees
Massachusetts General Hospital, Boston, Mass.

With the inactivation of the Sixth General Hospital after long overseas service in this command, it is fitting to extend to the Board of Trustees and the Staff of the Massachusetts General Hospital appreciation and commendation of this unit.

Established at Casablanca in the early phases of the North African Campaign the Sixth General Hospital formed the nucleus of medical service in Atlantic Base Section, North African Theater of Operations. The busy period at Rome and the subsequent establishment at Bologna continued to demonstrate the high standards of professional work maintained by its competent officers.

Credit is reflected on the officers and nurses of the Sixth General Hospital as individuals; the unit as a whole has brought great credit to the Massachusetts General Hospital.

Joseph T. McNarney
General, USA
Commanding

Here are the names of those employees who received pins on Ether Day
for ten years or more of service at the Hospital:

10-19 years employed

ACCOUNTING DEPT.
HERNAN, FRANCIS M.
Bleiler, Helen
Cleary, Anna
Maguire, Norma
Monier, Georgiana
O'Leary, Margaret
Paolucci, Louise
Savels, Elizabeth
Slauenwhite, Olive
Staehli, Louise

DIETARY - GENERAL
FLOYD, MARION D.
Cloutier, Stephanie
Connolly, Thomas
Davock, Edward
Fulmer, Bertha
Gallagher, Patrick
Harrigan, Catherine
Kavanaugh, Charles
McKinnon, Florence
Pearlstein, Jennie
Rice, Walter
Rodman, B. J.
Weyand, Kenneth

DIETARY - BAKER
Anastas, Peter
Dickson, Anna
Lanceano, Patrick
Marks, Reginald
McGuiness, Mary
McLaughlin, Katherine

GENERAL & BAKER HOUSEKEEPING
Andonian, Peter
Attarian, John
Berry, Peter
Bowyer, Jane
Boyajain, Michael
Crowley, Bridget
Derogian, Boghas
Derogian, Tateos
Duthie, Alex
Hanley, Mary E.
Holland, Isabella
Morton, Ellen A.
Osganian, Jack
Presti, Michael

HOUSEKEEPING - PHILLIPS HOUSE
GOLDSMITH, MARY
Felch, Lewis
Haskell, Agnes
Mackay, Donald
Mathieson, Mina
Robinson, Gladys
Rossi, Eugene

HOUSEKEEPING - O.P.D.
MARTIN, CAROLINE A.
Brogna, Sabina
Findlay, Mabel
Norander, Mary
Pariseau, Delia

INFORMATION - GENERAL
Crocker, Rachel

INFORMATION - BAKER
CUSHING, HELEN
Herdman, Annabel
Storke, Louise

LAUNDRY
KNIGHT, JOHN E.
Callahan, Joseph
Kelly, Margaret
MacDougall, Michael
Marshall, Louise
Perry, Lauretta

LINEN CONTROL
Cook, Helen S.
Keohane, John

MAINTENANCE
KINSMAN, RAYMOND V.
Blanco, Michele
Burk, Walter
Butters, Edward
Cannarozzo, Guiseppe
Downs, Donald
Frawley, George
Halenan, Eddie
Hamilton, George E.
Ingerson, Charles
MacQuarrie, Frank
Maggiotta, Ignazzio
Monahan, John V.
Mower, Allen G.
Oakley, Lindsey
Wait, Albert F.
Waite, Herbert T.

MEDICAL ARTIST
McLATCHIE, MURIEL P.

GENERAL NURSING NON-NURSES
Abercrombie, Mary
Cloutier, Wilfred
Digregorio, John
Green, Charlotte
Maloney, Mary
Odian, Charles
Paradise, Caroline
Sawyer, Helen
Sullivan, Margaret
Walker, Custer

GENERAL NURSING NURSES
(Includes OPD nurses)
Baker, Helen
Corkum, Adele
Daly, Helen
French, Helen
Grady, Frances
Kennedy, Mary I.
Lane, Margaret
MacCleave, Maretta
Mekkelsen, Christine
Phillips, Alma Cady
Sinclair, Ruth
SLEEPER, RUTH
Zambon, Enes

BAKER NURSING NON-NURSES
McKay, Josephine
Sawyer, Martha
Smith, Bertha

BAKER NURSING NURSES
GRIFFIN, ANNA
Carr, Mary
Lifergren, Sarah
MacNair, W. J.
Poules, Ruth
Reid, Catherine
Sherman, Grace
Svenson, Estelle
Vanderschurr, Hendrika
Woodworth, Helen

PHILLIPS HOUSE NURSING NON-NURSES
DeRosa, Mary

PHILLIPS HOUSE NURSING NURSES
Braman, Constance
Cartwright, Mildred
Kuhn, Florence
Logan, Kathleen
Loomis, Mary M.

OUT-PATIENT DEPT.
(OPD Housekeeping with other Housekeeping Depts. — Nurses with G.H. Nurses)
Farley, Vincent
Farmer, Thelma
Peck, Lillian
Ringrose, G.

OCCUPATIONAL THERAPY
MORSE, LUCY G.

ORTHOPEDIC WORKSHOP
BUSCHENFELDT, KARL W.
Clubb, William
Fornell, Samuel

PHARMACY
MURPHY, JOHN T.
McLaughlin, Eileen
Savels, Martha
Simonelli, Jerry

RECORD ROOM
Harrington, Eleanor
Harrison, Frances
Martin, Rose

SECRETARIES - ADMINISTRATION
Devine, Gertrude
Flynn, Lyla P.

SOCIAL SERVICE NON-SOCIAL WORKERS
Bunker, Miriam
Hawes, Ethel

SOCIAL WORKERS
Barbour, Josephine
Bauer, Helena M.
Duguid, Isobel V.
Foster, Katherine
Jewett, Natalie
Russell, Laura B.
Stephen, Edith

SURGICAL INSTRUMENT SHOP
Althausen, Carl

TELEPHONE
Foley, Mary
Gibson, Alice
Higgins, Catherine
McDonald, Jennie
Sterritt, Grace

X-RAY - NON-NURSES
Galvin, Kathleen
Merrill, Oliver
Murphy, Francis
Noonan, Mildred
Ruby, Doris

BAKER LABORATORY
Harpel, Jeanette R.
WOOD, ELLEN

ELECTROCARDIOGRAPHIC
Wheeler, Elizabeth

METABOLISM
Guardo, Ann

NEUROLOGY
Grzebieniowska, Eulalia

PATHOLOGY
Burke, Marguerite

TREASURER'S OFFICE
Bruton, Geraldine C.
McCormick, Anna E.

20-29 years employed

DIETARY - GENERAL
Keating, John
Vickery, Florence

DIETARY - BAKER
Haselwander, Hans

FRACTURE CLINIC
Maloney, Mary

GENERAL & BAKER HOUSEKEEPING
Abdul, Kachadoor
Doherty, Margaret
Eghigean, Nishan
LaCroix, Stella
McGuinness, Celia
Moorad, John
Walters, John

INFORMATION - BAKER
Kellog, Fred

LAUNDRY
Carr, Edith

MAINTENANCE
Beckman, William
Foster, Alfred
Holahan, Philip
McCahill, James
Maggiotta, Anthony

GENERAL NURSING NON-NURSES
Boyle, Francis
Morris, Michael

GENERAL NURSING NURSES
(Includes OPD nurses)
JOHNSON, SALLY
CAMPBELL, ELSPETH

PHILLIPS HOUSE NURSING-NURSES
STEVENS, ALVIRA B.
Carleton, Catherine
Dunn, Agnes V.
Howell, Zylpha
Lynch, Annie G.

OUT-PATIENT DEPT.
(OPD Housekeeping with other Housekeeping Depts.—Nurses with G.H. Nurses)
Eggleston, Frank
Ianelli, Beatrice
Romero, Mary

ORTHOPEDIC WORKSHOP
King, Abraham

PURCHASING & STORES ACCOUNTING
Lorden, Nora
Wagner, Mathilda

RECORD ROOM
Corbett, Laura
Deery, Mary E.
Joyce, Margaret
Stewart, Esther

SECRETARIES-ADMINISTRATION
McLaughlin, Anna R.

SOCIAL SERVICE NON-SOCIAL WORKERS
Glynn, Winifred

SOCIAL WORKERS
Bartlett, Harriet M.
Terry, Edith M.

TELEPHONE
HARRINGTON, ALICE
Emerson, Catherine
Minnaugh, Esther

UPPER STORE
Hague, John

X-RAY - NON-NURSES
Sherlock, James
Wright, Philip

LABORATORIES ALLERGY
Scully, Margaret

PATHOLOGY
PARRIS, EDITH

30-39 years employed

AMBULANCE
Gamble, Percy

ACCOUNTING DEPT.
MacPherson, Sarah

DIETARY - GENERAL
Dowd, James

GENERAL & BAKER HOUSEKEEPING
DONOVAN, KATHERINE
McPhee, Sarah
Spencer, Emma

INFORMATION - GENERAL
Connor, Alexander

LINEN CONTROL
Dacey, Mary

MAINTENANCE
Nielson, Hans
Parsons, Justin

GENERAL NURSING NON-NURSES
Kilcoyne, Patrick

GENERAL NURSING NURSES
(Includes OPD nurses)
Fraser, Nancy

OUT-PATIENT DEPT.
(OPD Housekeeping with other Housekeeping Depts. - Nurses with G.H. Nurses)
Maver, Albert E.

SOCIAL SERVICE SOCIAL WORKERS
CANNON, IDA M.

SURGICAL INSTRUMENT SHOP
RAUH, GEORGE

X-RAY - NON-NURSES
McCallion, Madge

40-49 years employed

RECORD ROOM
CHASE, GENEVIEVE

50 years or over employed

Phillips House Nursing Non-Nurses
HENDERSON, ROBERT

Upper Store
FRANKSON, ERIC

Dr. Edwin J. Kepler, Physician to the Mayo Clinic and Associate Professor of Medicine at the University of Minnesota, is spending a semi-sabbatical year at M.G.H. He has been appointed Physician pro tem to the hospital, and a Visiting Lecturer at the Harvard Medical School.

Dr. Kepler has been here before and is well known to the Medical Staff. He has made important contributions to the study of endocrinology, and his special knowledge in that field will make him very valuable to us, both in our research and in our teaching. It is very gratifying that Dr. Kepler elected to come here to spend his period of leave from Rochester.

* * *

A lectureship has been established at Johns Hopkins Hospital as a memorial to Miss Margaret S. Brogden, a graduate of their School of Nursing and Director of their Social Service Department from 1909 to 1931. To quote from their program folder:

"Under the terms of the memorial, eminent speakers will be invited to discuss the social aspects of medical services in the care of the patient."

On October 22 Dr. Means delivered the memorial lecture. His subject was "The clinical teaching of social medicine".

* * *

Capt. George F. Emerson, MC, AAF (*ES* 1939) stopped in at the NEWS office the other day. He had been on sick leave and was soon to return to his same assignment in San Antonio. As he put it, "I have fought the war for three years, in one place, on the same ward."

"Is THE NEWS going to continue now that the war is over and our men are coming back?"

That question has been asked so often it seems advisable to make this announcement. The answer is YES.

Countless letters during the past year or more have urged the continuance of the paper. The following is a typical example. It came from a 1925 alumnus who is out in the Pacific.

> I have been giving a lot of thought to the future of THE NEWS. I am sure you would be interested in what some of us are thinking along that line. In the first place, THE NEWS has been one of the nicest experiences of this war for me. It has enabled me to contact a good many friends I had not seen or heard of for many years. It has told me of other old friends whose paths did not cross mine. In the department reports it has given me an inkling of what was going on in the hospital. It would be a crime to let such a wonderful medium of contact die with the end of the war. It can be just as useful during peacetime in keeping our big family together as it has been in wartime. It can be of further service to those of us who are seldom permitted to return to the hospital. I am thinking of the tremendous amount of scientific progress that is constantly going on at the M.G.H. It is hard for those of us not there to keep abreast of what you are doing. It would be wonderful to have the departments enlarge their reports to cover the results of the many projects going on at the hospital and to evaluate them for us, and to give us the references to all the papers published by members of the Staff so we can know what you are doing. I can visualize a tremendously valuable organ for the perpetuation of the great MGH family. Let's not miss the opportunity.

It is reasonable to expect that THE NEWS will gradually assume a different tone when all your letters contain accounts of your professional interests, achievements, and problems instead of reports of your wartime experiences; and besides fulfilling the above function as a sort of clearing-house for your general correspondence, THE NEWS will take on more of the features of an intramural publication—all of which should be of great interest to every alumnus, wherever he might be.

Yes, THE NEWS is going to continue. As one who is very well known by every MGH-er put it the other day, "Why, I believe our Staff and alumni would rise in protest — almost to a man — if we should suggest such an idea as stopping THE NEWS."

For your consideration:

Long before the war ended, there came from all quarters of the globe proposals that a bound volume of all the Newses, up to date, be published. Various suggestions regarding its format have been submitted, many of which have been incorporated into a tentative plan for the book. At the moment, it seems as if this first volume might end with an issue three or four months from now, at which time we hope most of our men will have returned from overseas. There will be a dedicatory page, a foreword, some special illustrations, and a really useful and complete index of both authors and those mentioned in letters by the writers. The main body of the volume would run to approximately 270 pages. It would be a photostatic reproduction, bound in cloth. A fairly close estimate as to the actual cost of publication is $3.50 or $4.00 per book on a thousand-copy issue.

Many of our readers feel that this month-by-month account of the scientific contributions of our Staff and alumni to World War II and the participation of MGH-ers in military activities all over the world produce, when assembled in consecutive order, a cumulative effect too valuable to lose.

For obvious reasons, it will be necessary to carry the plan on a subscription basis. If you are interested in having such a book, please address your desire to THE NEWS. As soon as enough subscriptions are received to warrant the issue, the plan will be launched.

At their meetings on October 5 and 19 and November 2, the Board of Trustees voted:

To accede to Dr. J. Dellinger Barney's wishes that he be relieved of his duties in the Urological Out-Patient Department and to express the thanks of the Trustees and the General Executive Committee for his assistance during the war period;

To accept with regret the resignations of Dr. Champ Lyons, Dr. R. Bretny Miller, and Dr. Carl S. Sawyer.

To appoint:

- Dr. Charles H. Burnett as Chief Medical Resident, effective as of December 1 or 15, depending on his release from the Army;
- Dr. Davis W. Compton as Resident in Anesthesia, beginning November 1;
- Dr. Daniel S. Ellis as Assistant in Medicine;
- Dr. John J. Rupp as Assistant Resident in Anesthesia, beginning April 1, 1946;
- Dr. John B. Stanbury as Resident on the Medical Service, beginning January 1, 1946;
- Dr. Beverly Todd Towery as Resident on the Medical Service, for nine months beginning January 1, 1946;
- Dr. William A. Weiss as Senior Fellow in Anesthesia, effective November 1, and Dr. Gerald Shortz as a Fellow in Anesthesia, beginning December 1.

The Trustees also voted:

To create the positions of Maxillofacial Prosthetist and Periodontist and to appoint Drs. Henry J. Carney and Henry M. Goldman, respectively, to these positions;

To create a new title of Physician pro tem and to appoint Dr. Edwin J. Kepler to the position.

The General Executive Committee, at their meetings during October and on November 7, voted to appoint:

- Dr. Jane B. Cadbury as Graduate Assistant on the Children's Medical Service for a period of six months, effective as of September 24;
- Dr. Jacques A. Carlotti as Clinical Fellow to work with Dr. Paul White;
- Drs. Hugh Macdonald, Harry B. Miller, and James L. Spencer as Graduate Assistants in Dermatology.

The General Executive Committee voted to reappoint:

- Dr. James H. Currens as Graduate Assistant, assigned to the Syphilis Clinic;
- Dr. Clarke Staples as Graduate Assistant in Surgery.

The General Executive Committee report the return to the Staff of the following men, as of the dates given:

Dr. Marshall K. Bartlett, Assistant Surgeon	Nov. 1
Dr. Henry K. Beecher, Anesthetist	Oct. 3
Dr. Richard J. Clark, Assistant in Medicine	Dec. 1
Dr. Milton H. Clifford, Assistant Physician	Nov. 10
Dr. Walter E. Garrey, Assistant in Surgery	Oct. 11
Dr. James A. Halsted, Assistant in Medicine	Nov. 19
Dr. T. Stewart Hamilton, Assistant Director	Dec. 1
Dr. Sylvester B. Kelley, Associate Visiting Urologist	Nov. 1
Dr. Alfred Kranes, Assistant Physician	Nov. 1
Dr. James R. Lingley, Radiologist	Dec. 1
Dr. George A. Marks, Assistant in Surgery	Dec. 1
Dr. Spiros P. Sarris, Assistant in Surgery	Oct. 15
Dr. Somers H. Sturgis, Assistant Surgeon	Jan. 1
Dr. Richard H. Thompson, Assistant in Surgery	Oct. 11
Dr. William T. S. Thorndike, Assistant Director	Dec. 1
Dr. Howard Ulfelder, Assistant in Surgery	Nov. 1
Dr. Claude E. Welch, Assistant Surgeon	Oct. 22

In addition to the citations already mentioned in THE NEWS, the following have been received:—

Lt. Col. Milton H. Clifford, MC (*a.p.*)—Bronze Star Medal . . . for meritorious service in support of military operations against the enemy from 20 April 1945 to 11 May 1945 as Commanding Officer of a Station Hospital on Morotai, Netherlands East Indies. During this period, Lieutenant Colonel Clifford was responsible for the treatment and early return to duty of all sick, injured and wounded personnel on Morotai and adjacent islands. Although faced with a critical shortage of trained medical personnel and an unusually heavy influx of patients, a condition aggravated by the departure of the only other hospital from the base, Lieutenant Colonel Clifford, by the closest personal supervision, unselfish devotion to duty, and superior professional ability, was able to provide such efficient medical service that his installation returned an unusually high number of patients to duty in support of or in direct combat operations against the enemy. . . .

Col. Richard Collins, Jr., GSC (*ES* 1933)—Legion of Merit, Officer of the Order of the British Empire (OBE), Croix de Guerre with palm

Capt. Somers H. Sturgis, MC, AUS (*ES* 1933)—Bronze Star Medal . . . for meritorious achievement in connection with military operations in North Africa and Italy from 24 March 1943 to 8 May 1945. Captain Sturgis, an accomplished plastic surgeon in the Surgical Service of the 6th General Hospital, contributed much to the furtherance of this all important war specialty in the Mediterranean Theater. In 1943, with another officer, he toured North Africa studying the treatment of maxillofacial wounds and injuries and as a result of his work on this tour was able to submit a comprehensive report upon this type of case. Subsequently, in a series of articles he skillfully summarized his experiences with a large group of patients with maxillofacial wounds and injuries. In addition Captain Sturgis reported upon wounds and wound-healing and, in February 1945, read a paper before the Royal Army Medical Corps. His keen observation and painstaking care in reporting resulted in valuable contributions to vitally important phases of war-time surgery. . . .

Capt. Stanley M. Wyman, MC, AUS (*a.r.p. R* 1941) — Bronze Star Medal . . . for meritorious services in support of combat operations from 15 January to 29 April 1945, in Italy. Captain Wyman rendered outstanding services as a radiologist with a field hospital. Displaying great ingenuity and technical skill, he completely reorganized the x-ray department, expanded the functional and diagnostic facilities and designed innumerable ingenious devices and technical medical apparatus to promote the effective treatment of patients. The resourcefulness and thorough technical knowledge of Captain Wyman contributed immeasurably to the efficiency of the field hospital, reflecting great credit upon himself and the Medical Corps. . . .

* * *

New addresses:—

Col. F. Dennette Adams, MC (*WM* 1918), Office of the Service Command Surgeon, Headquarters Fourth Service Command, Post Office Bldg., Atlanta 3, Ga.
Major John C. Angley, MC (*a. M*), Surgeon's Office, CAF Hdqrs., Bolling Field 20, D. C.
Capt. Donald V. Baker, Jr., MC, AUS (*ES* 1943), 15 Brown St., Cambridge, Mass.
Capt. Russel L. Baker, MC, AUS (*r.p. N* 1943), A.S.F. Reg. Sta. Hospital, Fort Ord, Cal.
Lt. Richard Barton, MC, USNR (*Oto-Lar.* 1945), Route 1, Box 330, Vista, Cal.
Lt. Ronald C. Bishop, MC, AUS (*M* 1945), Separation Center, Fort Knox, Ky.
Capt. Lemuel Bowden, MC, AUS (*ES* 1940), Station Hospital, 810th A.A.F.B.U., Laurinburg-Maxton A.A.B., Maxton, N. C.
Major Charles B. Burbank, MC (*WS* 1939), 42nd General Hospital, APO 503, c/o Postmaster, San Francisco, Cal.
Lt. James D. Clement, Jr., MC, AUS (*WS* 1944), Hdqrs. Co., 1st Bn., Separation Center "A", Camp Atterbury, Ind.
Dr. Lewis Cozen (*Or.* 1938), 2007 Wilshire Blvd., Los Angeles, Cal.
Lt. Comdr. Charles C. Derrick, MC (*P* 1940 & *EM* 1942), U.S. Naval Special Hospital, Springfield 9, Mass.
Major Gaston N. Duclos, MC (*Oto-Lar.* 1943 & *Oph.* 1945), Canadian Army, E.E.&T. Consultant, #12 District Depot, Officers' Mess, Regina, Saskatchewan.
Capt. James M. Faulkner, MC, USNR (*EM* 1925), 262 Beacon St., Boston, Mass.
Pfc Donald Giberson, 297 Cambridge St., Boston, Mass.
Dr. John P. Monks (*WM* 1931), Bedford Road, Lincoln, Mass.
Lt. Homer D. Peabody, Jr., MC, AUS (*M*), Gardiner General Hospital, Chicago, Ill.
Dr. Richard L. Pearse (*ES* 1934), c/o A. S. Pearse, Route 3, Durham, N. C.
Lt. John H. Peters, MC, USNR (*WM* 1943), U.S. Naval Hospital, Dublin, Ga.
Capt. Thomas S. Risley, MC, AUS (*ES* 1942), 24 West Ogden Ave., Hinsdale, Ill.
Lt. Col. Fiorindo A. Simeone, MC (*WS* 1936) Office of Surgeon General, Room 1115, 1818 H Street, N.W., Washington, D. C.
Asst. Surg. John W. Smillie (*ES* 1944), Nutrition Investigations — U.S. Public Health Service, 300 1/2 Broad St., Albany, Ga.
Lt. Col. Milton S. Thompson, MC (*Or.* 1934), Chief, Orthopedic Branch, McCloskey General Hospital, Temple, Tex.
Lt. Frank C. Wheelock, Jr., MC, AUS (*ES* 1943), Walter Reed General Hospital, Washington, D. C.
Major Richard G. Whiting, MC (*a. M*), U.S Army General Hospital, Camp Butner, N. C.

Brief bits:—

Capt. W. Philip Giddings, MC, AUS (*WS* 1939) is back home.

Capt. Lawrence B. Hobson, MC, AUS (*M* 1944) stopped in at the office of THE NEWS the other day. He is still doing research work in the Medical Division, Office of the Chief, Chemical Warfare Service, Edgewood Arsenal, Md.

MASSACHUSETTS EYE & EAR INFIRMARY

HOLIDAY GREETINGS TO ALL!

The Christmas Season has come again. The war is over. "Peace on Earth Good Will to Men" seems, perhaps, a trifle nearer to fulfillment than it did a year ago.

To those who are still in military service, our thoughts are with you and it is our sincere hope that you will be back with your families and friends in the very near future.

To those who are "Civilians" again, we extend our congratulations and wish you Happy Holidays with your families.

To each one, whether near or far away —MERRY CHRISTMAS!

* * *

The following men are back or are expected back early in December:

Ophthalmological Service
Garrett L. Sullivan (*Oph.* 1938)
H. Frederick Stephens (*Oph.* 1939)
Lawrence R. Dame (*clin. a. Oph.*)
**Earl S. Seale (*Oph.* 1940)
*Warren W. LaPierre
*Donald O. Howard
**S. Forrest Martin (*Oph.* 1938)

Oto-Laryngological Service
John R. Frazee (*Oto-Lar.* 1934)
Charles I. Johnson (*Oto-Lar.* 1929)
*Richard R. Goldcamp (*r. Oto-Lar.* 1943)
Edward F. Lawlor (*Oto-Lar.* 1941)
Robert G. Snow (*Oto-Lar.* 1940)
* Expect to return to complete residency
** On the way home

* * *

It was nice to see Dr. J. Thomas Schnebly (*Oph.* 1938). He came to get a few pointers on how we do things at the Eye and Ear before resuming his practice in Washington, D.C.

During his military service he was lucky at first to be assigned to eye work at the Walter Reed General Hospital, but later paid for his good fortune by serving 18 months in Greenland "in what is probably the only U.S. Army Hospital north of the Arctic Circle". While there he had his own Eskimo dog team which, as he said, was all he needed to practise successfully.

We have received word that Major Joseph A. Clough (*Oto-Lar.* 1939 & *Oph.* 1941) is about to be separated from the Army after serving 20 months in Iceland and 23½ in England. Last year he was assigned to the 160th General Hospital in England.

Following is an excerpt from a letter received by Dr. Cogan from Lt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 & *Oto-Lar.* 1944).

My Army experience since leaving the Infirmary has been varied, but hardly valuable from an ophthalmic point of view. My first assignment of approximately five months at Deshon General Hospital in Butler, Pennsylvania, where I had 140 patients under my constant, and often bewildered, care, made me an Orthopedic Surgeon. From there I went to Borden General Hospital in Chickasha, Oklahoma, where I put in four quite valuable months doing aural rehabilitation work and learning things about deafness you actually don't learn in a civilian institution. Then I came to this garden spot of the universe—Narsarssuak, Greenland, the main Air Base on this island. What I have been doing here is quite amazing. I do all the EENT, including any consultations, on the many dogs which are kept here for use in dog sled rescue work on the icecap. By the way, canine ocular tissues are a lot tougher than those of humans—a fact you probably learned long ago. In addition, I do the orthopedics, the GU work, half of the general surgery, half of the anesthesia, about one-quarter of the administration, approximately one-sixteenth of the pharmacy, but a fairly respectable percentage of the griping. I am also the LMD for the Eskimo village across the fjord and have had a few interesting experiences there. These Eskimos are wonderful patients—no hypochondriacs, no neurotics, no questioning your medical judgment, but also no speak English, which reduces history-taking to an irreducible minimum.

Greenland is a truly wonderful place geographically. We are confronted by a fjord full of icebergs, mountains on all sides, and a glacier at our backs. However, the climate is very stimulating and I have become an amateur mountain climber here.

I hope to return to the Infirmary for a few months' refresher course of some kind. I'll sure need it.

Remember me to all.

Capt. Henry A. Mosher, MC, AUS (*Oph.* 1941) has written this interesting letter to Miss Robertson. Captain Mosher is with the 227th General Hospital, APO 772, c/o Postmaster, New York, N. Y.

Our unit was stationed near Reims when we first set up in France in March. We had three busy months during the Battle of the Rhine and the Battle of Germany, receiving wounded by air evacuation from the front lines. We were so far back there was no personal hazard or glamor, but the work there was interesting and worth while.

We were shifted to a staging area near Marseille in August and were set to go directly to the Orient when V-J Day came along, much to our great relief. We hoped good fortune would send us to the U.S.A., since we were all ready to sail, but our sailing date was canceled and we were assigned to take over a hospital in Marseille.

We have been located here for the past month serving troops who are stationed near here and in the staging area. It is a dirty, tough old city and our quarters are none too good, but we are having a chance to see a new and interesting part of France.

I enjoyed three weeks in England this summer attending a course in Ophthalmology given at Oxford University for a group of American officers. Lt. Col. Garrett Sullivan was one of those attending the course and it was fun to see him again. He gave us a lecture on cataract surgery that we all enjoyed very much.

The big question in the mind of every soldier overseas is, "When am I going home?" I'm no exception to the rule, but the bulletins on that subject change so frequently the answer is largely a matter of speculation. The time can't come too soon to suit me. When I do return, I hope the port will be Boston and that I'll again have a chance to see you and my other friends at the Infirmary.

The following men have appeared at the Hospital recently. We have enjoyed their visits at the NEWS office *so* much, and regret that it is not possible, because of lack of space, to publish their many interesting stories of overseas experiences. All such accounts, however, are being filed with our World War II records.

Lt. William J. Baker, MC, USNR (*WS* 1943)
Major Lowrey F. Davenport, MC (*a. M*)
Major Ward I. Gregg, MC (*WS* 1935)
Lt. Terry E. Lilly, Jr., MC, USNR (*ES* 1943)
Lt. Col. Tracy B. Mallory, MC (*Chief of Pathology*)
Lt. Col. Charles G. Mixter, Jr., MC (*WS* 1940)
Dr. Lloyd S. Saltus (*CM* 1938)
Dr. William Martindale Shedden (*ES* 1920)
Major O. Sherwin Staples (*Or.* 1938)
Dr. Somers H. Sturgis (*ES* 1933)
Lt. Comdr. Arthur T. Willetts, MC (*r. U* 1941)

Although Lt. Col. Harold H. Hamilton, MC (*r.s. PH* 1933) may arrive home before this letter can be published, what he says is much too interesting to be forfeited on that account. In fact, we're thinking of starting an "In retrospect" column so that many such letters may not be lost to our readers. From Bad Wildungen, Germany, Colonel Hamilton writes:—

I am happy to be able to send you a new address—70 Court St., Plymouth, Mass. For on this day I have that little piece of paper in my hand that starts me back home.

My old outfit, the 113th Evac., is still servicing the Army of Occupation, one of our post-V-E Day functions having been a 50-day run in Berlin, to include the Big Three Conference. We serviced the 2nd Armored, and later the 82nd Airborne Division there, along with V.I.P.'s, Russians, French, Displaced Personnel, etc. One of my best patients while there was Col. R Ammi Cutter, a good Bostonian. Through no fault of his, he had stopped a 45 calibre bullet with his leg. This incident went far to reduce accidental shootings in Berlin, which up to that time had been occurring at the rate of one per day, despite all the warnings and pleas we could bring to bear. An order soon came out, following Colonel Cutter's hard luck, that removed side-arms from our troops, except when on certain duties. Citizens of the USA are going to be shocked when it becomes known how many of our GI's have accidentally shot themselves or others with "souvenir" weapons. We have had close to 200 such cases on our service since V-E Day. Each GI is allowed to bring one pistol home with him, and I fear it won't be held down to that, so an alert to the home surgeons to be ready to handle bullet holes in the home folks, at times other than deer season, is hereby rendered. We have found the P-38, a German automatic pistol, to be the commonest offender.

Morale is high in my new outfit—the 91st Evac. This is not surprising, as they are alerted to go home. They are an old-line organization, with few of the original personnel remaining. The 113th, and others whom we leave here to service the 3rd Infantry Division and 23rd Corps Headquarters, do not smile so broadly. However, they are comfortably quartered in this little resort town down in the mountains, with excellent hunting available only a few miles away. Some of us have recently had some very exciting times in this line of sport. We have a wild pig hunt scheduled in another day or so. (I should hasten to add that we have a good hospital installation, in which we work sometimes.)

Now I believe I have said enough so that we shall have applicants for ETO medical jobs over from the States. There are plenty of medical officers here who will give way.

I have not heard from [Capt.] Clarke Staples [*gr. asst. S* 1942] for a long time, but when he last wrote he had survived a good bombing down in Burma, which blew away all his equipment and wounded him slightly. I was very pleased to read about [Capt.] D. Crosby Greene [*CM* 1940] — a made-over pediatrician and one of the best Ward Surgeons I ever had.

A few days later this letter came from Colonel Hamilton.

The October copy of THE NEWS came today, and I read with pleasure the list of decorations on old classmates like Jack Frazee and Jim Halsted.

As an addendum to my letter of a few days ago—I received a Bronze Star Medal while doing some work for the 113th Evacuation Hospital in Ninth Army. No, it did not come out of a package of K Rations, and 5 points can be something mighty important under certain conditions. This 5-point beauty dropped me out of the Army of Occupation into category IV; and, although we seem to be getting nowhere fast, we have the pleasure of knowing we are earmarked to get back to the USA some day when boats begin to travel again.

Your efforts in furnishing us with THE NEWS these past years have been greatly appreciated.

The last letter we had from Lt. Col. Donald McNeil, MC (*Or.* 1930) was written "under a leaky roof somewhere in France". This one, from Stuttgart, Germany says:—

Our hospital has been the recipient of a letter of commendation from the Commanding General of the XXI Corps for our work during the campaign for the Calmar Pocket, and recently has been presented with the Meritorious Service Plaque for our work in France and Germany. As I was responsible for starting the 51st Hospital I feel now that it wasn't such a bad idea, altho at times in the past I often wondered.

Many thanks for sending THE NEWS. It really means a great deal. Please keep it up after we all go home.

P.S. Incidentally, all members of our hospital wear four Battle Stars—Rome Arno, Southern France, the Rhineland, and Central Europe.

This fine letter — long awaited — has come from Col. Richard Collins, Jr., G.S.C. (*ES* 1933).

I am well aware of my deficiencies as a letter writer, but I was more than shaken to have it called to my attention that I had neglected THE NEWS for such a long period of time.

In January 1943 I was S-3 of the Artillery of the 87th Infantry Division and was freezing quietly in the so-called Sunny South. Much has happened since then, I must confess. Throughout that spring I labored mightily with training programs and schedules for the Artillery and had the keen satisfaction of seeing green selectees become soldiers. In the summer I was sent to the Command and General Staff School at Fort Leavenworth, where I spent two of the hottest months I have ever endured. I then returned to the Division as acting Executive Officer of the Division Artillery. That was my last experience as an artilleryman.

In the fall of '43 I went to Washington and spent nearly two months in the War Department and associated installations getting indoctrinated for a new job. I arrived in London early in December and was assigned to the G-2 (Intelligence) Division of what was then known as COSSAC and later became SHAEF. My experience on that assignment was the most interesting imaginable, but very little, if anything, can be said about it even at this time. It was a ringside seat for the greatest military venture that Europe has seen. All of us connected with it lived for months, knowing what was to come and ever fearful that through some inadvertence we would let the cat out of the bag. It made hermits of most of us. Even now I find it difficult and unnatural to tell anyone what I am doing or going to do, or where I am or where I am going.

By the time the combined command was dissolved and our long and close association with our British allies was brought to an end, I had been Deputy Head of the Operational Intelligence Subdivision for about six months. Many of us on both sides were sorry and uneasy that a partnership which had produced such results in war should have to be terminated before the even more staggering problems of peace were solved.

Since that time, I have been head of a Branch in the Office of the Director of Intelligence in the US Group Control Council. This has been much less exciting and much less interesting, but the problems to be faced are more difficult and complex than those of war. At present we are in Berlin. We are comfortably housed and messed. The opportunities for recreation are limited. We live scattered about among the Germans, which seems a bit fantastic so few months after the end of the war. There has been no trouble so far, but one wonders what the winter will bring. The individual German is beaten. He is a cringing sycophant. You cannot find one among them who has ever been a Nazi. They have denied their lord and master, Hitler. It is a revolting sight. They are working hard now to drum up sympathy, and are doing well at it. The impressionable and uninformed among us are being taken in. We need a lot of hard headed men over here who know what the score is and can be relied upon to pursue the proper course with energy and resolution.

I can say nothing at present of my plans for the future. That will have to wait. I am not involved in the present mad and uncontrolled stampede out of the Army which Congress and the press have imposed upon the War Department. It is making it very difficult for those of us who stay on for a bit to get things started.

I picked up a few extras, which help the point score, namely: The Legion of Merit, Officer of the Order of the British Empire (OBE), and the Croix de Guerre with palm. All of these reflect much more credit upon my loyal and hard-working subordinates than they do upon myself.

Please give my best regards to all my friends at the Hospital. I am looking forward to seeing them all one day. I have seen very few during the course of the war as there was little chance of our paths meeting. The last were Walter Bauer and Dutch Ludwig in Paris last spring.

Lt. James E. Conley, MC, USNR (*WS* 1941) is on the *U.S.S. Southampton,* out in Pacific waters. We appreciate what he says about THE NEWS and are glad he included a paragraph more or less about himself. We wish he'd write us a long letter soon, for his experiences must have been exciting.

My sincere appreciation for sending me THE NEWS. It has proven to be one of the most scintillating sources of information during my three years in the Navy. Even several "foreigners" encountered out in the Pacific, who had interned at Brigham or Boston City Hospital from my medical school class, have betrayed thorough familiarity with the M.G.H. News.

I saw [Lt. Comdr.] John L. Wilson [*ES* 1940] on Guam before he was to fly to Japan for duty with the Navy Air Transport Service there.

I have had the good fortune to climax my Navy career with a trip to Japan with occupation troops. Now I feel like a blustering

Lt. Col. Frederick K. Poulin, DC (*Dn.* 1942) receiving the Bronze Star Medal from Brig. Gen. Charles T. Myers, Commanding General of the Twelfth Air Force

browbeater for having participated, even in a small way, in giving these primitive aborigines such an unmerciful beating. Even the little black "Joes" encountered in the jungles of the Solomons seemed to live on a higher plane of civilization than the rural Japs.

It is my hope that The News can continue in peace, as in war, to give us who may establish outside of Boston "little known facts about well known people".

Lt. Lytt I. Gardner, MC, AUS (*CM* 1944) is another "first time-er". He covers a good deal of territory in a few words.

I have been redeployed directly from Europe to Manila. Previously I had been with the 2nd Auxiliary Surgical Group in Italy as a shock officer, working in field hospital platoons. During that service I enjoyed seeing and working with Colonel Beecher, Major "Spike" Sarris, and Capt. Phil Giddings. After V-E Day I had an opportunity to work for several weeks in a German General Hospital in the Italian Alps, where we saw many interesting cases of diphtheria and an apparently new sort of nephritis called "feldnephritis" by the Germans.

Here in Manila we are taking care of British patients who were captured by the Japs at Singapore. They have every deficiency disease known, and a few new ones. It is a great pleasure to see these fellows gain a pound or more per day.

Very best regards to all.

Lt. Harry A. Bliss, MC, USNR (*M*) has sent a brief note. We hope for a real letter soon. He writes:—

After being a transient and hence doing very little of anything for several weeks, I have been assigned to the 119th N.C.B. (a Seabee Unit) in Manila. Along with Porter Jewett [*Oph.* 1945] I've been at the Receiving Station on Samar Island in the Philippines for the past three weeks.

The sun shines pretty fiercely, and I'm pining for one of your New England autumns.

Col. Horatio Rogers, MC (*ES* 1925) could hardly be accused of garrulity—at least, as far as writing to The News is concerned. Therefore, it is good to have this note from him, passed on to us by Dr. Faxon.

Please accept my apologies for not having supplied The News with any personal data for a long time. It does not mean that I have not enjoyed every copy of that famous sheet.

I was promoted to Colonel in February, while the 6th General Hospital was still at Rome. While at Bologna I received news of my assignment to Cushing General Hospital as Chief of Surgery to replace Bobby Mason [*WS* 1924], flew home July 2, and started work here on July 17.

It is a most interesting job in one of the finest of ZI hospitals, and I expect it to occupy all my time for several months—perhaps a year.

If anyone is puzzled as to his date of release from military service, all he needs do to solve his problem is to read this epitome of the situation. Perhaps it is best to conceal the authorship until we secure permission from the writer to reveal his identity.

HEADQUARTERS
U.S. ARMY FORCES ON TERRA FIRMA
APO 131313

CIRCULAR
No. 76

ROTATION OF PERSONNEL

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I. GENERAL. Under WD Circular No. 58, minimum periods of eligibility for relief via rotation have been established for the SWPA. Selection of home bound contingents is strictly up to the theatre commander, and it must be kept in mind that eligibility does not bestow the right to be relieved, but only establishes a basis for selection. In accordance with USAFFE Reg. No. 11-20, "Nostalgia in isolated regions", the following eligibility rules will govern the rotation of troops in this area:

II. EM AND OFFICERS ELIGIBLE. Must have spent 7 or more years in the SWPA, at least 4 of which were in regions north of the Marshall Islands. He is *ineligible*, however, if his name has been entered in the Sick Book during that period. THE FOLLOWING ARE THE QUALIFICATIONS FOR MEN DECLARED ELIGIBLE:

a. Must have at least 3 broken limbs at the time of application. Compound or linear fractures, strains, sprains, or ruptures will not be accepted; the break must be clean. The condition of each injured limb must be authenticated on MD Form No. 212P, "Minor mishaps and abrasions", in triplicate.

b. Must have been awarded the Order of the Purple Heart with at least two Oak Leaf Clusters. In addition, he must have in his possession at least five of the following medals: SILVER STAR, DISTINGUISHED FLYING CROSS, AIR MEDAL, IRON CROSS, ORDER OF THE KNIGHT OF THE BATH, NAVY CROSS, LEGION OF MERIT, ORDER OF THE SOVIET UNION.

III. THE FOLLOWING MEN EVEN THOUGH THEY MAY POSSESS THE ABOVE QUALIFICATIONS WILL NOT BE ELIGIBLE:

a. Men who, during the course of their Army tenure, have contracted any of the following diseases: Athlete's foot, Scurvy, Beriberi, Housemaids' knee, Ringworms, Malaria, St. Vitus's dance, Bubonic plague, Cold, Sore throat, Body odor, or Halitosis.

b. Men who have been in New Guinea for a period of 30 days. Exception to this rule will be those men who may be considered inured to the climate by reason of having spent at least 12 years in either the Panama Jungles, Tibet, Burma, the Eniwetck Atoll, or Georgia. In this case, the man will present a written request to his First Sergeant, asking that WD AGO Form No. O-121-J, "Previous record of uncivilized habitats", be obtained from Washington, D.C., which form will be filled out in sextuplicate, and the following documents appended:

1. Photostatic copy of graduate degrees from not less than 4 accredited universities.
2. Civilian driver's license — in duplicate.
3. Financial statement of earnings for the fiscal year ending 1 December 1943 — in triplicate.
4. Clinical history of family, friends, previous civilian employer (if any), and associate pool hall proprietors, entered on WD Form No. 224-B, "Record of past moral turpitudes"—in quintuplicate. Casual acquaintances need not be included.

IV. AMONG THOSE ELIGIBLE FOR ROTATION, THE FOLLOWING PRECEDENCE HAS BEEN ESTABLISHED:

a. Men over 55 years of age who have completed 44 consecutive years of faithful service overseas.

b. Married men with 12 or more children. Must have been formally engaged prior to December 7, 1941 — MIDNIGHT.

c. Men in lower ranks, or EM who formerly held the rank of Major General or above, providing the reduction in grade was not due to misconduct.

V. MISCELLANEOUS: If the man possesses all the following qualifications, he may then obtain IF Form No. 3774-P, "Application to be interviewed in preparation for packing "B" Barracks Bag", and having filled out the required 23 copies, will await further instructions. Men who violate the foregoing instructions by questioning competent authorities on matters pertaining to their status will be remanded to the custody of the Officer in Charge, BASE stockade, to await a General Court Martial in conformance with ISAFFE Regulation No. 30-398, "Impertinent overtures and entreaties".

No troops will be rotated before 1947, and a two-year status of limitations will be imposed on all applications. This does not prevent anyone from reapplying after the two-year period has elapsed, providing AG Form No. 8864, P-417, "Reasons for establishment of priority to regain citizenship", is executed in quintuplicate.

NO APPLICATIONS WILL BE ACCEPTED UNTIL FURTHER NOTICE AS ALL TROOPS ARE AT PRESENT FROZEN.

By Command of General G. T. hades;

R. U. HOOKED,
Lieutenant General, U.S.A.,
Cheese of Staff

OFFICIAL?

THE NEWS

No. 40 Boston, Mass. JANUARY 1946

RADIOLOGY DEPARTMENT AFFAIRS

This past November marked the fiftieth anniversary of the discovery of X-ray. It is a considerable step from the small room beneath the "Bulfinch steps", which Walter Dodd used, to the present quarters of the Department of Radiology. Although most of the conditions recognized at the present time were described within the first five years after the discovery of the roentgen ray, advances in the type of equipment and in technique have made its practical use accessible to a larger group with much greater ease.

Walter Dodd, a pioneer in the field of Radiology, was a martyr to the science, having received his first "burn" within a year of the discovery. From his earliest investigations until his death in 1916, Dodd, with the help of Joseph Godsoe, fostered the development of the science, despite constant suffering from the complications of his early X-ray reactions. In 1911, George W. Holmes entered the department and in 1916 became its Chief. During the succeeding years Dr. Holmes has established himself as a father of radiologists. His ability to consider all sides of a question before arriving at definite conclusions has been one of his many satisfying qualities with which we are all familiar. His greatest renown has come from the large number of outstanding radiologists whom he has trained — and for a teacher, there can be no greater satisfaction than this.

On March 1, 1941, Dr. Holmes retired, although circumstances forced this to be but a temporary retirement. Aubrey O. Hampton was made Chief of Service, and he conducted the department in his brilliant manner until September 1942 when he entered the armed forces. Dr. Holmes then returned to his former position and carried on faithfully until July 1, 1945, when he again retired, resuming his place on the Board of Consultation. He now intends to review his book on Diagnosis and to write a book on Radiation Therapy. We hope he will take many moments to complete this work and that it may bring with it happy reminiscences.

The department contributed its leading members in the requested age group to the armed forces. In January 1942, James R. Lingley was called to active duty and later joined the Massachusetts General Hospital Unit in those memorable Blanding days. In September 1942, Dr. Hampton was called to the Walter Reed Hospital where he has capably handled, as Chief of Service, the Department of Radiology. In June 1943, Richard Schatzki entered the Army and since March 1944 has been Chief of the Radiology Service at the McGuire General Hospital, Richmond, Virginia.

A rather constant turnover of those who make our own department run was notable until the beginning of 1945. Many of the residents, nurses, students, technicians, and secretaries entered military service. Those who stayed made it possible to keep the department going on a workable basis. In all probability, the one who has contributed the most toward keeping up our standard is Oliver E. Merrill, Physicist and Chief Technician. To those who left to fulfill their patriotic obligations we offer our sincere acknowledgment of the splendid service they gave; to those who remained and worked unstintingly we give our wholehearted thanks; to those now returning we give our warmest welcome.

During the recent years of emergency, the major difficulty, besides the loss of valuable personnel, has been shortage of film. This began in 1944 and became acute in January 1945. It reached a serious climax in August 1945, but since then the supply has gradually returned to normal. We extend our sincere appreciation to those in other departments who coöperated with us during this shortage.

The volume of work done in the department during each of the three years of war emergency has almost equalled that of 1941 — the last prewar year. What drop did occur was due to the curtailment of supplies. Our less experienced consultation service has, it is hoped, made up for a possible lack of former brilliance by earnest endeavor and hard work. Therapy, which is largely palliative, has increased greatly in extent since this hospital and the Huntington Hospital have joined forces. The Tumor Clinic is serving almost fifty percent more patients now than it did in 1941. This has been made possible by the addition of members of the Huntington staff to our own.

Research has been confined to clinical rather than experimental work. In 1944, investigation was directed toward improving the diagnostic procedures for collapse of the lung. The results of this work have been published in serial form in *Radiology* during the past year. The present major study in the department, under the direction of Dr. Holmes, is a survey of the results of treatment with the million-volt generator. This analysis will cover an eight-year period, from 1937 through 1944, and include the work done at the Huntington Hospital as well as that done in this hospital. An attempt is being made to compare results of supervoltage treatment with those of deep therapy used in the past. Other less extensive studies have been, and are being, made, and, with the department's return to "normalcy" research will play its part in the continued progress which we hope for Radiology.

In the past month we have begun to see the light, and the clearing away of many of our difficulties. As of December 1, Dr. Lingley returned to become Acting Chief of Service until the return of Dr. Hampton. Dr. Lingley's excellent service with the 6th General Hospital has previously been noted in THE NEWS. We are all delighted to have him back in his present position, and we trust that we shall be welcoming Dr. Hampton and Dr. Schatzki in the near future.

Laurence L. Robbins, M.D.,
Past Acting Chief

* * *

New Guinea Base Section has awarded the Meritorious Service Unit Plaque to the 105th General Hospital. This hospital was under the command of Col. Edwin F. Cave (*ES* 1926 & *Or.* 1928). It was one of the two Harvard Units, and approximately one-third of its professional staff was from Massachusetts General Hospital. The citation reads:—

> By General Orders No. 29, Headquarters New Guinea Base Section, 9 July 1945 . . . for superior attainment in the performance of an exceptionally difficult assignment and the achievement of a high standard of morale and discipline between 7 November 1944 and 2 June 1945.

Dr. George R. Minot (*EM* 1913) has been awarded the 1945 Distinguished Service Medal of the American Medical Association for "scientific advancement in the field of medicine". In 1934 Dr. Minot was joint winner of the Nobel Prize in medicine for his discovery of the curative effect of liver on pernicious anemia.

* * *

A grant by the Ella Lyman Cabot Trust provides a clinical fellowship in pastoral care. Rev. James H. Burns, minister of the Methodist Church in Princeton, Mass., has recently been awarded this fellowship. He will begin his new duties January 1, studying under the direction of Rev. Rollin J. Fairbanks, Protestant Chaplain to the Massachusetts General Hospital by appointment of the Massachusetts Council of Churches and Director of the Institute.

THE NEWS plans to publish, from now on, summaries of the talks given at the regular monthly meetings of the Medical Staff.

Such a meeting was held on December 3. The announcement card, sent out by Dr. Means, said "Our veterans are returning, and many of them have interesting things to tell us about their overseas medical experiences. I hope to have a series of them talk to us."

The speaker at the December meeting was Major James A. Halsted (*WM* 1932). His subject was "Gastroenterologic problems in combat soldiers". Major Halsted has very kindly sent us this summary of his talk. It will be very valuable, as a recapitulation, to those who heard him; it will be especially appreciated by those who were unable to attend the meeting.

Gastrointestinal disorders comprised a sizeable proportion of the medical problems encountered among soldiers overseas. Excluding hepatitis they could be divided into three broad groups, namely peptic ulcer, diarrhea, and functional dyspepsia. A study of 200 ulcer cases in Casablanca and a later survey of the whole ulcer problem for the Mediterranean Theatre near the end of the war, led to the conclusion that factors peculiar to Army life did not cause new ulcers and that the incidence of the disease was no greater than what would be expected among a comparable group in civilian life. However, nervous tension did cause exacerbation of previously existing ulcer. The disease was mild, rapidly responding to simple therapeutic measures. The incidence of serious complications was low. 94% were duodenal and 6% gastric ulcers. Study of psychogenic factors in 100 patients, such receiving considerable attention at the present time in various clinics, revealed that only 6% had a psychoneurosis. The personality pattern of the patient with ulcer was fundamentally different from the patient with non-ulcer dyspepsia. Peptic ulcer was not a serious military medical problem overseas.

Diarrhea outbreaks were very common, particularly during periods of offensive combat. Bacillary dysentery was the major cause of diarrhea. A considerable number of cases developed persistent and recurrent diarrhea, study of which revealed no definite causes, but anxiety with nervous tension in patients having an irritable bowel from previous infection seemed an important contributory factor. Ulcerative colitis was rare and symptomatic amebiasis was likewise not common.

Chronic non-ulcer dyspepsia was primarily a neuropsychiatric problem. It was found that if such patients among combat soldiers were diagnosed and evaluated psychiatrically in the Army area near their units, being discharged promptly from medical channels there was a significant saving in hospitalization and in manpower. If sent to hospitals in the rear they were apt to be lost for further useful combat service and their symptoms generally grew worse. A detailed psychiatric and clinical study including gastroscopy was made in 110 of these patients in the Fifth Army area. This revealed positive evidence of psychoneurosis in 84% and gastroscopic changes which have been described as chronic gastritis, occurring in 40%. There was no difference in the symptomatology of those with gastroscopic abnormalities and those without. Study of all the data led to the belief that these abnormalities might well be the result of emotional conflicts and not the manifestation of an independent organic disease.

A 22-page pamphlet, entitled *Postwar internships and residencies at the Massachusetts General Hospital* has been prepared and is now being distributed. It explains in detail the schedules to be followed regarding internships and residencies in the various services in the hospital, and contains instructions as to how applicants for such appointments should proceed. The foreword reads, in part:—

> As soon as deceleration of medical training is permitted and restrictions as to the numbers of interns and residents are removed, the Massachusetts General Hospital, in order to make places for as many veterans as possible, plans to develop a postwar schedule with an increased house staff. Not only will doctors graduating from medical school during the postwar years be offered training, the equivalent of the prewar era, but also provision will be made to amplify the experience of certain of those veterans of the Armed Forces who served their internships and junior residencies under the accelerated program. Before the war the Massachusetts General Hospital had a house staff of 85; during the war the number has been reduced to 64. By a fuller use of existing clinical facilities the postwar complement will be increased to a total of about 100.
>
> When the plan was originally made it was hoped that government funds of some sort would be available to remunerate the extra members of the house staff, but recently such information as we have been able to get makes it seem that this is unlikely. The hospital, being a charitable institution, cannot take on an increase to its budget which sixteen or more extra residents would require if paid. We regret that in the case of residents outside the regular quota we shall not be able to pay any salary. We will, however, be able to give board and room up to the extent of our facilities. This may mean some crowding. Veterans receiving appointments to the regular house staff will receive the usual salary and maintenance. . . .

* * *

1917—1945

The Hawthorne Room of the Parker House was the scene of a happy reunion on Saturday evening, December 1, when the Bordeaux Belles and the Talence Club—the former composed of nurses and secretaries, the latter of enlisted men, who served at Base Hospital No. 6, Bordeaux, France, in World War I—met to renew old acquaintances and to honor their Commanding Officer, Colonel Frederic A. Washburn, U.S.M.C., and their Chief Nurse, Miss Sara E. Parsons, R.N.

Mr. Albert E. Hunter, President of the Talence Club, presided. Scrolls illustrated with a sketch of the gate at the Base Hospital in Bordeaux and inscribed by each member of the group were presented to our leaders in appreciation of the privilege of having served under such able commanding officers. The absence of Colonel Washburn because of illness was a great disappointment, but Mr. Hunter read his letters which conveyed the thought that he was present in spirit if not in person. Miss Parsons reminisced in her inimitable way, to the delight of all. She wore a very lovely orchid corsage.

Two members of the Talence Club present had taken part in World War II—Lt. Col. Stephen S. Bean, who served in the American Military Government in Europe, and Sergt. Michael E. Gaddis, who served with General Hospital #7 in England.

A bouquet of American Beauty roses was placed between the National and State flags in tribute to those members who had passed on.

It was the consensus of opinion of all present that these reunions should be held at regular intervals in order that friendships formed so long ago may remain unbroken through the years.

A BELLE

* * *

Lincolnshire, we are here!

After its three and a half years in Florida, Africa, and Italy, the "Fightin' Sixth" returned home to celebrate with the Wives at the Lincolnshire, on Saturday evening, December first. The weatherman did his best to block the roads with snow, but sixty-seven people finally assembled in the mess line. The committee—as is becoming in a democracy—had spent long days in trying to find out how the majority wished to dress. But it is a free country, and in the end each man was supposed to dress as he (or his wife) chose. So the uniform rubbed elbows with the tuxedo and the business suit. There was also freedom of speech, and various other freedoms, and before the evening was over the Wives had heard much of the Saga of the Sixth and had seen many of its jokesters and songsters in action. In the end it was decided that, though the Sixth had not been able to spread itself on the front page of the papers, it was nevertheless composed of remarkable men; that the Wives had done a famous job in their absence; and that, after all, the blue bird of happiness was to be found nestling in the shadow of the Bulfinch dome.

At their meetings on November 14 and 21, the General Executive Committee voted to appoint as Graduate Assistants:

Dr. Benjamin Bacon, in Surgery, to work in the Gynecological Clinic with Dr. Meigs;
Dr. Martin A. Berezin, in Psychiatry;
Dr. William C. Coles, in Radiology;
Dr. Knowles B. Lawrence, assigned to the Tumor Clinic;
Dr. Frederick K. Poulin, in the Dental Clinic;
Dr. John H. Walker, in Radiology.

The following men are to return to active duty on the Staff, as of the dates given:

Dr. Edward F. Bland, Assistant Physician	Nov. 15
Dr. Edwin F. Cave, Associate Visiting Orthopedic Surgeon	Dec. 1
Dr. Edward D. Churchill, Chief of West Surgical Service	Nov. 19
Dr. Wyland F. Leadbetter, Jr., Assistant Urologist	Nov. 27
Dr. Robert S. Palmer, Assistant Physician	Dec. 1
Dr. Robert S. Schwab, Assistant Neurologist	Jan. 1
Dr. Charles L. Short, Assistant Physician	Nov. 1
Dr. Lamar Soutter, Assistant in Surgery	Jan. 1
Dr. J. Sydney Stillman, Assistant in Medicine	Nov. 21

Mary L. Carpenter (*MGH* 1941), a member of the original Harvard-Red Cross Hospital Unit which went to England in September 1941, has returned to this country. She has received her discharge from the Army Nurse Corps and is now a staff nurse here at the hospital. She is one of the first veteran nurses to return. She joined the regular Army in July 1942 and has had duty in Germany, France, and Belgium.

Ward G, as such, is now non-existent. The skin patients have been moved to old Ward I, but the designation "Ward G" will still be used. The old pavilion is being demolished to make space for the new building which is to house the Children's Wards and the Vincent Hospital patients.

The United States Cadet Nurse Corps will no longer enroll new members, as of October 15, 1945. Student nurses who were enrolled in the Corps during July and September will receive all benefits except their outdoor uniforms.

The following article, with slight modifications, appeared in Boston and New York newspapers under date of Sunday, October 21.

From Radcliffe College Mrs. Brewer Blackall
Cambridge, Mass. Director of Public Relations

A new coördinated plan for the training of selected young women who expect to make nursing their profession will be offered in September 1946 by Radcliffe College in coöperation with the Massachusetts General Hospital School of Nursing. This program will be unique in that it offers for the first time an opportunity to combine a complete liberal arts education leading to a bachelor's degree with professional education in nursing. Candidates who are admitted to this five and one-half year program will meet in every respect the requirements for the bachelor's degree, and may choose freely among the twenty-five undergraduate fields of concentration offered by Radcliffe College. No pre-professional courses will be included in the college program which might in any way limit the breadth of general education.

Students who begin their course in September 1946 will carry full work at Radcliffe College for their first year and in addition will spend three hours a week at the Massachusetts General Hospital. During the next two and one-half years, including summer sessions, instruction will be given both at the College and at the School of Nursing, and at the end of three and one-half years the student will receive her bachelor's degree from Radcliffe. She will then spend two full years in the School of Nursing, receiving her nursing diploma at the close of this period.

Applicants will be admitted jointly by Radcliffe College and the School of Nursing and must meet the entrance requirements of both institutions. Joint admissions and supervisory committees will administer the program. Throughout the course there will be close integration between the college and the School of Nursing, with no sacrifice of requirements or standards on the part of either.

A nation-wide search for young women who will be outstanding candidates for this double program will be made. The Trustees of the Massachusetts General Hospital are prepared to offer a number of scholarships and loans to successful applicants and enroll students who qualify for such aid, and all candidates enrolled will also be eligible for assistance from the Radcliffe College scholarship funds on precisely the same terms as other Radcliffe students.

This plan has been evolved as a result of the convictions of the governing boards of both institutions that the profession of nursing increasingly requires women with a broad educational background. Professional opportunities in hospital management, nursing and health education, and medical research more and more demand the graduate nurse who has the liberal arts training in addition to her diploma in nursing.

* * *

In addition to the citations already mentioned in The News, the following have been received:—

Lt. Col. John C. Angley, MC, AAF (*a.M*)—Bronze Star Medal . . . for meritorious service in support of combat operations during the period 1 April 1944 to 15 November 1944 in Italy, Corsica, and Sardinia. During this period Major [now Lt. Col.] Angley supervised malaria control activities for the Army Air Forces and in this vital mission marked success was achieved. This was due largely to his unceasing efforts and conscientious attention to the most minor details. It was imperative that the incidence of malaria and other insect-borne diseases be held to an absolute minimum in units of the Twelfth Air Forces to insure successful support in the invasion of Southern France. These units, along with units of the Fifteenth Air Force, were stationed in some of the most highly malarious areas in the world and the coördination, education and labor instigated and carried out by Major Angley required outstanding professional and executive abilities, plus the willingness to work many long hours. These qualities were responsible for holding malaria to an almost irreducible minimum in Air Force units and have been a very significant factor in the successful conclusion of Air Force operations for the period. . . .

Major Charles H. Burnett, MC (*r.p.* 1942)—Bronze Star Medal

Lt. Col. Harold H. Hamilton, MC (*r.s. PH* 1933)—Bronze Star Medal . . . for meritorious service in direct support of combat operations from 4 March 1945 to 8 May 1945, in Germany. Colonel Hamilton, as Chief of Surgical Service, performed his duties in a highly exemplary manner. Through his enthusiasm, sincerity and devotion to duty he helped develop an organization capable of rendering superior medical care to injured personnel of the Ninth United States Army. . . .

Capt. E. Ross Mintz, MC, USNR (*P* 1930 & *r.s. U* 1932)—Bronze Star Medal . . . for meritorious service in connection with operations against the enemy while serving with a corps evacuation hospital on Okinawa Shima, Ryukyu Islands, from 14 April to 21 June, 1945. Commander [now Capt.] Mintz, as chief of the surgical service, was responsible for the surgical care of over fifteen hundred battle casualties who were admitted to this hospital. He personally coördinated the functions of the admission and shock wards with the operating rooms and post-operative wards. His sound surgical judgment in directing the pre-operative care of the seriously wounded, in assignment of cases to the operating surgeons and in the supervision of the post-operative care of the patients resulted in the saving of many lives. His boundless energy, his constant presence in the shock ward, admission tent and operating rooms, and his efficient organization of the surgical teams enabled the surgical service to perform seven hundred fifty-six operations in a period of thirty-three days. The interests of the wounded were paramount and he never spared himself, often working throughout the night to assure himself that all patients received prompt and adequate surgical care. His inspiring leadership was responsible in no small measure for the successful operation of this hospital and was in keeping with the highest traditions of the United States Naval Service. . . .

. . . Letter of Commendation from Headquarters, 68th Field Hospital, to Commanding Officer, Corps Evacuation Hospital No. 2.

1. On behalf of the entire personnel of this hospital, I wish to express my most sincere thanks and appreciation to the following United States Navy personnel who were on duty with this hospital during the period 16 April to 19 May 1945: Comdr. E. Ross Mintz, etc.

2. Their high degree of professional work, coöperation, willingness to work under adverse conditions and long hours, were an inspiration to our officers and enlisted men alike. These doctors and corpsmen are a credit to the United States Navy, and I cannot commend too highly the valuable services rendered to the Armed Forces by them.

3. Their wholehearted support and valuable services rendered, prove the admirable coöperation between the Navy and the Army of our country.

4. It would give us great pleasure if you would pass a copy of this letter to each officer and corpsman concerned, and consider this a personal thanks to each and every one of them from the entire 68th Field Hospital.

Stanley F. Radyminski
Major MC
Commanding

Addendum:

. . . From Headquarters Tenth Army to Commanding Officer, Corps Evacuation Hospital No. 2. A report of this valuable service rendered in wholehearted coöperation is an inspiration; to forward this commendation is a distinct pleasure.

F. B. Westervelt
Colonel, MC
Surgeon, Tenth Army

Lt. Col. Edward G. Thorp, MC (*EM* 1931)—Bronze Star Medal . . . for meritorius service in connection with military operations, as Chief, Medical Service, 28th General Hospital, from October 1944 to 30 April 1945. Lieutenant Colonel Thorp exhibited outstanding administrative ability in planning and putting into operation a medical service of the highest calibre. When the hospital was struck by a robot bomb, he displayed remarkable courage and efficiency in caring for patients and casualties, and arranged for their evacuation to safe quarters. Lieutenant Colonel Thorp's services contributed immeasurably to the success of his hospital's mission on the continent. . . .

* * *

Lt. Col. William T. S. Thorndike, MC (*WS* 1919), who is back on our Staff as Assistant Director, gives us this account of his overseas activities.

In September 1944 I was transferred out of the 6th General Hospital and took command of a small Station Hospital, the 154th, which was stationed at the time in Civitavecchia, fifty miles north of Rome. There the hospital served the Tarquinia Airport and also some port troops. During our stay there five medical officers and six nurses from the First Fighter Squadron of the Brazilian Air Force were attached to us, and remained with us for about two months. They were very pleasant people socially and we grew very fond of them. At the time of their departure they presented our Officers' Club with a Brazilian flag which I have handed over to the Archives Room.

Just before Christmas 1944 the hospital was moved southward to the Volturno River Valley at Fagianeria. Here we served the 24th Replacement Depot and later two redeploying divisions, the 85th and the 91st, and finally closed on August 31, 1945 and were deactivated shortly thereafter. On my return to the States I was promoted to Lieutenant Colonel, effective November 6, 1945.

MASSACHUSETTS EYE & EAR INFIRMARY

The Annual Meeting of the New England Oto-Laryngological Society will be held in conjunction with the American Laryngological, Rhinological and Otological Society, Incorporated, Eastern Section, on January 9, 1946, at the Hotel Statler.

Following the all-day meeting of the Eastern Section, the New England Oto-Laryngological Society will have the Annual Dinner and election of officers at the Harvard Club. Dr. Julius Lempert of New York City will be the guest speaker.

Sir Stewart Duke Elder of London, England, visited in the United States during the month of December. We were privileged to have Sir Stewart with us at the Infirmary for a week. He is Ophthalmologist to the King and Queen, and during the war was Chief Consultant in Ophthalmology to the British Army with the rank of Brigadier. He is also the author of the outstanding standard textbook on Ophthalmology in the English language.

On December 11 the Ophthalmologists of New England gave a dinner at the Harvard Club in honor of Sir Stewart, who delivered a short talk on the nutritional diseases of the eye seen among prisoners of war.

Edward F. Lawlor (*Oto-Lar.* 1941) has been appointed Clinical Assistant in Oto-Laryngology, assigned to the December-April service.

"John"

It is with deep regret that we announce the death, on November 29, of John Blood.

"John" had been a member of the Eye and Ear Family since June 1912. During his thirty-three years as Engineer and Maintenance man he gave loyal service When anything went wrong, it was "John" who was called to rectify it. He made many friends and will be missed by all who knew him.

Our sympathy is extended to his family.

New addresses:—

Lt. Edwin F. Alston, MC, AUS (*P* 1944), Brooke General Hospital, Box 133, Fort Sam Houston, Tex.
Dr. H. Thomas Ballantine, Jr. (*WS* 1939), 507 Linden St., Ann Arbor, Mich.
Dr. Harold C. Bean (*WS* 1918), 25 Beckford St., Salem, Mass.
Lt. Robert A. Broome, Jr., MC, AUS (*M* 1944), 50th Co., Personnel Center, Fort Dix, N. J.
Lt. James D. Clement, Jr., MC, AUS (*WS* 1944), Box 554, H-1, APO 834, c/o Postmaster, New Orleans, La.
Major Ira M. Dixson, MC, AAF (*WS* 1930), AAF Regional Hospital, Smoky Hill Army Air Field, Salina, Kan.
Dr. Edwin B. Dunphy (*Oph.* 1923), 255 Woodland Road, Chestnut Hill, Mass.
Dr. Thomas R. Goethals (*ES* 1917), 34 Hawthorn Road, Brookline 46, Mass.
Dr. Harold E. Gregory (*CM* 1942), North Main St., Wolfeboro, N. H.
Dr. Harold H. Hamilton (*r.s. PH* 1933), 70 Court St., Plymouth, Mass.
Dr. George E. Heels (*a. obst.*), 51 Brattle St., Cambridge, Mass.
Comdr. Saul Hertz, MC (*a.* M), Personnel Separation Center, Fargo Bldg., Boston, Mass.
Dr. Roy E. Mabrey (*a. in S*), 270 Commonwealth Ave., Boston, Mass.
Dr. Claud E. McGahey (*a.r.s.* 1941), The Georgian, Evanston, Ill.
Dr. E. Ross Mintz (*P* 1930 & *r.s. U* 1932), 4 North State St., Concord, N. H.
Major James A. Moore, MC (*Oto-Lar.* 1940), 530 East 90th St., New York 28, N. Y.
Lt. Comdr. Stanley A. Myers, MC (*Oto-Lar.* 1937), 39 Hilton Ave., Youngstown, Ohio.
Comdr. H. Bristol Nelson, MC (*a. obst.*), U. S. Naval Hospital, Chelsea, Mass.
Major Eugene E. Record, MC (*NS* 1937 & *Or.* 1941), 41 Pilgrim Road, Roxbury, Mass.
Dr. Lloyd S. Saltus (*CM* 1938), 16 Elm St., Morristown, N. J.
Dr. Wilbur A. Sawyer (*WM* 1908), 3927 Idaho Ave. N. W., Washington, D. C.
Dr. Harry M. Spence (*WS* 1932 & *r.s. U* 1934), 4105 Live Oak, Dallas, Tex.
Comdr. H. Frederick Stephens, MC (*Oph.* 1939), 195 Thayer St., Providence, R. I.
Lt. Comdr. John L. Wilson, MC (*ES* 1940), 64 Revere St., Apt. 4, Boston, Mass.

Brief bits:—

Major Joseph M. Clough, MC (*Oto-Lar.* 1939 & *Oph.* 1941), has returned to the Eye & Ear Staff.

Dr. Clifford C. Franseen (*WS* 1932) is home from his long service in the Southwest Pacific.

Martin J. Gilbride is back as an orderly in Baker Memorial, after almost 4 years in the Navy.

The Doctors Glendy—Margaret M. (*CM* 1932) and R. Earle (*r.p.* 1934)—have moved to 911 Orchard Hill, Roanoke, Va. They extend a cordial invitation to all MGH-ers traveling that way to visit them.

Lt. Col. Trygve Gundersen, MC (*Oph.* 1930) is back on the Eye and Ear Staff.

Lt. Col. James A. Halsted, MC (*WM* 1932) received this promotion in rank, we have learned from Dr. King.

Major Daniel J. Holland, Jr., DC (*Dn.* 1938) is back at the Hospital.

Dr. Robert J. Joplin (*P* 1929 & *Or.* 1933) has also returned to the Hospital.

Lt. Col. Gustav G. Kaufman, MC (*r.p.* 1941) was promoted to this rank, according to Dr. Franseen.

Dr. Alfred Kranes (*WM* 1932) was also promoted to Lieutenant Colonel, Dr. Sylvester B. Kelley tells us.

Comdr. S. Forrest Martin, MC (*Oph.* 1938) is back, on terminal leave.

Major Arthur S. Pier, Jr., MC (*WM* 1941) is seen round the Hospital these days. We're so relieved to learn that he *did* get that ice box—two of them, in fact!

Dr. Leonard D. Rosenman (*ES* 1943) was house-hunting round Boston recently.

Major Hermann B. F. Seyfarth, MC (*a. dn. s.*) was advanced to this rank, Dr. King says.

Lt. Col. Charles L. Short, MC (*WM* 1930) received this promotion, Dr. Kelley reported.

Major Somers H. Sturgis, MC (*ES* 1933) also received this promotion—information again from Dr. King.

Major Howard I. Suby, MC (*r.s. PH* 1937 & *U* 1939) is back on the Staff.

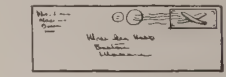
Lt. Col. Garrett L. Sullivan, MC (*Oph.* 1938) has returned to the Eye and Ear.

Major William J. Tobin, MC (*Or.* 1939), now out of military service, is returning to Washington, D. C. to resume his teaching at the Georgetown Medical School.

Capt. Lester P. K. Yee, MC, AUS (*EM* 1939 & *WS* 1941) has just returned from 42 months in the Southwest Pacific. He didn't even wait to change his shoes nor check his luggage before dashing to M.G.H. and his friends here.

Capt. Channing S. Swan, MC, USNR (*WS* 1925) reports this new rank for himself, and says that the following men have also received similar promotions:

Walter S. Burrage (*EM* 1927)
Virgil G. Casten (*N* 1929 & *Oph.* 1931)
Edwin P. Dunphy (*Oph.* 1923)
Richard W. Dwight (*WS* 1931)
Francis T. Hunter (*WM* 1926)
E. Ross Mintz (*P* 1930 & *r.s. U* 1932)
John P. Monks (*WM* 1931)
Theodore C. Pratt (*ES* 1929)



About a year ago Major William A. Perkins, MC (*ES* 1917) was sent by plane from Fort Lewis to Assam, India, where he was Chief of Surgery with the 24th Station Hospital. A recent letter, giving change of address to the 234th General, adds:—

> Though my organization seems to vary almost from month to month, yet my duties remain the same—Chief of Surgical Service. The reason for this very rapid turn-over is the present "evacuation" of the CBI Theatre. The hospitals are closing up one after the other, the personnel with high points going home, the rest transferred to other installations. I am of the latter.
>
> I hope I may continue to receive THE NEWS as long as it is published.

Capt. Joseph P. Holihan, MC, AUS (*ES* 1943) sends this epitome of his travels.

> Several months ago I thought I was going to be able to tell you my new address in person, but I missed by days being in the fortunate group that was re-routed from CBI-bound to USA-bound outfits.
>
> To recapitulate: I came overseas in January 1945, after almost a year on the west coast. Spent a short time in England, and have been in France ever since. Until August I was with the 50th General Hospital, where I received some excellent training in Orthopedics. Since then I have been irretrievably enmeshed in redeployment camps, running dispensaries, and clearly one of the superfluous medics of the ETO. The past two months would have been dull except for the fact that I have done considerable traveling in France, Belgium, and Holland. The only MGH man I've seen was Don Sweeny. I spent a very gay week-end with him and Dick Lillie (HMS '43).

Major Edwin C. Albright, MC (*WM* 1942) anticipated our comment. He begins his note with "Another silent one heard from"—underscored and enclosed within brackets—and then says:—

> After enjoying THE NEWS in silence these many months I decided it was time to speak out. I have returned from 40 months of service with the 105th General Hospital, where

it was my pleasure and good fortune to be associated with many MGH and HMS men. Needless to say, I have seen more than I cared to of Australia, Netherlands East Indies, and the Philippines. Right now I am enjoying a long terminal leave and the prospect of civilian life again.

Best regards to all.

Another "first" letter—from Lt. Henry D. Moorman, MC, USNR (*WS* 1943), written on board *U.S.S. Davison* (DMS-37) and headed Okinawa.

My ship is a mine sweeper which will be engaged in sweeping operations in the Yellow and East China Seas during the next few months. We will be based for the time being at Sasebo on Kyushu.

If Major Luther M. Strayer, Jr., MC (*Or.* 1939) considers his military life as having been dull, we wonder how much excitement would have been necessary to have satisfied him. From his home address—Lordship Road, Bridgeport, Conn.—comes this interesting account of his participation in the war.

My adventures in the Army were so routine I have hesitated to elaborate upon them, but here goes.

With the Yale Unit—the 39th General Hospital—I was mobilized 15 July 1942 and spent some time training on the wards at Camp Edwards.

We landed in New Zealand 21 November 1942, and our first casualties were those from Guadalcanal. I cherish many friendships made among the Kiwis and learned to share some of their enthusiasm for woodworking, botany, and boating. The medical work was on a very high standard of performance, due to the leadership of our commanding officers. When the work there slowed down I was sent on detached service to Esperito Santos to do orthopedics at the 25th Evacuation Hospital. The trip by air and the work there were very pleasant. Major Harry Hughes [*Or.* 1937] was Chief of Orthopedics in the nearby 31st General Hospital. Saturday afternoon conferences with his ward officers and visitors provided some most interesting discussions. Harry always managed to keep them direct and to the point. He was kind enough to ask me to operate on a shoulder case on his service while I was there.

Returning to New Zealand, the 39th General proceeded in easy stages to Saipan, and we were allowed to see Guadalcanal and Tulagi while *en route,* from which we had had many patients. Two days after arriving in Saipan I was put to work at the 369th Station Hospital where I saw flak wounds in B29 and B24 personnel before Iwo Jima, and during that campaign had charge of all the femurs that came to that hospital. Upon returning to the 39th I was made Chief of Orthopedics. The Okinawa casualties produced some pressure at times and we worked very hard during those periods. Lt. Gordon Jones [*ES* 1939] helped on the service for a time and Capt. Bob [*K.*] Brown [*WS* 1939] arrived on the island about that time, and the reunions were warm with the memories of the old M.G.H.

I was sent back on points—leaving Oct. 3 and arriving at Camp Devens Oct. 22. At present I am on terminal leave, and was notified the other day of my promotion to Major.

To me, ever since student days, the M.G.H. has stood for a certain spirit in service and practice of medicine. Away from home, The News kept that flame alive and I will always appreciate it. If there are systems of teaching and personalities in hospitals, the M.G.H. stands for the democratic—the truly American way—more than any other single institution with which I am acquainted; and, as such in these troubled times, is a never failing source of strength and inspiration.

A "first", from overseas, has come from Capt. Donald C. Balfour, MC, AUS (*EM* 1943). He writes:—

I am on the surgical service of a Station Hospital that is giving garrison medicine to the 5th Air Force, 35 miles northwest of Tokyo. We have settled down quite permanently in the stable circumstances of this occupation. I haven't missed much coming here, and I have seen E. P. Richardson, Hallowell, Burbank, and Enterline on the way. I wrote Bob Spencer from The News address given, hoping our paths would cross, but we find ourselves miles apart at sea.

I have been lucky to have seen most surgical activities in the Army in my jumps from a General Hospital in the States, through four units, to here.

Regards and Merry Christmas to all.

An Army man has gone to sea—Capt. Ralph H. Luikart, Jr., MC, AUS (*M* 1944). He writes:—

Since I was in to see you in September I have a new assignment and a new address. I am now Assistant Chief on the *USAHS Thistle.* We left New York Sept. 16; cleared Panama Sept. 22; spent 10 days in Pearl Harbor for repairs, and are now *en route* to Manila with passenger nurses—expecting to be in Manila Nov. 11 to pick up patients. We hope to be back in Los Angeles by mid-December.

These big white ships, with their red crosses, green stripes, and bright lights, are a pleasant sight. This ship is very well equipped with modern operating rooms, fluoroscopes, and everything you could ask for.

Received my forwarded copy of The News in Pearl Harbor. I enjoyed it very much, and I might add—so did the non-MGH MC's aboard.

Settle back for an exciting first visit with Capt. Stephen L. Madey, MC, AUS (*CM* 1944). Three long letters have arrived—two to Dr. Means and one to us—packed full of priceless descriptions of Luzon and of Filipino food, fauna, and flora. To us he writes:—

Somehow, out of nowhere, The News appeared today. Thank you for all it contained. I've already read it several times, each time trying to read more and more into the lines.

I'm now fighting the Battle of the Occupation, which is the great desire to get home and wrap my hands around a huge 20 cc syringe again! It would be nice to suddenly find myself in the MGH cafeteria and see ice cream again—any flavor would do.

Actually, I've had a very interesting time in the Army. I went overseas from San Fran the first week in February. First stop was Hollandia, then Leyte, and finally Luzon and Manila, that gentle "Pearl of the Orient" which is much tarnished now. Leyte was, and ever will be to me, some place akin to the fens I read about in the Beowulf Tales in my childhood days and never believed existed. It is really a miasma place full of swamps, rice paddies, nipa huts and waterlogged carabao. Out of that, I suddenly vaulted up to Manila to my present address [Office of Chief Surgeon, Hdqrs. AFWESPAC]. The address is forbidding but the job quite interesting. In my local wanderings I've seen more tetanus, typhoid, leprosy, and yaws than I will probably see again back in the States. There were over 500 cases of civilian tetanus during the months of February-May, with a high mortality.

As late as May, when I got to Manila, there was much Jap activity in local regions. Even now there are still many surrenders in the hills and out in Bataan. Manila has been pretty badly battered up, near the port, and will have to emerge very much a new city.

We live very simply in a tent camp just outside town, and go in and out by trucks over roads which often get badly rutted by the torrential rains. Thankfully, we are getting over the "rainy season". It now rains only every other day.

Always on the lookout for MGH men hereabouts, but so far have run into only one accidentally — [Joseph D.] Enterline [*MC, AUS* (*ES* 1943)] when I was down in Leyte.

Please keep The News coming. It's a treat out here.

One of Captain Madey's letters to Dr. Means contained three snapshots of Yamashita and one of General Wainwright. The pictures are on the foot-of-Treadwell-stairs bulletin board.

To continue with the letters:—

These are some of the photos another man and I took up at Baguio at the surrender ceremonies. Since then I have seen Yamashita in a prison outside Manila. He was a huge man in contrast to most Japs, and even in defeat ruled his roost with an iron hand. The day I saw him he was playing solitaire with cards, while his fellow prisoners sat around submissively and jumped at his words.

I've lived a varied career since being in the Philippines. I was in Leyte when there were still raids, then came to Manila when artillery was still outside the city and occasional snipers were picked up in the middle of town. When I was in Bataan in July there were still outposts and perimeters, and the hill Jap was still being taken in his night attempts to get into the banana groves for food. Within the last few weeks, at the Spo Dam about 30 miles away, the Japs were coming to the riverside holding all their granades in their cupped hands and with arms in the sign of surrender. Their treachery was suspected but it didn't materialize, for they threw the granades into the water and came up naked, as motioned to do.

The ancient and most colorful part of Manila is gone forever, but Dewey Boulevard and Taft Avenue are beginning to pick up some attractiveness. The city has been pretty well mauled and when it does build itself again it will have to seek its own temper, for with the mélange of different cultures abounding and its population so unintegrated for many years it will remain half formed and groping after its essence again.

Going into town I pass many curious signs —"Drive carefully. Don't kill your replacement". Every profession tries to advertise itself. A medico on our side of town has this sign painted on his house, "We Diagnose Before We Operate". A good idea almost anywhere.

In the early months of this year, whenever I heard a radio announcer say "This is the United States of America" it brought a huge sense of distance away from the citadel of home. Since V-J Day that feeling has vanished and I feel much closer to home. Uppermost in all our thoughts now is to get back and go along from where we left off. I would want to take more hospital work in medicine or pediatrics.

Meantime, all's well. Our 18-foot square tent houses four of us. We do have a wooden floor so I no longer have fun in bed with toads as I did in Leyte.

The News is a most welcome letter to have and is passed around to anyone who knows anything about Boston or Harvard. It's surprising the nostalgic reminiscences it brings to mind.

And now for the most descriptive letter of all:—

For about 20 miles around Manila most of the land is flat rolling country, backed further out by high mountains. There is much swampland near Manila Bay and the city itself seems to have been originally so, for when it rains drainage is poor and roads soon become ponds. When it is dry it's almost impossible to dig through the caked mud. Manila Harbor is huge and forms a natural arc, and I've seen hundreds of vessels of all sizes in it. Despite the early harbor destruction, all the piers are working and active—even Pier Seven, where former luxury liners come in, some 1400 feet long.

To the south, beyond Dewey Boulevard, most of the shore is faced with mud and silt-bottomed shoal, and the natives have created all manner of woven bamboo fishtraps which

Major General Paul R. Hawley, Theater Chief Surgeon, Presents the Bronze Star Medal to Lt. Col. Milton S. Thompson, MC (*Or.* 1934)

take up acres of water. The coast line is much like that in Leyte, with mangrove and nipa swamps and rice fields and paddies a little further inland. There are few towns hereabouts. The roads are mostly secondary ones.

Northward from Manila you soon hit the hills, and come across only a few scattered huts and nipa shacks. It's rough going, and the roads are none too good in the surrounding forest because of sharp turns and deep ruts. The forest is primitive and heavy. Lots of bamboo and thick interlacing underbrush. In the open spaces there is plenty of cogon grass—huge shoots 6 to 8 feet tall, with a tulip-like head.

Just outside the city are two large airfields —Nielson and Nichols Fields. Dewey Boulevard is said to have been used by the Japs for taking airplanes off the ground. It would be possible. But on the very day after the Americans hit the city, L-S B cub planes were evacuating casualties, as necessary, from some of the outer city streets.

The mountains behind Manila run in a north-south direction, blue against the sky, and with clouds rolling over them most of the time. They are the Sierra Madre range, rising up to 5000 feet, somewhat like the mountains outside Salt Lake City.

Wherever you go, out of Manila, you are always crossing little bridges, for the whole area seems to be interlaced with little rivers. Several fairly large ones pass through Manila and it's striking to see varied sized commercial boats on some, and small outriggers and houseboats on those in the Chinese section of town. The rivers passing through the city are picturesque in their many twists and sudden turns, with their low banks and scrubby growth, and with tugs, launches, bancas, and other small craft plying their way in them.

There's a huge fresh-water lake southeast of Manila. It's about 150 miles around it. It's amazing that it's so close to both the bay and the ocean. You can ride down between and see both the lake and ocean in certain spots—about 5 miles apart. It's a very shallow, dirty lake and little used. There is a lake inside a dead volcanic crater that is very worth seeing, but you have to fight your way down some 1500 feet of rocky slopes to get to it.

Most of the farming seems to be in growing rice and whatever vegetables there are. The farm animals are mainly carabao—a slow water-wallowing animal. It's common outside the city to see carabao or oxen hauling carts along the roads. There are a number of horses which are native here—small, wiry, and surprisingly strong. They haul carromatas (two-wheeled passenger buggies) seemingly forever. Every once in a while you see a good pacer among them, looking like a miniature "real" horse.

I've been to several Filipino meals, and the main staple is rice. No meal seems to be without it! There will often be fruit, mainly bananas or siniguelas (like yellow plum) or lanzones or santol (sharp-tasting small fruit). The soups will generally be some combined fruit-vegetable mixture. The main course is rice in several varieties with many kinds of vegetables which I've been able to identify (and lots that I haven't, so far). The most common ones I've learned are camotes (sweet potato), gabe (root vegetable like potato), upo (like squash), tugue (yam), camatis (small yellow-red-green tomato), and patola (squash-like). There will generally be some fish dish—prawns, shrimp, and lobster, as well as oysters, etc. Often, if this is a large meal, there will be a native chicken, fried or broiled, with extra sauces to go with the portions. For dessert I've had some wonderfully tasty dishes. There are several varieties of cocoanut here, and of one kind the juices and pulp are so made as to produce a deliciously sweet, almost caramel-like dessert sauce which is the *pièce de resistance.* There's also cassava (or tapioca), and fruit again (mangos or avocados) for dessert. Calamansis are sweet small limes and I've grown fond of them; and there are several kinds of bananas, from three inches in length to over a foot—brown-red, green, and yellow. The saguing is the eating banana and the saba is the cooking banana. Gosh, I've gotten wound up on Filipino food!

Other than the public buildings, most native houses are made from bamboo and nipa thatchings, tied together with rattan lashings. The floors are usually of split bamboo or woven matting.

Most of the natives love flowers. Gardenias are choice here, and I've seen some rare orchids, lots of mimosa, flamboyants, morning glory, and other strikingly brilliant flowers in gardens and climbing over walls.

Enough for the present. It's good to get lost for a few moments like this and forget my Army cot.

It has happened again! Too often, lately, have interesting letters from overseas and elsewhere been set up in print ready for publication, and before they could appear in The News *pages* the writers have appeared in The News *office!* In other instances, fine letters have so long awaited sufficient space that their contents, viewed in terms of the calendar, have become very definitely past history. In terms of professional and personal experiences, however, they are just as valuable today as when they were written, and often tell what the men might talk about, even now, should they drop in for a visit with you. These letters should not be permanently withheld. They represent an important part in the story of MGH-ers in World War II. Therefore, you may find occasionally, as here, a new section under the heading

IN RETROSPECT

This letter from Lt. Robert H. Hepburn, MC, USNR (*r. s. U* 1943) was written just before V-J Day. It tells us what Lieutenant Hepburn was doing immediately before the surrender, and contains another fine tribute to Lt. Robert S. Hurlbut.

Bobby Hurlbut certainly had a rare flare for words and ideas and how to mix them up for his friends in extraordinary philosophical jollity. Gosh, how furious it makes you and how much we'll miss him, but it is evident we'll never forget him and his genius.

We are now roving the Pacific clearing out patients from the forward areas in preparation for the big assault should the atomic bomb fail to end the war.

* * *

It has been impossible, because of lack of space, for us to include announcements of weddings and new babies—much as we have appreciated receiving them. But here is one that is too good to keep. On the basis of originality alone, it *demands* publication.

HEADQUARTERS
BROWN'S EXPANDING ARMY
COLORADO SPRINGS, COLORADO

13 September 1945

GENERAL ORDERS
No. 3

1. As of 0637 hours, this date, Brown's Army is augmented by one (1) man.

NAME	RANK	ASN	WEIGHT
BROWN, Mark K.	Pvt	57000003	6 lbs 6½ oz

Foll. basic tng. at Memorial Hospital, above named EM will join the home guard of this Army at 724 N. Tejon St., Colorado Springs, Colorado.

2. Foll. named EM are promoted to grades shown:

Name	Asn	Promoted From	To
BROWN, James K.	51000001	Cpl	Sgt
BROWN, Stephen R.	51000002	Pvt	Pfc

3. On completion of 10 d sk lv, Supergeneral Phyllis K. Brown, fully combat serviceable, will resume command of this Army.

4. Army Surgeon continues on extremely* d.s. at outpost hq, Saipan, M.I.

(signed) Robert K. Brown [*WS* 1939]
Captain, M.C.
Surgeon

OFFICIAL

*approx. 9327 miles

Additional signatures, in longhand:

Phil
Jim
Steve
X [for Mark—his mark]

THE NEWS

No. 41 Boston, Mass. FEBRUARY 1946

PHYSICAL MEDICINE DEPARTMENT AFFAIRS

A noteworthy change in the occupational therapy and physical therapy departments during the past few years is the new designation of Physical Medicine for the combined departments. This gives occupational therapy direct medical supervision and aids in the coördination of treatment. The new name also signifies increasing interest in this specialty by physicians, and serves to separate the technicians in the field from the doctors. Bernard Baruch's gift of over a million dollars in support of recommendations made by a survey committee to stimulate research and education in Physical Medicine has aided the Massachusetts General Hospital and the Harvard Medical School in developing a training program for physicians who intend to become specialists in Physical Medicine. Fellowships to cover a three-year period have been set up. The first year is devoted to basic research in one of the preclinical sciences, particularly physiology and a three-months introductory course in biophysics at the Massachusetts Institute of Technology. The second and third years will be spent in clinical research, study, and practice of physical medicine, primarily at the Massachusetts General Hospital. The first Fellow, appointed in February 1945, was Dr. Charles S. Wise, recently discharged from the Army Medical Corps. He began his work in the Department of Physiology under the direction of Dr. Landis and is now doing some research on certain aspects of circulation. He has also completed the course at the Massachusetts Institute of Technology and will come to the Massachusetts General Hospital in March. The second Fellow, Dr. Sedgwick Mead (*EM* 1940, *P* 1941, *a.r.p. N* 1942), also just out of the Army, is well known to Massachusetts General Hospital followers. He began work in physiology at the Medical School in December.

The departments of Physical Medicine and Psychiatry at Massachusetts General also received a research grant from the Baruch Committee on Physical Medicine, for combined studies on the causes of fatigue in psychoneurotic patients and investigation of the effects produced by certain physical agents on these patients. Psychological, chemical, mechanical, and electrophysiological aspects are being investigated under the direction of Doctors Cobb, Finesinger, and Watkins. Other combined research work has been done on poliomyelitis, under grants received from the National Foundation for Infantile Paralysis. Physical therapeutic agents are being evaluated by their effect on the abnormalities recorded in electromyograms of involved muscles.

The physical appearance of the department (second floor, Domestic Building) has changed little during the war, but there have been many changes in personnel. The supervisors, Miss Lucy Morse (O.T.) and Miss Mary Nesbitt (P.T.) remained, but four out of five of the physical therapists entered the Army—one to head the physical therapy department in the Massachusetts General Hospital Unit (Miss Chandler), one to head the department in Boston City Hospital Unit (Miss Dolan). Of these four, one (Miss Hills) has now returned to her former position after service overseas. Three occupational therapists left to enter service—one as a WAVE, and two with civilian status in Army hospitals. One (Joanna Ballou Savery) has now returned to the department.

Probably our greatest war contribution has been in the training of student technicians for the Army, Navy, and Public Health Service. The three approved physical therapy schools in Boston added emergency courses to the regular schedule, so that we have been teaching the clinical aspects of therapy twelve months a year, with our maximum capacity of students per staff technician. In addition to the clinical training, regular courses of didactic lectures were also given. During the five years the department has been operating, 270 physical therapists have received training at the Massachusetts General Hospital and have graduated from their schools. Of these, more than one-half entered military service immediately, probably others later, although we do not have figures on this.

There also has been a great demand for more occupational therapists to work in Army and Navy hospitals, as well as in industrial units and civilian hospitals. The Massachusetts General Hospital has again served as a training center for students from the one approved school in Boston.

For the future, we hope to see fundamental knowledge and interest in Physical Medicine increased by the efforts of the Fellows studying in the field here and at similar centers elsewhere. The members of the Staff returning from military service are especially invited to pay us a visit and give us their ideas on rehabilitation and how to get patients well in a hurry—which they have learned to do so well.

Arthur L. Watkins, M.D.,
Chief of Physical Medicine

ETHER CENTENARY

October 16, 1946 will be the one hundredth anniversary of Dr. Morton's demonstration of the use of ether for anaesthesia in the dome of the Bulfinch building.

Plans are already being made for a suitable commemoration of this important event. It is believed that the occasion can be exploited to further medical progress. Our slogan may well be: We are celebrating a discovery; we need more discoveries; if we are to have more discoveries the public must support medical research.

A committee appointed by the Trustees is at work upon the program. Dr. Arlie V. Bock and Dr. W. T. Sherman Thorndike, President and Secretary-Treasurer respectively of the Alumni Association, are at work upon those portions of the program which are strictly alumni affairs.

Thus far the plans are as follows: In the mornings and afternoons of October 14, 15, and 16, a series of scientific symposia will be conducted at the hospital. On the evening of Monday, October 14, there will be held the dinner of the Massachusetts General Hospital Alumni Association in Harvard Hall of the Harvard Club of Boston. It is hoped that as many as possible of the members of the Association will attend—not only this dinner, but also all other items in the Centenary program.

Tuesday evening, October 15, is reserved for private gatherings.

The climax of the celebration will be in the form of a large evening meeting on Wednesday, October 16, in Sanders Theatre of Harvard University. Speakers are being chosen whose remarks, it is believed, will be of interest to the laity as well as to the medical profession. Bishop Sherrill will be Master of Ceremonies. President Conant of Harvard, President Compton of Massachusetts Institute of Technology, and Dr. Henry K. Beecher, Professor of Anaesthesia, will speak. Others will be announced later.

As plans are developed further they will be described in THE NEWS. A series of letters is also to be sent to the members of the Alumni Association.

Be sure to reserve the dates October 14-16, 1946 on your calendar.

A reception is being planned for members of the staff, nurses, and employees who served in the armed forces. It will be held at the Hospital some time in May—probably on the lawn. More detailed announcements of plans will appear in subsequent issues of THE NEWS.

The second talk in the veterans' series was given at the January meeting of the Medical Staff by Col. Donald S. King (*EM* 1920) and Col. Theodore L. Badger (*EM* 1928) who spoke on "Tuberculosis problems in the Army"—Mediterranean Theatre and European Theatre, respectively. Dr. King has very kindly given us this summary of his talk.

In World War I the plan for the control of tuberculosis in the Army was to have boards of experts examine the chests of inductees and listen for rales brought out by cough. The chest X-ray was too new a development to be used extensively at that time.

Between 1917 and 1940 the death rate for pulmonary tuberculosis in the United States had dropped from 147 to 46 per 100,000. During this time the X-ray had been proved to be much more reliable in detecting active tuberculosis than physical examination.

As a result, in World War II it was decided to X-ray all men before induction. However, the first million were accepted without X-rays, and it is estimated that 10% of the minimal lesions were missed by those who examined the films of those who were X-rayed.

In the first war three million were examined and 0.7% rejected because of rales. In the second war eighteen million were X-rayed and 0.8% rejected. But this does not mean that there was as much active tuberculosis in 1940 as in 1917 or that physical examination is as good a method of detecting active tuberculosis as X-ray. The explanation for the similar percent of rejectees by the two methods is that although there was less obviously active disease in 1940-1945, the X-ray picked out great numbers with asymptomatic but potentially active disease.

As a result of finding and eliminating most of the potentially active cases, the hospitalization rate in the present war was about 1.2 per 1000 per year, as compared with a rate of 12 in World War I.

In Africa and Italy careful study of hospital records showed that only about 750 cases were admitted for pulmonary tuberculosis, besides 265 cases of "primary pleurisy with effusion" which is also regarded as tuberculosis. The tuberculosis rate for the Mediterranean Theater was only 0.58.

Of the 750 cases, 60% were active, 20% probably active, and 20% inactive. The rate was the same for white and colored. Only sixteen women were hospitalized for the disease. Only nine cases died, six of them colored.

It is always a problem as to where soldiers who developed active tuberculosis picked up the infection. Thirty-eight of the 750 had known disease before induction. Twenty percent had a positive family history, and 10% knew of civilian exposure. Of those developing active disease, at least 80% had had X-rays at induction. Dr. Esmond Long believes that in 75% of these cases, careful study of the preinduction films would show that tuberculosis was present at the time of induction but missed in the routine reading of the films. Careful study of about 350 cases showed that about 40 of them had had close exposure to tuberculosis in the Army. These cases came from 10 Units.

In the Mediterranean Theatre, tuberculosis centers, located near ports, were important parts of the program. These centers were especially equipped for X-ray, laboratory study, isolation, and pneumothorax treatment where it was indicated. Toward the end of the war plans were being made to fly home most of the really active cases who seemed able to travel.

We are grateful to Dr. Badger, also, for this summary of his talk.

In the European Theatre the progress of tuberculosis was marked by an extremely low incidence in the Army as a whole, with a higher rate and progressive rise among the nurses. In fact, the rate at the end of the war was lower than at the beginning. Great credit for this good record goes to the Induction Boards in this country for the excellence of their survey work in weeding out the tuberculous before they could be admitted to the Army. The progressively high rate in nurses must be explained by the greater susceptibility of their age and sex with the recognized exposure of nursing and less important factors of fatigue, diet changes, and the strain of war and combat.

Spot surveys of troops stationed in the British Isles were carried out in 1943 with a mobile X-ray unit. Lt. Col. Magnus Smedal, Chief of X-ray at the 5th General Hospital, put this unit together and trained the personnel for most efficient work. A battalion of 500 to 1000 men was considered a fair cross section sample of any military unit. Both ground and air force units were surveyed—especially those who had been a year or more overseas. More than seven thousand soldiers were X-rayed. Active tuberculosis was found at a rate of less than one per thousand per year. Calcified nodes were often extensive and seen in more than 15 percent, while the incidence of fibrocalcific residues was slightly over one percent.

Most interesting were the Recovered Allied Prisoners recaptured by our advancing armies. These men presented a most extraordinary picture of starvation and tuberculosis. Captured for the most part in the Ukraine, the ended up in the mines and heavy industries of the Rhur and Metz regions where they had been living under most crowded conditions and overworked for long hours. In the course of a few days some sixteen hundred of these men were admitted to the 46th General Hospital in Besancon, France. This unit was formerly in the Mediterranean Theatre, and Dr. Murray Burns was in charge of Medicine. Other hundreds went to other hospitals in Eastern France. Forty percent of these men had active tuberculosis, ninety percent of whom were far advanced in the disease. None spoke English, most were mentally retarded by starvation, and no sort of discipline prevailed. The treatment of starvation came first with separation of infectious cases. Their disease was bilateral, acute and chronic widely disseminated, often with massive thoracic and mesenteric nodes with extensive bronchial disease. The acute ones were rapidly progressive, with a total mortality that approached 30 percent.

Pathologically, it was typically fibrocaseous tuberculosis. There were, however, many cases showing vast areas of necrosis and caseation without tubercle formation, without giant cells or epitheleoid formation, and with little or no small cell infiltration. In these latter cases one saw the picture of overwhelming infection, or the absence of constitutional response to the disease, or both. What part starvation alone played is not clear, a the contact sources of infection were massive. The handling of this great influx of tuberculous patients reflected the utmost credit upon the Hospital units burdened with their care. and a unit citation went to the 46th General Hospital for their skill in surmounting the problem.

Recovered American Prisoners of War had been a shorter time in German hands but, in spite of this, serious starvation existed. The incidence of tuberculosis, however, was not critical. All Recovered American Prisoners hospitalized at the 77th Field Hospital, in Western France, were X-rayed and showed approximately eight times the amount of active tuberculosis found in the Army air and ground forces. X-ray survey of all Recovered American Prisoners was not possible and the tuberculosis rate for the entire group cannot be determined, but it must be lower than for those hospitalized. In about 850 of these Recovered Americans Boarded to the United States from one General Hospital, there was nearly twice as much pleurisy with effusion as parenchymal tuberculosis.

* * *

As always, the Spirit of Christmas came again to the Hospital this year. In a program which covered more than an entire week, there was chorus singing in the Chapel and on the wards, recorded music, organ and violin concerts, the children's party, the adult entertainment, bell ringing on all the wards, and the Dietary Department's Christmas party. The Nurses' Candlelight Service is described otherwhere in this issue.

We are all very grateful to everyone—both within and outside the Hospital—who helped make Christmas week a success and did so much toward bringing happiness to so many troubled hearts.

The printed program was enclosed this year in a very attractive cover designed by Mr. David Christensen and made in the Occupational Therapy Department.

* * *

Dr. Faxon has received this fine letter from Colonel E. Standlee, M.C., Surgeon.

HEADQUARTERS
MEDITERRANEAN THEATER
OF OPERATIONS
UNITED STATES ARMY
Office of the Surgeon

. . . In the auxiliary role of military medicine in the North African and Italian phases of the war, the Massachusetts General Hospital has been well and ably represented. The sum total of the productive efforts and salutary accomplishments of M.G.H. doctors and nurses in this theater has been no small contribution to the successful care of our sick and wounded.

The very distinguished service of Doctor Churchill needs no emphasis. He came to our theater during the early phase of activities with a pre-conceived plan which approached perfection and which he readily and forcefully adapted to military requirements. It is my considered opinion that the work which he and his assistants did in the field of military surgery in this theater surpassed any that had previously been done and will stand out as the most authoritative on the subject. Surely no finer tribute than the saving of countless lives and the prevention of much physical disability can be his. In addition, the records of Colonels Beecher, Simeone, Sullivan, and Major Lyons have been very significant. Col. Donald King, Major Trygve Gundersen, and Major Daniel Holland were "borrowed" from the 6th General Hospital for special duty from time to time. Lt. Col. Langdon Parsons and Major Charles Burnett are among the other Bostonians who were called upon for special assignments. All performed their tasks with enthusiasm and diligence and have contributed to an exceedingly marked degree in the successful care and management of surgical cases throughout the theater.

The professional talents of the 6th General Hospital were widely used and much appreciated. These associations have been most pleasant, and with admirable pride I commend your institution for the contributions of her pupils during the war in the Mediterranean Theater. . . .

* * *

In addition to the citations already mentioned in The News, the following have been received:—

Cpl. Malcolm A. Conner, in charge of the newspaper concession here at M.G.H.—Certificate of Merit . . . in recognition of meritorious service during the period 18 June 1944 to 25 May 1945, both dates inclusive. During this period of continuous commitment of the unit [31st Medical Group], Technician Fifth Grade Conner performed his duties of Supply Clerk in a manner within the highest keeping of the service. His knowledge and understanding of supply problems and matters greatly contributed to the efficiency of the supply situation in his organization. He has shown great initiative and thoroughness in handling captured medical supplies and has helped relieve his superiors of many of these matters. His untiring efforts, devotion to duty, and thorough understanding of his duties reflect credit upon himself and his organization. . . .

Lt. Comdr. Arthur T. Willetts, MC (*r. U* 1941)—Silver Star Medal . . . for conspicuous gallantry and intrepidity in action against the enemy while serving with a Marine battalion during the landing attack at Cape Torokina, Bougainville, British Solomon Islands on November 1, 1943. Lieutenant [now Lt. Comdr.] Willetts, a surgeon attached to an assault battalion, found the beach strewn with injured men in need of immediate medical attention. The entire beachhead was subjected to enemy fire which endangered the lives of the wounded. He immediately requested a nearby assault unit to attack a nearby jungle area, and after the area was cleared of enemy troops, he established an aid station under cover of the jungle growth. Although the aid station was subjected to six enemy machine gun attacks during the day, Lieutenant Willetts never once took cover nor indicated in any way to his patients the peril of their situation. He treated more than eighty serious wounds with great professional skill. Despite his own dangerous position, his courageous bearing served to avert panic among the wounded and his gallant conduct was in keeping with the highest traditions of the United States Naval Service.

W. F. Halsey
Admiral, U.S. Navy

Col. Thomas R. Goethals has been presented with the Legion of Merit for his work as Commander of the 6th General Hospital. The award was made at Fort Devens by Brigadier General William C. Crane, Post Commander.

Helen Hewitt has returned to her former position as assistant night supervisor in the General Hospital. Miss Hewitt was a member of the Massachusetts General Hospital Unit overseas.

Helen Coghlan, also a member of the M.G.H. Unit, has returned to her former position as operating room supervisor at Phillips House.

Margaret Nelson, formerly a private duty nurse, who served with the American Nurses Corps for four years, two of which were spent in the Mediterranean Theatre, has accepted a temporary position as head nurse at Phillips House.

Mary Alice Carpenter, who served with the Red Cross Nursing Service and was stationed at the Harvard-Red Cross Hospital in Salisbury, England early in 1941, and later with the American Nurses Corps in the European Theatre, has been appointed a head nurse in the General Hospital.

The Nurses' Glee Club held its annual Candle Light Service in the Moseley rotunda on the evening of December 18. Mrs. Grace Warner Gulesian was the director. Many members of the Nurses' Alumnae Association and friends of the Glee Club were present.

To the singing of "Hark, the herald angels sing" the Glee Club filed into the darkened auditorium, each nurse carrying a lighted candle. This very beautiful feature of the program needs to be seen and heard to be appreciated.

Violin accompaniment was furnished by Miss E. M. Reade, with Mrs. Gulesian at the piano. The audience joined in the singing of several familiar carols which were interspersed among other lovely songs given by the Glee Club.

There is still time to get one of the attractive engagement calendars with their 27 full-page pictures of interior and exterior scenes about the Hospital, which are on sale here at M.G.H. Because of the unusual collection of pictures, this is a calendar you will wish to keep, long after 1946 has gone its way. But perhaps the chief reason why you should secure one is that the entire proceeds from their sale go to the endowment fund of the Massachusetts General Hospital School of Nursing.

Write to Miss Ethel V. Inglis, John Hancock Mutual Life Insurance Co., 197 Clarendon St., Boston, Mass., for your calendar. You'll agree that your $1.50 is well spent when you see what you get for your money; but you'll eternally regret it if you wait until they're all gone.

* * *

Capt. Lillian Chase, RCAMC, at present attached to the Standing Medical Board #2 D.D., Toronto, while on a short leave recently, visited the Diabetic Clinic and the Dietary Department of M.G.H. She was very enthusiastic about the psychological approach to diet problems which Miss Dagna Klisurich brings to the patients.

Captain Chase was the guest of Miss Muriel McLatchie for a week.

At their meetings on December 14 and 28 and January 11, the Board of Trustees voted:

To accept the resignations of Drs. R. Earle Glendy and Margaret M. Glendy with regret;

To accept the resignation of Dr. Rosemary V. Gorman from the position of Assistant in Medicine;

To accept the resignation of George D. Parker, D.M.D., with thanks for his service and best wishes for the future;

To accept the resignation of Dr. Edward L. Young with regret and appreciation of his services and to appoint him to the Board of Consultation;

To promote Dr. Harold G. Giddings from the position of Assistant in Surgery to that of Associate Visiting Surgeon;

To change Dr. Fiorindo A. Simeone's position on the Staff from Assistant Urologist to Assistant Surgeon;

To extend the appointment of Dr. Clito R. Damiani as Resident on the Dermatological Service from March 31 to September 1;

To appoint:

Dr. Benjamin Bacon as Assistant Obstetrician with the understanding that his practice in the Phillips House and Baker Memorial will be limited to obstetrics;

Dr. William C. Burrage as an Assistant Resident in Medicine for three months, beginning January 1;

Dr. George H. A. Clowes, Jr. as Third Assistant Resident in Surgery for a period of 8 months, beginning January 1;

Dr. Jane E. Denton as Assistant Resident in Medicine, beginning April 1;

Dr. William A. Dickson as an additional Intern on the Children's Medical Service in order to provide a rotating internship in connection with the House of the Good Samaritan;

George M. Freeman as Intern on the Dental Service, beginning April 1;

Dr. W. Philip Giddings as First Assistant Resident in Surgery, beginning December 15, 1945;

Dr. William W. L. Glenn as First Assistant Resident in Surgery, beginning December 12, 1945;

Dr. Daniel J. Holland, Jr. as Assistant Resident on the Dental Service, beginning March 1, and to continue him as Assistant Dental Surgeon on leave of absence until completion of his residency;

Dr. Byrl J. Kennedy as Assistant Resident in Medicine, beginning April 1;

Dr. Michael A. Luongo as Intern in Pathology for one year, beginning January 1;

Dr. John R. McDaniel as First Assistant Resident in Surgery, beginning December 14, 1945;

Dr. Hugh A. MacMillan, Jr. as Second Assistant Resident in Surgery for a period of 8 months, beginning January 1;

Dr. Arthur S. Pier, Jr. as an Assistant in Medicine as of December 1, 1945;

Dr. Channing S. Swan as an Assistant in Urology;

Dr. Philip P. Thompson, Jr. as a demobilization extra Assistant Resident in Medicine for a period of 6 months, beginning January 1;

Dr. LeMoyne White as Assistant Resident on the Psychiatric Service, beginning April 1;

Dr. Lester P. K. Yee as Second Assistant Resident in Surgery as of December 21, 1945.

The Trustees also voted:

That a reception for members of the Staff, nurses, and employees who served in the Armed Forces be held at a later date.

The General Executive Committee, at their meetings on January 2 and 9, voted to appoint:

Dr. William M. Jefferies as Clinical Fellow in Medicine for one year, beginning January 2;

Dr. Avery D. Weisman as Research Fellow in Psychiatry, as of January 1.

The following men have returned to active duty on the Staff, as of the dates given:

Dr. Otto E. Aufranc, Assistant in Orthopedics	Dec. 17
Dr. John T. B. Carmody, Assistant in Neurosurgery	Jan. 3
Dr. Richard Chute, Associate Visiting Urologist	Jan. 1
Dr. Neil L. Crone, Assistant in Medicine	Jan. 14
Dr. Thomas R. Goethals, Obstetrician	Feb. 1
Dr. John R. Graham, Assistant in Medicine	Jan. 14
Dr. Francis T. Hunter, Associate Physician	Jan. 1
Dr. Theodore C. Pratt, Assistant in Surgery	Jan. 7
Dr. Grantley W. Taylor, Associate Visiting Surgeon	Jan. 1
Dr. Maurice M. Tolman, Assistant Dermatologist	Jan. 7
Dr. Richard Warren, Assistant Surgeon	Dec. 21
Dr. George P. Whitelaw, Assistant in Surgery	Feb. 1

MASSACHUSETTS EYE & EAR INFIRMARY

Ophthalmological Service

Appointments:

Dr. Fred S. Thorne Dr. Trygve Gundersen	Associate Surgeons in Ophthalmology to Surgeons in Ophthalmology
Dr. David G. Cogan Dr. Merrill J. King	Assistant Surgeons in Ophthalmology to Associate Surgeons in Ophthalmology
Dr. S. Forrest Martin Dr. Garrett L. Sullivan	Senior Clinical Assistants in Ophthalmology to Assistant Surgeons in Ophthalmology

Resident Staff:

The following men have received appointments to the Ophthalmological Service, as of the dates given

Dr. Mayo J. Poppen	July 1
Dr. William Stone, Jr.	Oct. 1

We are glad to be able to report that the men listed below, who were appointed to the Resident Staff of the Ophthalmological Service but were unable to complete their residency due to military service, are returning to start their training on the dates given.

Dr. Everett C. Moulton, Jr.	Jan. 1
Dr. Warren W. LaPierre	Apr. 1
Dr. Alfred Kant	July 1
Dr. Richard B. Pippitt	Jan. 1, 1947

Dr. Bernard Zonderman and Dr. Richard Goldcamp are back to resume their residency in Oto-Laryngology, which was interrupted during the war.

In general, most of the members of the Staff who left for military service have returned to their duties at the Infirmary and it is needless to say they are most welcome. Activities are in full swing and it is beginning to seem like what we used to refer to as "normal times".

Graduate courses in Ophthalmology for veterans are to be given under the auspices of the Harvard Medical School, beginning in March. The first two months will be devoted to the basic sciences of Ophthalmology, followed by a month of Clinical Ophthalmology in May. There will also be a course in Refraction given in June.

Dr. David G. Cogan will be in charge of the two-months' basic course, and Dr. Theodore L. Terry will supervise the course in Clinical Ophthalmology. The course in Refraction will be given by Dr. Albert E. Sloane.

Because there is need for basic instruction in Ophthalmology on a much larger scale than is now available in the existing centers, there will be another course given under the auspices of the Ophthalmological Study Council of the American Board of Ophthalmology. It is planned to give this at the Boston Medical Library for approximately 100 veterans who are unable, for various reasons, to secure places in any of the established first-rate courses at the several universities. No laboratory or clinical instruction can be given to such a large group, but the purpose of this course is to furnish preparation for future residencies or preceptorships.

The New England Oto-Laryngological Society held its Annual Meeting in conjunction with the Triological Society, Eastern Section, at the Hotel Statler on January 9. Eleven papers were given during the day. The meeting was well attended.

In the evening the Annual Dinner of the New England Oto-Laryngological Society was held in the main dining hall of the Harvard Club. About 160 members and guests were present to hear the guest speaker, Dr. Julius Lempert of New York, discuss endaural surgery of the temporal bone.

New addresses:—

PFC Marjorie W. Acree, 28th WAC Hospital Co., Cushing General Hospital, Framingham, Mass.

Capt. John J. Ballenger, MC, AUS (*Oto-Lar.* 1943), Station Hospital, Camp Grant, Ill.

Major Frederick S. Coombs, MC (*r.p.* 1937), AAF Regional Hospital, Chanute Field, Rantoul, Ill.

Lt. Col. David Bruce Dill, QMC (*res. fel. M* 1925-27), Harvard University, Fatigue Laboratory, Morgan Hall, Soldiers Field, Boston 63, Mass.

Major Ephraim P. Engleman, MC, AAF (*res. fel. M* 1941-42), Chief of Medical Services Branch, Birmingham General Hospital, Van Nuys, Cal.

Lt. Comdr. Marcus E. Farrell, MC (*CM* 1934), Medical Bldg. 407, Naval Center, Bainbridge, Md.

Col. Donald M. Glover, MC (*WS* 1922), 2507 Guilford Road, Cleveland Heights 18, Ohio.

Capt. John S. Hathaway, MC, AAF (*r.p. EM* 1932), 43rd Squadron, 29th Bomb Group, APO 334, c/o Postmaster, San Francisco, Cal.

Col. Lewis W. Hill, MC (*WM* 1915), 319 Longwood Ave., Boston, Mass.

Lt. Barbara A. Jensen, NC, Submarine Base, Naval Dispensary, New London, Conn.

Capt. Frederick H. Kalil, DC, AUS (*Dn.* 1943), "E" Sq. BRAAF, Boca Raton Field, Fla.

Capt. Walter S. Kerr, Jr., MC, AUS (*WS* 1943), 48 Village Hill Road, Belmont, Mass.

Lt. Comdr. R. Starr Lampson, MC (*ES* 1936) 179 Allyn St., Hartford, Conn.

Comdr. Sylvester McGinn, MC (*a. M*), U. S. Naval Hospital, Corona, Cal.

Comdr. Richard D. Nies, MC (*An.* 1941), NATS VR 12, c/o Fleet Post Office, San Francisco, Cal.

Capt. Benjamin Tenney, MC, USNR (*WS* 1927), U. S. Naval Hospital, Out-Patient Dept., San Diego, Cal.

Dr. Robert L. Thomas, 400 -29th St., Oakland 9, Cal.

Brief bits:—

Dr. Donald V. Baker, Jr. (*ES* 1943) is on terminal leave and is planning to join the house staff at M.G.H. soon.

Comdr. Allen G. Brailey, MC (*EM* 1930) has been released from active military duty.

Capt. Richard R. Carter, MC, AUS (*r.p. N* 1942), of the 46th General Hospital, is back in civilian life.

Lt. Col. Thomas Cavanaugh, MC (*Oph.* 1940) has returned to the Eye and Ear Staff.

Malcolm A. Conner, whose letters gave us such sharp pictures of European scenes during the war, is back at his old job here in the Hospital. He was Chief Clerk in the Medical Control Office, G 5 Industry Control Branch in Heidelberg.

Capt. Perry J. Culver, MC, AAF (*EM* 1942) has been home on leave. He has returned to Maxwell Field, Montgomery, Ala.

Dr. Alfred Hurwitz (*gr. asst.* S 1942) has been discharged from the Army with the rank of Lieutenant Colonel.

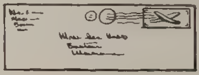
Dr. James R. Lingley (*res. R* 1930) is back at the Hospital.

Capt. Leon F. Ray, MC, AUS (*r.p. D* 1939), another member of the 46th General Hospital, is back in civilian life.

Capt. Richard V. Riddell, MC, AUS (*ES* 1943) expected, at last accounts, to be separated from the Army within a few days.

Dr. Howard B. Sprague (*EM* 1924) is out of military service.

Dr. Edward G. Thorp (*EM* 1931) has been appointed Chief of the Medical Service at the Malden Hospital.



Many of you remember Dr. John C. Whitehorn, who was a Research Fellow and Associate Psychiatrist at M.G.H. in 1936-38. He is now Psychiatrist-in-chief at Johns Hopkins. This letter from him, to Dr. Faxon, will be of interest to all of Dr. Whitehorn's friends.

> As a former member of the large MGH family—albeit in a rather peripheral relationship some years ago—I write to express my appreciation of THE NEWS and its morale function.
>
> It may be appropriate, in the interests of complete coverage of military news, to record that I had the interesting experience of being a sort of "visiting physician" to the psychiatric services of our four fighting armies in Germany during the closing weeks of the fighting there, as a member of a special five-man team. We were in the ETO about eleven weeks, for the SGO and OSRD, studying combat exhaustion, its pathogenesis, treatment, and prevention.

The copy of the citation awarded Major Richard B. Capps, MC (*CM* 1931 & *EM* 1933), published in the November number, came to us from an outside source. We now have our first direct communication from Dr. Capps, written from 112 South Michigan Blvd., Chicago.

> I returned to this country last spring, and have been Chief of the Medical Service of DeWitt General Hospital for the last six months. This hospital is designed as a special center for the study of infectious hepatitis.
>
> In December I was retired because of a recurrence of my own hepatitis. I am now back in Chicago, and expect to re-enter private practice in March.

Major Capps served with the 12th General Hospital overseas. That's all we know about his military activities. We wish he'd send us at least an outline of his experiences over there, to appear in a future "In retrospect" column.

Lt. Col. Carter R. Rowe, MC (*Or.* 1939) cancels a long, long silence with one of the nicest letters we have received. The last paragraph, in particular, is meant for all of you who are helping make The News what it is.

I remained with the 105th General Hospital, as Chief of the Orthopedic Section, until we were separated from the hospital and sent to Leyte. That was May 1945, at which time we were on Biak, N.E.I. On Leyte I was with the 118th General Hospital (Johns Hopkins Unit) which came over with us on the *West Point* in May 1942. We were very busy at first, but this quieted down later, and in September I was sent to Manila to the 248th General Hospital as Chief of the Orthopedic Section, to review the British POW's. There were Canadians from Hong Kong, Australians, New Zealanders, and English from Singapore and China and Japan. Nutritional deficiencies were advanced, beriberi being the commonest condition. There were many orthopedic conditions, but due to the poor general condition of the patients, we did only emergency work evaluated their other conditions, and made them comfortable for the earliest return to their respective countries.

I was returned to the U.S.A. in October, completing 42 months overseas. On 22 November I was separated from the service and placed on terminal leave, which extends to March 7. During my service I received two promotions: to Major in March 1943, and to Lt. Colonel on 14 December 1945.

As to my future—on March first I will be associated with Dr. Edwin F. Cave in orthopedic surgery and will let you know my living address when I am fortunate enough to find one.

None of us can tell you how much The News has meant to us. It is definitely one of the main factors in keeping Massachusetts General men together all over the world. We keep up with what goes on at the Hospital from month to month, we keep up with what our friends are doing from time to time—all of which makes for a family tie-up which is so distinctive of the General men.

"First" letters are still coming in, so it's not too late for you who have not already done so to join the "association of firsts". Here is one such from Lt. Col. E. Murray Burns, MC (*r.p. Psychiat.* 1935).

At the present time, after nearly five years in the Army, I am now on terminal leave and back in private practice in Portland, Oregon—902 Stevens Building.

I flew back from France late in September, after being on duty in that country for a little over a year, preceded by a year in North Africa.

I have thoroughly enjoyed The News, which has kept me well informed of all my associates in M.G.H. Please give my best to any of them you may meet and tell them that if they are ever out in this part of the country, I shall be happy to have them look me up.

Dr. Laurence B. Ellis (*EM* 1928) is back home. From 319 Longwood Avenue, Boston 15, he writes:—

I am once more a civilian, having been separated from the service in October. Previous to this, I served as Chief of the Medical Service of the 7th General Hospital in England until May 1945 and subsequently as Medical Consultant to the United Kingdom Base.

Like all the others who received The News while overseas, I found it one of the most welcome publications.

From Birmingham General Hospital, Van Nuys, California, Capt. Fathollah K. Mostofi, MC, AUS (*a. P*) reports his promotion in rank and adds:—

Since I have only 24 points, am 34 years old, and am in charge of the Laboratory here, it is anybody's guess as to how long I will be in the Army.

Every week we have a grand reminder of the Massachusetts General in the form of a series of Clinico-Pathological Cases which we discuss at our staff conferences. These were shipped out to us, complete with Kodachrome slides, etc., by Dr. Castleman—and do the Medical Officers enjoy it!

Lt. Murray W. Scott, Jr., MC, AUS (*WS* 1945) has sent this "first"—from USA General Hospital, Camp Carson, Colorado.

After knocking about in various Army schools for five months, I have been fortunate in being assigned to the Surgical Service here. Colorado Springs is a delightful place at the foot of Pike's Peak and adjacent Rocky Mountains. The weather is mild, and one can play golf one day and go skiing on Pike's Peak the next.

I had the interesting experience of picking up a clinical record today and seeing the name of Bill Wigglesworth [*ES* 1945], an HMS classmate and fellow MGH surgical intern. At the time it was written he was on the west coast.

We "recruits" have no word as to how long we shall remain in the Army. Regardless of the length of time, my enthusiasm to return to the surgical teachings of the M.G.H. shall not diminish.

Lt. Cornelius J. Shea, MC, USNR (*ES* 1943) sounds, from this brief letter, like an excellent candidate for the "Now-it-can-be-told" department. He writes, from U.S. Naval Mine Station, Panama City, Florida:—

I have had leave, following sea duty in which I participated in the Leyte, Mindoro, Iwo Jima, and Okinawa operations, and am now Medical Officer of a small Naval Station here.

The following news release gives us the first information we have had regarding Major J. Maxwell Chamberlain, MC (*NS* 1934 & *WS* 1937) since he sent us his address at Fort Lewis over a year ago. The release runs:—

. . . Major J. Maxwell Chamberlain is in charge of the Korean Medical Education Section, Bureau of Education, with the Military Government, in Seoul, Korea.

Entering the service in October 1944, Major Chamberlain served at various general hospitals before attending the Medical Corps School at Carlisle Barracks. Upon completion of the school, he was stationed at Kennedy General Hospital before serving as Commanding Officer of the 402nd Thoracic Surgery Detachment at Fort Lewis, Washington. Later, he was stationed at Baxter General Hospital, before leaving the States for overseas duty in June 1945. . . . Before entering the service, Major Chamberlain was Principal of Thoracic Surgery, New York State Chest Hospitals, in Cooperstown, N. Y.

A "first" from Major Charles B. Burbank, MC (*WS* 1939) arrived a few weeks ago. Because it was on display on our bulletin board it did not get into the last News. It carries several lines of heading printed in Japanese, following which Major Burbank writes:—

The letter heading should be enough, but in case you can't read it, I am at the 42nd General Hospital, APO 503, Tokyo. I arrived here from the ETO via Panama and the Philippines where I spent several weeks. I am at present Chief of Surgery and very busy.

Saw Tom Gephart [*WS* 1941] the other day. He came down from Aomori Bay, and we had a pleasant evening.

Have hopes of coming home soon, but who can tell?

It is *so* good to hear again from Major F. Thomas Gephart, MC (*WS* 1941) and to learn of his promotion. His letter is headed 167th Evacuation Hospital, and he says:—

The October number of The News contained a copy of the citation I received some months ago. However, through some error, your note indicates that I also received the Bronze Star, which is incorrect. There was just the one award. This is to help keep the records straight. [Your editor regrets she didn't understand that the additional Bronze Star caption must have applied to a citation for another person—which citation had evidently been cut from the copy of Major Gephart's award.]

During my overseas tour of slightly more than two years, I have managed to cover a fairly large area of the Pacific. Some of the stops have included New Caledonia, Guadalcanal, Bougainville, Munda, New Zealand, Suva, Russell Islands, Anguar, Peleliu, Leyte, and now northern Honshu in Japan. After becoming acclimated to life in the tropics, we find our present location—since it is somewhat similar to Boston's in temperature—rather chilly. We already have nearly two feet of snow, with more falling almost constantly.

Our field hospital was inactivated after setting up near Aomori on the northern tip of Honshu. In November the installation was taken over by an evacuation hospital and the few of us officers who remained were transferred to that unit. Our surgical service is not very active, the work here being similar to that in a garrison.

As far as one can determine, I shall become eligible for discharge with the announced point reduction effective December 31. The policy here seems to be to keep medical officers for most of the permitted sixty days after they become eligible for discharge, but I should be on my way by March first.

From our very narrow horizon, the occupation of Japan seems to be going satisfactorily. In this region, at least, there have been no apparent difficulties and the Japanese have been very coöperative. However, the majority of the civilians up here are poor, uneducated farmers who have always had a subservient existence, so we can't be sure this is true throughout Japan.

Many thanks again for sending The News. Would you mind addressing future copies to me at my home: 136 Parkview Avenue, Bronxville, N. Y.? You see, I am at least optimistic!

A letter from one of our nurses in military service is a rare treat. Dr. Meigs probably realized this when he passed on to us this letter from Leonille M. Dufault (*MGH* 1936).

After basic training at Devens, which was fairly rugged, I was assigned to Camp Edwards where I did 5 weeks of duty on an officers' ward. I had the opportunity to speak to Colonel Cave one day. Even when close to home, an MGH-er is greeted with open arms. He is very well liked there and is doing an excellent job.

Thought I knew the Cape fairly well, but while stationed there I discovered a few fishing spots and swimming beaches I never knew existed. The Cape is surely beautiful, but only a New Englander can appreciate its natural beauties—and I sure can.

From Edwards 350 of us were transferred to Columbia, South Carolina—a trip none of us will ever forget. We were in old discarded B & M coaches, with very few accommodations. No water (only GI cans for bare necessities), the lavs. were as primitive as were the cars, definitely no air conditioning, and at the end of our 2 days and nights we were a beautiful sight to behold—dirty and

Four of a kind — Lieutenants and Surgeons all
Left to right: Frank C. Wheelock, Jr. (*ES* 1943), William C. Wigglesworth (*ES* 1945), Jesse E. Thompson (*ES* 1943), and Grant V. Rodkey (*WS* 1943)
Taken at Carlisle Barracks last summer

wrinkled, but with high spirits in spite of the little sleep we could get curled up on the seats. I never ran across such a grand group of girls—all New Englanders, naturally!

From Columbia our overseas processing started—no nursing, days devoted to physical and dental exams, inoculations of all kinds, and the issuing of clothes for our new post.

After 2 1/2 weeks of "vacationing" in S. C. we were, royally this time, moved to New Orleans, where we spent 5 grand days visiting and exploring while awaiting completion of the hospital ship *Republic* which is taking us to our various destinations. We are 723 nurses being distributed to Saipan, Manila, and Okinawa—the last being my destination. This ship is on her maiden voyage since being converted from a troop transport. It was to have been in good condition, but we have run into nothing but trouble—which I'm not objecting to in the least, since it has afforded us two glorious weeks in Panama.

The city is very military in appearance. It is made up almost wholly of camps. Even the civilians live in government owned and operated projects. Supposedly stopping here for only two days, we were quartered in the most beautiful camp—an air base where palms and cocoanut trees, green grass and shrubs abound. The barracks were palatial compared with what we were accustomed to having—3-story stucco buildings with fancy red tile roofs. Always the best for the Air Corps, so they say!

Fortunately for us—although I feel sorry for the poor boys over there who are waiting for this ship to return them home—the *Republic* still needed a lot of repairs, and in the meantime we gals toured old and new Panama, visited many spots of interest, and were allowed to fill vacancies on any planes as long as the trip didn't take us out more than a day. I was up several times in regular passenger planes, and one flight I will never forget. The pilot was taking a few jeeps and some machinery in a paratroop carrier plane to one of the islands near by, and I had the privilege of sitting in the co-pilot's seat for about an hour, getting a blow-by-blow account of the workings of the plane and of the scenery below.

Yesterday we were all brought back to the ship and at 5 P.M. we pulled anchor, supposedly bound for Hawaii, Saipan, etc. Hardly out of sight of land, we encountered more engine trouble, anchored for the night, and early in the morning returned close to Panama where we have been anchored all day. Rumor now has it that we will return to port and that it will be another 2 to 3 weeks before we can start on our trip. My regrets are for the boys who may need us; for myself, I love every bit of this adventurous life. Sometimes I wonder if I wasn't born with a suitcase in my hand.

This later letter from Miss Dufault carries on from where the above left off.

When we left Panama, it was to return to the States with San Francisco our new home. Our stop-over for ship's repairs took so long that Washington canceled our orders, including our trip to Japanese waters, for which I'm terribly disappointed. Except for shifting our course to pick up an SOS from a Belgian ship five days out of Panama, our return trip was uneventful. The SOS proved to be a red hot appendix on a 23-year old sailor, operation under spinal 20 minutes after embarking. We lost about two days, but it was added experience.

In Frisco I was assigned to Letterman General—the Country Club of the medics. Bed capacity 3500 pts. During my first three weeks there, we were catering to almost nobody but prisoners liberated from the Japs—giving them renewed energy and a rest before they continued on to hospitals nearer their homes. Most of those we took in were pitiful sights—skin and bones, terrific appetites without the ability to eat to their hearts' content, scared and beaten expressions on their faces, and each one a perfect patient—the kind that makes you enjoy being a nurse.

I missed Ken Keeley [*NS* 1937] by about one week. He had been a prisoner for some three years, you know, and had stopped at Letterman for a short check up. According to a letter from his mother, he is apparently in excellent condition.

As I had four weeks of night duty out of my five in California, I saw very little of famous Frisco. The city is pretty and quaint, and lives a lot on tradition. As a ride on the swan boats is a necessary part of a trip to Boston, a visit to San Francisco is not complete until you've been on the cable cars—antique little affairs that make the steepest hills under ungodly loads. Young and old, men and women, everybody hangs onto the outside of those cars. It is fashionable to hang on. One just *must*.

With my return to the States I was sure my overseas duty was over, but last week nine of us from Letterman were given orders to report here at Fort Jackson, South Carolina, for European duty. All overseas duty for nurses is now on a volunteer basis. Anyone has the right to refuse. I was pleased with the assignment, as you might imagine.

There are over 500 of us here shipping out tomorrow for Myles Standish—a beautiful opportunity for me to get home before setting out again. Our ship, the *West Point,* is already at anchor in Boston, waiting for its female cargo. Unlike the usual troop ship movement, this will probably be a pleasure cruise, as we are carrying with us diplomats, big bugs, and several hundred Marine and Navy officers. Orders are that we *must* dress in Class A's for dinner.

Our trip across the country proved to be very interesting. Never having seen more than our eastern mountains, I was fascinated by the Sierra Nevadas with their beautiful snow-covered peaks, and the miles and miles of barren wastes and deserts were worth seeing, too. My, but our own U. S. is beautiful! A major on his way home to Alabama from the South Pacific was as anxious as I to visit as much as he could on the way across. So, at all lengthy stops—Sacramento, Ogden, Cheyenne, Omaha, Chicago, and Cleveland—we would grab a taxi and have the driver show us as much of the high lights as time would permit. How will I ever settle down again to quiet civilian nursing when all this is over? I wouldn't shout it too loudly, but far from giving up a lot by coming into the service—as many believe—it's been one exciting experience after another.

I gather from The News that many MGH men have already returned to continue where they left off. Normal times will soon be restored at dear Alma Mater.

IN RETROSPECT

Not since September 1944 had we heard from Lt. Col. Frank B. Cutts, MC (*WM* 1934). Just as we were about to send out a where-are-you, this arrived from him.

The recent receipt of a News, forwarded from Burma, reminded me that I had neglected to keep you informed of my whereabouts.

I left Myitkyina on July 30 and flew home via Delhi, Karachi, Abadan, Cairo, Tripoli, Casablanca, the Azores, Newfoundland, and New York. Since September I have been at the Woodrow Wilson General Hospital in Staunton, Va., as Chief of the Medical Service. The service is active, with a wealth of very interesting clinical material. In the past few weeks we have had a case of Addison's disease, a reticulum cell sarcoma involving multiple bones, 3 coronaries in soldiers under 30, an instance of calcified pericardium, 2 amoebic abscesses of the liver that have perforated the diaphragm, a Boeck's sarcoid, 2 cases of aplastic anemia, a case of sickle cell anemia, 2 cases of acute pancreatitis without evident gallbladder disease, etc.

From present indications I should be out of the Army by the middle of December, and after the first of the year expect to be back in Providence, R. I. (378 Rochambeau Ave.).

Major Sedgwick Mead, MC, wrote this letter, from Manila, to Dr. Means.

I left the 6th General at Bologna, being ordered to join the 170th Evac for direct shipment to the Orient. The personnel is young, enthusiastic, and competent. I find myself suddenly the fourth highest ranking and the third oldest officer in the organization! Actually, at the moment I am parked in a Replacement Depot waiting for shipment home and discharge. We are supposed to have Air Priority, but so far haven't been able to get it from the ATC. With various uncertainties, including strikes, it may be after Christmas before I get back to the M.G.H.

I have seen enough flagrant wet and dry beriberi and pellagra among American and Japanese prisoners to last me the rest of my life. Cardiac failure from beriberi heart is not at all uncommon. Some marvelous research is going begging here. There is a museum of nutritional neuropathies, both peripheral and cord.

THE NEWS

No. 42 Boston, Mass. MARCH 1946

OBSTETRICAL SERVICE AFFAIRS

The editor's request for a report from the Obstetrical Service awakened a dim memory of the book on Iceland which had one chapter entitled "Snakes", containing only the statement "There are no snakes in Iceland". A similar statement with respect to obstetrics in the M.G.H. would not be far from the truth. The hospital has an ample obstetrical staff, a small part of which carries on a fairly active private practice in the Phillips House and the Baker. It does no teaching, conducts no research, and, in fact, contributes nothing to the M.G.H. except that two of its members act as consultants to the other services. By the same token, the M.G.H. contributes nothing directly to the advance of obstetrical knowledge. This is not the occasion to discuss what should be done or whether anything should be done about this situation, but it may not be amiss to emphasize the role that an institution like the M.G.H. could play in the investigation of obstetrical problems. The most important of these problems are not concerned with the mechanics of delivering babies — no new methods of delivering babies have been devised since the invention of the forceps, and it is rather unlikely that any will be. The real problems are such matters as diabetes and nephritis in pregnancy, essential hypertension and the possible application of sympathectomy to its treatment in pregnancy, the late effects of renal infections, the significance of hormonal imbalance, and that mysterious *bête noire* of the obstetrician — eclampsia. These problems extend into many special fields and far beyond the grasp of the obstetrician. They can be attacked efficiently and effectively only by a coöperative organization of specialists. The M.G.H. is such an organization and the possible results of diverting some of its energies and abilities to the study of these problems are worthy of serious consideration.

It is apparent that any report of obstetrical affairs at the M.G.H. must be concerned with the private obstetrics in the Baker and the Phillips House. Baker 9 got through the war years without serious trouble. We had really only two major anxieties. One was the shortage of nurses, which at times was acutely felt on the 9th floor where the demands on the nursing service are exceptionally heavy. Not only must the floor be covered but also the nursery and, at unpredictable times, the delivery room. Furthermore, a patient in labor when under medication requires a nurse to watch her constantly. It was at times impossible to meet these requirements adequately, but let it be recorded to the credit of the hard worked 9th floor nurses that there were no obstetrical disasters attributable to lack of nursing care.

Our other anxiety was that some day we would find the obstetrical floor had been taken over — lock, stock, and barrel — by the surgeons. Early in 1942 the Baker obstetrical bookings were very heavy and, in fact, slightly in excess of our capacity. By the end of 1942 about half the obstetrical staff had left on military service. Of the remainder, several had found it necessary to restrict their work to the Richardson House and had ceased booking patients at the Baker. Obstetrical bookings fell off. In 1943 the hospital stay of normal obstetrical patients was limited to ten days. The result of these changes was to make some obstetrical beds available to the surgeons. For the past two years there have usually been some surgical patients on the obstetrical floor and at times they have occupied a third or more of the beds. Mixing obstetrical and surgical patients on the same floor is not in general good policy, as everyone knows, and was justified only by the dire need for surgical beds. The personnel of the Baker Admitting Office deserves commendation for their handling of this particular problem. They have never admitted unsuitable surgical cases to the 9th floor nor have they ever admitted so many that they were unable to admit booked obstetrical cases. As a matter of fact, we think the Baker Admitting Office deserves a great deal of credit in general for handling a difficult and exasperating job these past few years with remarkable success and with amazing good humor.

Most of our staff who were on military service have returned or are about to return. We welcome them all. Our Chief, Dr. Goethals, took up his duties again on February 1st. One, we regret, will not return — Dr. Meinolph V. Kappius, Flight Surgeon on the Kadashon Bay, has been missing since January 1945.

Judson A. Smith, M.D.,
Past Acting Chief, Baker Memorial

RECEPTION
TO HONOR THOSE WHO SERVED IN THE ARMED FORCES

In January 1946, the Trustees directed a committee to organize and present plans for a reception to welcome home those of the hospital family who had served with the Armed Forces during the current war. This reception was originally scheduled for some time in February. No sooner were plans begun than it became obvious that a winter date would not be feasible. A census taken from the "Honor Roll" in the main lobby revealed that 603 persons had left the hospital to enter the Services. There was no place within the hospital where so large a number of persons could gather. In fact, when one takes into consideration the professional staff, their families, the nurses and the employees of the hospital who served in the Armed Forces, the total reaches the neighborhood of 1,500 people! And then, of course, those who stayed at home will be present officially to welcome back their colleagues. This will swell the number who might be expected to attend the reception to over 2,000. It is an interesting commentary on our hospital that we can provide a "host" for the Army and Navy; yet, when they return, we have no hall big enough to play "host" to their reception.

Rather than to make use of some meeting-place outside the hospital, it seemed preferable to postpone the reception until spring, at which time it could be held on the lawn in front of the Bulfinch Building. The present plans call for an afternoon reception to be held on the Green, some time late in May. Further notices will appear as plans develop.

Dr. Francis D. Moore
Dr. T. Stewart Hamilton

The Medical Illustration Department is welcoming the Staff members' return by having a Hobby Exhibit in the Brick Corridor on or about March 15.

The new exhibition frames, donated by Dr. Arthur W. Allen and the Ladies' Visiting Committee, will be in use for the first time. It is the dream of the Medical Illustration Department to make the Brick Corridor into an Exhibition Hall by lining the walls with similar frames.

This first Hobby Exhibit will include water colors, photographs, and jewelry. The exhibitors will be Drs. Grantley W. Taylor, Somers H. Sturgis, John R. Graham, Herman B. F. Seyfarth, Daniel J. Holland, Jr., John B. McKittrick, and Edward F. Bland.

All overseas hobbyists will be welcome. If you know of any others, please notify Miss Muriel McLatchie, Extension 297.

* * *

Dr. Henry H. Faxon (*ES* 1927) has been chosen to act as Chief Marshal at the Commencement Exercises at Harvard this year.

Dr. Edward F. Bland has very kindly contributed this summary of his talk given at the monthly Medical Staff meeting, on February 4.

WAR WOUNDS OF THE HEART AND PERICARDIUM

During the winter of 1944-1945, and again at the end of hostilities in May 1945, a special survey was made in behalf of the Surgeon, MTOUSA, for the purpose of recording data from this Theater on wounds and injuries of the heart and pericardium. The complete coöperation of all medical officers in the Theater especially concerned with these cases, as well as the assistance and advice of Colonel Edward D. Churchill and Colonel Perrin H. Long, made possible the study.

The experience of individuals or even of hospitals in this restricted though important field is necessarily limited, but the composite experience which accumulated during the two and a half years from the original landings in North Africa (November 1942) to the end of hostilities (May 1945) attained considerable proportions. This report is a very brief summary of this study, with emphasis upon the lessons learned therefrom. Our chief interest was in the clinical manifestations and the anatomical features of the various injuries rather than in the details of surgical procedure. We were particularly concerned with the unsettled issue of the future hazard of retained metallic foreign bodies in and around the heart. Occasional phenomena of unusual nature were observed, such as through-and-through penetration of the heart with recovery, the widespread migration of fragments within the pericardial sac, and large metallic emboli to the heart and lungs by way of the great veins.

The material consisted of 94 cases. These were assembled from various sources, most important of which was a survey of all the evacuation and general hospitals and of the remarkably complete operative notes by the special thoracic surgical teams of the 2nd Auxiliary Surgical Group assigned to various field installations. Thus it was possible to identify many of the cases at their source and to trace their progress and their disposition through the general hospitals of the base sector. More recently the Office of the Surgeon General has furnished further follow-up data after their return to the United States. Former MGH surgeons, including Captains Edwin Cantlon, Claud McGahey, Phil Giddings, and Walter B. Crandell were directly involved with a number of these cases.

From this considerable group of patients certain features of general interest were discussed, and the details of several unusual cases presented, including X-rays and electrocardiograms. It was noted that wounds of the ventricular wall occurred in 50 cases, of the auricular wall in 5, and of the pericardium in 22. The remaining 17 patients presented a variety of conditions, including 3 with retained missiles which antedated the war by 9, 13, and 20 years respectively, and 4 others in whom metallic shell fragments migrated centrally by way of the venous blood stream from distant wounds.

Cardiac tamponade occurred in 12 cases. It was relieved by surgical intervention in 10, but was an unexpected postmortem finding in the remaining 2. In an additional 8 patients active hemorrhage of serious proportions was encountered at operation, but the escape of blood into the pleural cavity through the pericardial laceration prevented the development of tamponade. The delayed appearance of pericardial effusion two to six weeks after injury in one-fourth of those with retained foreign bodies was of special interest. Only one patient developed purulent pericarditis, and this was successfully relieved by surgical drainage and chemotherapy.

Electrocardiograms were most helpful in determining whether or not myocardial injury had been sustained in those patients with penetrating chest wounds who were not explored surgically. Missiles were removed from the myocardium of 11 patients and from the pericardium of 3 others. All made good recoveries.

The mortality figure for the series was 24 percent, which is approximately one-half the mortality recently recorded for a series of 428 cases of cardiac injuries collected from the literature since the last war. Probably three factors were chiefly responsible for this striking reduction: (1) the early administration of plasma and blood, (2) chemotherapy, and (3) expert surgical intervention close to the front lines.

* * *

OUT-PATIENT DEPARTMENTS MASSACHUSETTS GENERAL HOSPITAL AND MASSACHUSETTS EYE & EAR INFIRMARY

It always has been and probably always will be the policy of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary to admit and care for patients in the Out-Patient Department, regardless of the patients' ability to pay the established fees. If the fees are paid by those who can afford to do so, then more service can be given to those unable to pay.

The large deficit incurred by the Out-Patient Department in 1944 brought the Administration face to face with the necessity of either (1) reducing the amount of service to the patients and the community, or (2) increasing the income and efficiency of the Out-Patient Department. All agreed that the latter was the more desirable. Therefore, a detailed study was made of the income and expenses for the year 1944. The result of this study was the realization that the admission fee and certain other charges should be increased.

Inquiry revealed that a mounting deficit was characteristic of the Out-Patient Departments in the Boston area. The Boston Hospital Council carefully studied the situation and finally recommended that starting January 1, 1946, the Out-Patient Department admission fee should be $1.00 per clinic visit ($1.00 for each clinic visited), regardless of the patient's age or the number of times the patient had been admitted. The Hospital Council also decided that the question of admission fees should be reviewed again during 1946.

A study of the costs of certain special services, such as lumbar punctures and laboratory tests for which a charge is made, showed that in practically every instance the charge was much less than the cost.

As soon as the Hospital Council's recommendation for an admission fee of $1.00 per clinic visit was received, a meeting of the Standing Committee of the Out-Patient Department was called (December 26, 1945). The Committee accepted the recommendations of the Hospital Council but urged that as soon as possible the admission fee and special charges should be further increased to approximate the costs of services for which these charges are made.

Therefore, since January 1, 1946, the admission fee has been $1.00 per clinic visit. At the same time, the charges for certain special services were increased. These and other charges should be adjusted from time to time, in order to have the charges approximate the costs.

It is felt that all prices in the Out-Patient Department should be based on costs, so that those who are able to pay the cost of service received may do so. The Out-Patient Admitting Office will continue to remit and adjust the fees when it is felt that the patient cannot or should not pay the regular charges.

Combined Out-Patient Dept.	1944	1945
Average expense per clinic visit	$2.11	$2.62
Average income per clinic visit	1.25	1.53
Average deficit per clinic visit	.86	1.09
Total deficit	$229,016.16	$275,246.57
Number of clinic visits	267,487	252,942

Ferdinand Haase, Jr., M.D.,
Assistant Director

STAFF CLINIC

Staff Clinic is a Unit operated for the benefit of our Staff and personnel. The Chief, Dr. Robert S. Palmer, is available by appointment. He is assisted by seven Staff members, two of whom are on duty each morning. They are Drs. Wade Volwiler, Arthur Pier, Janet McArthur, Dorothea Loofbourow, Friedrich Klemperer, Alexander Albert, and Edwin Wheeler.

All of our Visiting Staff are available for consultation through the proper channels. We wish to discourage "corridor consultations" as much as possible, as valuable time is taken up and the best results are not obtained that way.

The Clinic is open from 8 A.M. to 4 P.M. Mondays through Fridays, and from 8 to 12 on Saturdays. Physical examinations are done by appointment after laboratory work is completed. Our doctors see patients up to 10 A.M. and by appointment.

The Administration's new policy of free X-rays and certain free medicine has been very much appreciated by both Staff and personnel. X-rays must be ordered by Staff or one of our consultants and must bear the Staff stamp. The same is true of prescriptions, which are taken to the O.P.D. pharmacy, then to O.P.D. Admitting for approval, then back to the pharmacy.

All persons who have been off duty because of illness should check back through Staff Clinic. A person bringing a note from his L.M.D. is given an "O.K. for duty" slip. A simple cold or stomach upset may be checked on by the Staff Nurse. Days off duty because of illness are computed not for the pay roll but for the monthly report of illness.

We are very anxious that every member of the Staff and personnel should feel perfectly free at any time to ask his Department Head for a slip which allows him to go to Staff Clinic. It is not always possible to see the same doctor on each visit, but as often as can be arranged we want each patient to choose his own doctor and plan to come on that doctor's day. Much waiting time can be avoided by making appointments when possible. Call Extension 267.

All accidents, whether in or out of the hospital, whether old or new, must be seen *first* in E.W. for accurate accident report. All accident follow-up is done through Staff Clinic.

A person going to other clinics must get a refer slip in Staff, even if he has an appointment. For example — we send a patient to Eye Clinic; they send him to Vision Room where he is given a refraction slip which he keeps until the day of his appointment; he then brings it to Staff where it is marked "Free" and he is given a Vision Room refer.

It is our hope that, with more routine physical examinations and a more careful follow-up, together with some health education, we can really do a good piece of work taking care of our own people.

DERMATOLOGY DEPARTMENT

In response to the recent letter sent to the Chiefs of all departments and clinics in the Hospital, asking if they would be willing to inform THE NEWS in advance whenever special talks are to be given at their Staff Meetings, Dr. C. Guy Lane has begun to send to THE NEWS copies of his monthly bulletins. From the February bulletin we have taken this paragraph:—

> The last Staff Meeting was held on January 18, at which time Dr. Lever discussed the use of boric acid in the treatment of skin disease. Although there have been a number of cases of poisoning from accidental ingestion of boric acid reported within the last year, its dermatologic application need not be feared under ordinary circumstances. Dr. Damiani presented a résumé of literature regarding the use of magnesium salts. Although little used for the treatment of skin disorders, these agents may be worth further study.

Although it is too late, now, for more complete summaries of Dr. Lever's and Dr. Damiani's talks to appear in this issue, it may be possible to secure these write-ups for the April number.

In January we began to publish condensations, by the speakers, of talks given at the Medical Staff Meetings. Because of the many enthusiastic comments which followed the introduction of this new column, we are hoping to publish, in the future, similar contributions from other departments throughout the Hospital.

* * *

A group of twenty-five master students from Simmons College School of Social Work attended a series of six lectures at the Hospital during early February, as a part of their hospital project devoted to the subject "Emotional component in illness".

At the first meeting Miss Cannon, Miss Barbour, Miss Kellogg, and Mrs. Eunice Allan spoke on "Orientation to the project" and "The development of Psychiatric Social Service at Massachusetts General Hospital". The rest of the program contained such subjects as psychiatric consultations on medical and surgical wards; adult and child psychiatry; problems in psychosomatic medicine; emotional aspects of chronic disease, thyroid disease, and eye and ear diseases; language problems; gastro-intestinal disease; psychiatric social service to patients with medical conditions; and the work of the Psychiatric Research Unit.

The members of our Staff who gave the lectures are Doctors Bandler, Lindemann, Cole, Beckman, Rawson, Finesinger, and Chester M. Jones.

During some of the discussions social workers contributed their knowledge of the patient and his personal and social problems as part of the complete management and understanding of the patient.

* * *

A highly prized addition has just been made to the Archives collection. The East Medical pup has set up kennel in the Archives Room! One of the duties already taken over by him is that of guarding the many priceless treasures which surround him. Another is to greet, in the cordial manner of most dogs, all visitors to the Archives Room. We hope you will enjoy him.

As is customary with all thoroughbred canines, his kennel history accompanied his arrival. To refresh your memories, should you have forgotten the important part the little fellow has played for many years in East Medical affairs, we give you the following, as written by Dr. Aub, his first master.

> The little dog was given me off a Christmas tree in Ward 30 on Christmas Day, 1914, at which time I had reached the exalted position of Pup. His name was originally "metabolism pup", I suppose because I was already interested in metabolic problems. Everybody liked the perky little toy and every House Officer, on becoming Pup, wrote his initials somewhere on the back. Before this was done, several of the older men on the Services initialed it. The first one is D.L.E. (David Edsall), then comes F.L. (Frederick Lord, our Visiting Physician), then W.W.P. (Walter Palmer, who was the first Resident at the Hospital), and J.H.M. (James Howard Means, East Medical 1913, who at that time was Walcott Fellow). I cannot make out the next initial. It might well be John Favill, East Medical 1914; then would come Phil Pearson's initials, and after that probably come mine. Every man then initialed the pup along the back to the tip of the tail. None of the letters on the back are now visible, though I think a little careful scrubbing would clarify them, for the initials along the tail are still clear.
>
> Until the fireplaces were removed from the center of the ward the pup used to sit on the mantel, getting an occasional new ribbon as the old ones wore out. For almost thirty years he was the mascot of the East Medical Service.

Dr. Means was made custodian of the critter by the East Medical House Officers at the beginning of this last war, with the understanding that the pup should be restored to the Service when the prewar program should be resumed. Since the prewar program is not to be resumed and there won't be any more Pups (with a capital P), Dr. Means, after these years of conscientious devotion to the responsibility placed upon him, felt that he should be relieved of this extra curricular duty, decided that the Archives Room was "the only fitting repository for the precious relic", and said we might have him if we promised to be kind to him. So here mr. pup is, and highly honored are we by his presence.

On February twenty-first, Miss Sally Johnson retired from the position of Superintendent of Nurses and Principal of the School of Nursing of the Massachusetts General Hospital, a position she has held for just over 25 years. During these years, as new buildings have been added and the patient census increased, the School has been doubled in size and the graduate staff multiplied many times to keep pace with Hospital needs. Over 1930 of the School's 3060 graduates have been graduated under Miss Johnson and through her leadership prepared for nursing service by a sound and progressive curriculum.

In accord with modern trends, she introduced new groups of workers to the Hospital. The ward helper, the ward secretary, the staff nurse, the assistant head nurse became new and important members of the ward staff.

In 1923, Miss Johnson was appointed Superintendent of Nurses at the Massachusetts Eye and Ear Infirmary.

Due in large part to the vision and efforts of Miss Johnson, a coördinated program leading to both degree and nursing diploma was established in 1945 with Radcliffe College.

During her busy years, she has found time to represent the Hospital and the School at professional and educational meetings and has held many important offices in the nursing organizations.

Her infinite capacity for work and her driving force are seldom equaled. Miss Johnson will be missed by her friends and co-workers at M.G.H. who have enjoyed her ready humor, appreciated her loyalty and understanding, and cherished her friendship.

Miss Johnson will be succeeded by Miss Ruth Sleeper (*MGH* 1922) who has been her assistant for over twelve years.

On Wednesday, March 20, a reception will be tendered to Miss Johnson, by the Ladies' Visiting Committee and the Advisory Committee on the School of Nursing, in recognition of her long years of service and distinguished contribution to the Massachusetts General Hospital. The affair will take place at 8:30 P.M., in the Moseley Memorial Building. All members of the hospital family are cordially invited.

The new class of 34 student nurses entered the School of Nursing on February 5. This was the smallest class admitted for a good many years. These students came from homes in most of the New England states, and also from Virginia and New York. A reception and tea was held for them and their families in the Walcott Home the day of their arrival. The tea was given, as has been the custom, by members of the Ladies' Visiting Committee and the Ladies' Advisory Committee to the School of Nursing.

Graduation exercises were held this year on February 7, at 8:30 P.M., in the Moseley Building. Bishop Sherrill, Chairman of the Board of Trustees, presided. Mr. W. K. Jordan, President of Radcliffe College, gave the address—the title being "Frontiers in education". There were two musical selections sung by the Glee Club. Miss Johnson gave her report of the School for the year just passed, and, as Bishop Sherrill reminded the audience, this was her twenty-sixth such report — a memorable record. The graduating class numbered 152—the largest ever to graduate from the School.

The first senior cadets to be assigned to the U.S. Indian Service started their term of service in February. The assignments were as follows: Miss Allene Hiller to the Turtle Mountain Agency, Belcourt, North Dakota; Miss Ann Pendleton and Miss Calista Robie to the Navajo Medical Center, Fort Defiance, Arizona.

Six senior cadets have gone to Veterans Administration Hospitals. They are: Miss Constance Miller to Northampton; and the Misses Mary Fleming, Janet French, Betty Jones, Grace Kondrup, and Anna Lawrence to Bedford.

At their meetings on January 25 and February 6, the Board of Trustees voted:

To accept the resignation of Dr. Dean K. Crystal from the position of Assistant in Surgery, effective as of January 19;

To accept with regret the resignation of Dr. Herman Groh from the position of Assistant in Dermatology;

To accept with regret the resignation of Dr. O. Sherwin Staples from the position of Assistant in Orthopedic Surgery;

To appoint:

Dr. Richard S. Dodge as Third Assistant Resident on the Orthopedic Service, to begin January 28;

Dr. Ching Tung Liu as Assistant Resident on the Neurosurgical Service for six months, beginning April 1;

Dr. Ivar Lund as Assistant Resident in Anesthesia, beginning on or about March 15;

Dr. Claud E. McGahey as First Assistant Resident on the Surgical Service, beginning February 1;

Dr. James A. Meath as Resident on the Neurological Service, beginning April 1;

Dr. Cecil Mushatt as Resident in Psychiatry, beginning January 1;

Dr. Abraham I. Perley as Resident on the Dermatologic Service, to begin immediately;

Dr. William C. Quinby, Jr. as Second Assistant Resident in Surgery, beginning April 1;

Dr. Leonard D. Rosenman as Third Assistant Resident in Surgery, as of January 25.

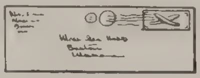
The General Executive Committee, at their meetings on January 16 and 30, appointed:

Dr. Irad B. Hardy, Jr. as Graduate Assistant in Surgery, to work with Dr. Robert R. Linton;

Dr. Chao-Hsun Wang as Clinical Fellow in Medicine, to work with Dr. Paul D. White.

The following men have returned to active duty on the Staff, as of the dates given:

Dr. F. Dennette Adams, Physician	Jan. 9
Dr. Joseph S. Barr, Associate Visiting Orthopedic Surgeon	Feb. 1
Dr. Allen G. Brailey, Assistant Physician	Jan. 1
Dr. Howard B. Sprague, Associate Physician	Jan. 1



New addresses:—

Lt. Col. Frank L. Bauer, MC (*P* 1941), 216th General Hospital, APO 758, c/o Postmaster, New York, N. Y.

Lt. Ronald C. Bishop, MC, AUS (*M* 1945), Hq. 1st Bn., Sep. Cen., Officers' Mail Room, Camp Atterbury, Ind.

Dr. H. Irving Bixby (*WS* 1924), 230 Elm St., North Attleboro, Mass.

Dr. Lemuel Bowden (*ES* 1940), Memorial Hospital, 444 East 68th St., New York 21, N. Y.

Dr. Lester A. Brown (*Oto-Lar.* 1937), 815 Doctors Bldg., 478 Peachtree St. NE, Atlanta, Ga.

Dr. F. Phinizy Calhoun, Jr. (*EM* 1938), 540 Peachtree Battle Ave., Atlanta, Ga.

Dr. Howard C. Coggeshall (*WM* 1935), 5105 Vandelio St., Dallas, Tex.

Dr. Henry S. Fuller (*WM* 1943), 3704 Huntington St. NW, Washington 15, D. C.

Lt. Col. Edward A. Gall, MC (*r.p. P* 1937), Department of Pathology, Cincinnati General Hospital, Cincinnati, Ohio.

Lt. James T. Heyl, MC, USNR (*WM* 1939), Bureau of Medicine and Surgery, USN, Washington 25, D. C.

Capt. James G. Miller, MC, AUS (*EM* 1943), 117 Holden Green, Cambridge, Mass.

Capt. Duane H. Mitchel, MC, AUS (*M* 1943), 29th General Hospital, APO 901, c/o Postmaster, San Francisco, Cal.

Dr. Eugene A. Osius (*WM* 1923), 901 David Whitney Bldg., Detroit 26, Mich.

Capt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 & Oto-Lar. 1944), Squadron C, AAS-Bn. ATS, APO 858, c/o Postmaster, New York, N. Y.

Lt. Col. Francis C. Skilling, MC (*Oph.* 1933), 426 Ingraham Bldg., Miami, Fla.

Dr. Earl C. Slaughter (*Oto-Lar.* 1940), 0433 Norfolk Ave., Norfolk, Nebr.

Lt. Col. Oscar W. Stewart, MC, RCA (*NS* 1935 & *WM* 1937), Apt. 5, 3634 Lorne Crescent, Montreal, Quebec, Canada.

Dr. Charles L. Swan, Jr. (*WS* 1929), 20 Gloucester St., Boston, Mass.

Capt. Robert H. Talkov, MC, AUS (*res. fel. M* 1942), 198 Dean Road, Brookline 46, Mass.

Lt. Col. David W. Wallwork, MC, AAF (*ES* 1932), Hq. ICD, ATC, 1300th AAF BU, APO 192, c/o Postmaster, New York, N. Y.

Brief bits:—

Dr. Theodore L. Badger (*EM* 1928) was promoted to Colonel before leaving the Army.

As far as we know, Lt. Col. John F. Bresnahan, MC (*r.p.* 1918), Assistant Director at M.G.H. 1914-18, is still with the Veterans Administration in Milwaukee, Wis. It would be nice to hear from him regarding his work out there.

From the *Dermatology Department Monthly Bulletin* we quote that Major Robert N. Buchanan, Jr. (*r.p.* D 1941), has resumed the practice of dermatology in Nashville, Tenn., following his return from Italy.

Lt. Col. Bradford Cannon, MC (*a.s.*) is now Chief of the Plastic Service at Valley Forge General Hospital, where there are some 1400 patients.

Dr. A. Gordon Gauld (*ES* 1934) has been released from the Navy with the rank of Commander. He is back at his office, 330 Dartmouth St., Boston, Mass.

The Boston State Hospital has announced the appointment of Dr. Hannibal Hamlin (*r.s. NS* 1942) as research associate in neurosurgery and experimental neurology.

To quote again from the *Dermatology Bulletin*: Lt. Col. William M. Huber, MC (*r.p. D* 1937) will soon be discharged from the Army, and plans to take up postgraduate work in New York. For the past 18 months Colonel Huber has been assigned to Dermatologic Service with the Army, following several years of routine duties.

Dr. Bernard M. Jacobson, MC (*a.p.*) held the rank of Commander upon his release from the Navy.

Dr. William M. Jefferies (*EM* 1942) was discharged from the Army with the rank of Lieutenant Colonel.

Dr. G. Douglas Krumbaar (*a. obst.*) was promoted to Commander before being separated from military service.

We understand that Major Alfred O. Ludwig, MC (*EM* 1932) is back home.

Comdr. Donald H. Macdonald, MC (*Oto-Lar.* 1930) has received this promotion. He is stationed at Norfolk Naval Shipyard, Norfolk, Va.

Dr. Raymond E. Meek (*Oph.* 1926), formerly Captain, MC, USNR, has been appointed a Senior Attending Surgeon at the New York Eye & Ear Infirmary.

After 3 years of duty in the Pacific, Lt. Comdr. John M. Morris, MC (*ES* 1942) is back home on leave. He has spent the last year and a half on an attack transport. He hopes to be out of the service before long.

Comdr. Joseph C. Placak, Jr., MC (*WS* 1936) has received this promotion.

Lt. Grant V. Rodkey, MC, AUS (*WS* 1943), who has been at the Separation Center, Camp Shelby, Miss., started overseas not long ago. He promises to send his new address as soon as he knows it himself.

Lt. Comdr. Stewart P. Seigle, MC (*EM* 1942) has been advanced to this rank.

Capt. Robert P. Smith, MC, AUS (*M* 1943) writes that his duty is very active, running the medical portion of Vermont's Recruiting and Induction Station at Fort Ethan Allen.

Dr. Herman J. Sternstein (*clin. asst. Oto-Lar.*) is home on terminal leave.

Dr. Maurice M. Tolman (*a.d.*) is now on terminal leave, after several years' service in the Navy—according to that very useful *Dermatology Department Bulletin.*

Lt. Comdr. John L. Ward, MC (*EM* 1935) has received this promotion.

Dr. Charles A. Wheeler (*NS* 1935 & *WS* 1938), who has been Chief of General Surgery at Lovell General Hospital since his return from overseas, has been released from active military duty and plans to resume his practice in Leominster, Mass.

Dr. George P. Whitelaw (*WS* 1937) was promoted to Commander before he left the Navy.

Upon his release from the Navy, with the rank of Lieutenant Commander, Dr. A. Allison Wills, Jr. (*a. Psychiat.* 1937) resumed his association with the Travelers Insurance Co., as Assistant Medical Director at the home office, Hartford, Conn.

This word picture of a hectic day in the life of Lt. Col. Ian Paley Rak, MC (*a. Psychiat.*) sounds very familiar to those of us who have been wrestling with the problems of civilian life during the war years.

I am now home and on terminal leave. One of my last assignments was Psychiatric Consultant to the Allied Control Commission (US Division, Germany). In this job I concerned myself with such problems as the advisability of changing the names of Wilhelm II Strasse, Hitler Platz, and Goering Strasse, the removal of Bismarck monuments or the possible blowing up of such structures as the Nürnberg Sportstadium, all with the possible view of eradicating outward symbols of German military might and unity.

After such "world-shaking thoughts" I find myself confronted with reconversion problems much more difficult to solve. Last week my oil burner broke down, and it took an all-day hunt through electrical shops in metropolitan Boston to find a replacement motor for it. The carburetor on my wife's car was burned out, too, and the repair shop told me they couldn't get the replacement parts for it. This developed into a campaign of tactics in which I sat on the front step of the New England distributors of this carburetor till the expected shipment of new ones came in. I literally grabbed one from the truck as it was backing into the shipment door. I visited my lumber dealer in town. In previous years he smiled affably when I placed my order. This time, when I smugly ordered 1,000 square feet of knotty pine for the house, he laughed at me and began to rattle off the now familiar story of strikes, inadequate storage facilities, no kilns, government requisitions, priorities, etc., etc. In the middle of this oratory a tire on the car went flat. It was a big roofer's tack, left carelessly in my driveway by the roofers last year (They were always careful about such things) —or is it due to the state of the tires?

Two weeks ago I attended Dr. Cobb's psychiatric conference in Bulfinch. I was so hypnotized by my first sight of a living, female civilian patient in years, that Dr. Cobb's request for an expression of opinion almost didn't register.

In this state of "reconversion" I am resting in my easy chair, and having frequent tustles with the Lord when He lets some snow loose on my 200-ft. long driveway. I promise, however, I shall soon be back in psychiatric harness at M.G.H.

MASSACHUSETTS EYE & EAR INFIRMARY

The Annual Meeting of the Corporation of the Massachusetts Eye and Ear Infirmary was held at the Infirmary on February 13. The following officers were re-elected:

Henry Hixon Meyer, President
James C. Howe, Secretary
Horace W. Frost, Treasurer

The resignation of Dr. Lyman G. Richards (*Oto-Lar.* 1924) was accepted with regret. Dr. Richards is to be associated with the National Hospital for Speech Disorders in New York.

For the last three months the senior students at the Architectural School, Massachusetts Institute of Technology, have been working on plans for a new wing for the Infirmary as their thesis. These plans are now on exhibition in the Surgeons' Room at the Infirmary. This was an interesting experiment and some very constructive ideas were brought forth.

The Infirmary has been approved by the Veterans Adminstration as a training institution for returning service men wishing to continue their training in Oto-Laryngology and Ophthalmology under the G.I. Bill of Rights. The Managers voted to increase the number of residents on each Service from the normal quota of 8 to 11, thereby making it possible to appoint 8 men a year instead of 4. It is gratifying to know that so many of the Veterans wish to come here for their training. The competitive examination for the 1947 appointments to the Eye Service will be held at the Infirmary on March 2, and the largest number of applications received in many years are on file for this Service. Our one regret is that our facilities are not large enough to offer this special training to more men.

Capt. Linus A. Sheehan, (*Oph.* 1943), who has been stationed at Valley Forge General Hospital for most of the war, was one of the participating hosts for an ophthalmologic meeting held at the Valley Forge Hospital on February 9 and 10. Many members of the Staff of the Infirmary were among the invited guests at the meeting where various phases of military ophthalmic and plastic surgery were demonstrated.

Lt. Mary T. Fahey, ANC, former head nurse in the Nursery, returned to her home in Framingham on New Years' Day. She spent 15 months in the South Pacific Area — first being assigned to duty at Hollandia, New Guinea, and later at Leyte, Philippine Islands, with the 126th General Hospital.

Dr. Lawrence R. Dame (*clin. asst. Oph.*) has sent THE NEWS an outline of his military career. His present address is 78 Federal St., Greenfield.

> Thank you very much for sending THE NEWS to me while I was overseas with the 105th General Hospital. There were many items in its columns of considerable interest.
>
> I have delayed in answering your request for personal information because there is really nothing of very great importance to submit other than the general history of the Unit. I was activated into service on April 1, 1942, joined the Unit in Washington, D. C., and went with it to the west coast on the 20th of April. On May 19 we left for Australia, and after 38 months of overseas duty in Australia, the Dutch East Indies, and the Philippines, I returned to the Golden Gate on my way home, July 28, 1945. The separation centre at Fort Devens processed me on September 3 and the effective date of separation was November 3—by which time I had accumulated over 130 points, the Bronze Star, and a Lieutenant-Colonelcy as an Ophthalmologist.

This brief note from Major James S. Mansfield, MC (*gr. asst. M* 1942-43) makes us eager for the next word from him.

> I am now Chief of the Medical Service of this 750-bed Station Hospital. We are to be redeployed to another theatre, and after we arrive I'll drop a line.

Dr. Haase has passed on to us this letter from Lt. Robert H. Brown, MC, USNR (*ES* 1945). A "first letter" from Lieutenant Brown, which we were delighted to receive, was all set up in type when Japan surrendered and made the text of his letter obsolete. For that reason we are especially glad to have this account of his more recent activities.

> We landed at Baten Ko, Okinawa, yesterday. By landing I mean we dropped anchor about 5 miles out in Buckner Bay. Having business to do ashore, I went into Baten Ko in the first boat trip. The town was completely unimpressive, being the remnants of a once busy group of Navy repair and supply units. As you probably know, Okinawa was badly hurt by two typhoons last fall, and at present there are two dozen battered and beached and partially sunken ships within sight of our anchorage. The demobilization program plus the end of the war have made activities slow down to a pitiful walk, according to those who are familiar with wartime Okinawa.
>
> Ship's business carried me ashore again today, and by stringing onto the Captain's apron ties, I managed to fill the back seat in a jeep for a personal tour conducted for the Captain by a Commander attached to the Port Director's Office at Baten Ko. I believe we missed no part of the island. Let me give you a play-by-play description:
>
> First off, we headed north to the Naval Supply Depot, some 20 miles away. Here the CB's had done a marvelous job of making roads workable and airstrips safe for planes of all sizes and shapes to take off and land. We had lunch at the Supply Depot and, except for the lack of fresh fruit and vegetables, we might have been at Joe Nemo's in Scollay Square. It was, really, not too bad. On the way we had passed a few Okinawans and, as the day wore on and we approached the hinterland, I began to see them by the hundreds. They are moronic looking people, but rather interesting, I thought. Apparently China lost its control of Okinawa nearly sixty years ago. The Japs moved many of the natives away to work in their mines in Japan and sent Japs from the homeland to Okinawa. In the three generations that have passed, the Okinawan has interbred enough with the Jap so that most of them resemble Japs more than they do Chinese. There are a few Chinese-appearing natives, however. The Japs have practically made slaves of the Okinawans, who seem to plod through their heavy labor with about as much enthusiasm and signs of life as a dead mackerel. The native men seem to have a hex on their women, for when the Military Government tried to get native men to work, they protested for fear they would stand in a poor light in the eyes of their women. We saw two men overlording about 25 women as they worked in the fields. The man is supreme here and apparently life is dull.
>
> From the NSD we went over to the western side of the island where we could see the China Sea. Dividing the island longitudinally is a road, to the east of which is the Navy and to the west the Army. The CB's and Army Engineers have built a wonderful highway system. The amount of supplies that are stacked up is amazing. Apparently this was to be the final stepping off point for the Japan invasion. It is a testimony to the productive skill and the transportation system of the U.S.
>
> All along every stretch of road are hundreds of tombs which are rather interesting according to the scuttlebutt I have received about them. The Okinawans have evidently practised a Freudian type of burial pattern. The tombs are shaped like a womb, the deceased is placed in the tomb in a fetal-like position, and after nine months the youngest virgin daughter allegedly goes to the tomb and allegedly cuts the flesh away from the bones which are then pickled in Saki or some other brew. I don't know whether this is strictly true or not, but that's the way I heard it, McGee.
>
> Our trip carried us to Naha, the capital, where so much heavy fighting went on. This place is almost 110% damaged. The Army invaded on the west coast and headed south. The Marines came in on the north. According to the damage done, the largest stand apparently took place in the south. Strewn debris still marks the pillage. From Naha we went to the scene of the most horrible fighting, where the Jap caves are the most numerous. The Commander told us there were still an estimated 10,000 Japs who had not surrendered [January 24, 1946], and certainly in the native villages we passed there were many men who most surely were Japs who had filtered into the villages and posed as natives. The Military Government is gradually turning over to the natives many of the demobilized barracks, which are certainly superior to anything they had had. The people are being encouraged in agriculture and already there are evidences of fairly large crops. It is estimated that should this year's crop fare well, the natives should be self-sustaining. One of the most evident crops here is rice. The land is fairly dry, so rice is grown in paddies which are irrigated with salt water for the most part. I'm told that this makes a much poorer crop of rice than that grown in fresh water. The Military Government has also instituted schools for the natives, and the Armed Forces Institute has established Okinawa University.
>
> To go on with the trip—we headed along an increasingly narrowing road toward the Buckner Memorial. The number of U.S. military personnel thinned out, and as darkness was about two and one-half hours away, and as it was unsafe to be very far into the hinterland after dark, and as the Commander had never been there before, I naturally got nervous. We did stop long enough to pay a visit to the Buckner Memorial, located on a bleak, shell-torn hilltop. From there we headed onward to Suicide Cliff where, allegedly, many Jap soldiers and fewer Jap-urged natives hurled themselves into the coral and sea far beneath. Here every cave was suspicious looking, but after traveling about 15 miles over the bumpiest road imaginable at 15 mph or less, we came upon some MP's at a junction of this eerie road with

MAJOR JAMES K. KEELEY, MC, AAF (*NS* 1937), WHO WAS HELD AS PRISONER FOR OVER THREE YEARS BY THE JAPANESE GOVERNMENT

a more traveled highway. I, personally, would not have made this last leg of the trip without arms, but on we went without event. It is said that the Japs have infiltrated into the Army bivouacs and stolen food many times at night. In spite of having been urged by emissaries sent out to them, and in spite of the radio used near the region, very few prisoners are surrendering. Perhaps the Commander was trying to put a bit of scare into us, but I have heard from several other sources that this is correct about there still being many unsurrendered Japs. The war is over, but I must confess I felt as uncertain as I would have in the thick of a heavy battle.

We are still tentatively slated to return to Seattle, but that really means very little because a change of orders can take us to Hong Kong tomorrow. I got all hepped up about the reduction of points for doctors, only to see in writing that they would be dropped to 47 instead of the 40 I had been told. I still anticipate being home by Christmas, anyhow!

Loads of luck and best wishes to you all, my good readers, and don't fail to write once in a while.

NOW IT CAN BE TOLD

Even so, restraint is the keynote of this letter from Major James K. Keeley, MC, AAF (*NS* 1937). Here is Major Keeley's story, as told in the first communication we have had directly from him since his long imprisonment by the Japanese government. Never was a letter more anxiously awaited by all of his friends.

It is always a pleasure to be on the receiving end of communications with the M.G.H., and particularly do I feel that to be true with regard to THE NEWS. It is a most welcome journal.

After spending a year in Rochester, Minn., on a Fellowship in Surgery, the Army indicated I must not delay past August 15, 1941 in starting active military duty. So, with several other Reserve Officers I began to work in the Station Hospital, Fort Douglas, Utah. With two months' experience, the Headquarters Squadron of the Fifth Air Base Group (B-17) picked me up for foreign service. With brief stops at San Francisco, Hawaii, and Guam, we finally learned that our hitherto secret destination, PLUM, indicated Philippines, Luzon, Manila.

The outfit set up in tents on Del Monte Air Field, on northern Mindanao, December 1, 1941. The tents were taken down in a hurry one week later — our pretentious plans for barracks, clubs, swimming pools, and other facilities scrapped. Native nipa shacks that were not conspicuous from the air became ever so much like home. The B-17 squadrons that were to follow us were routed off to Australia, so we prepared to service any and all comers. And many there were who came — from Luzon, and went — south to Australia (Darwin just ten hours away). Our men waved off President Quezon, General MacArthur, and a host of other military personnel, who departed by B-17 and B-24. Finally, in May 1942, some Japs came, but they didn't "went". We all had to stay put after that.

There were about one thousand Americans taken on Mindanao, with an additional two hundred civilians. A group of us continued to do medical work at our first camp, Malaybalay, until we were moved in November 1942 to Davao, where another thousand men from Bataan and Corregidor joined us. We learned then, for the first time, how much worse they had fared at the surrender and the first few months thereafter. The local papers these days have much to say of the kindness and humanity of the Japanese General Homma during that period. The many men who died should be given a chance to speak in rebuttal.

At Davao (POW Camp #2 of the Philippines) I was in charge of the malaria patients outside the hospital, which involved 95% of the two thousand men there. The Japanese gave us minimal amounts of medicines, instruments, and supplies, and yet expected much in the way of preventive medicine in the group which was steadily losing weight and showing increasing signs of deficiency diseases. The Red Cross POW parcels helped tremendously in morale and in reducing morbidity and mortality among those who became ill. At Christmas 1942, 1943, and 1944 every man received four small boxes, each containing some sixteen items. After months of weed soup and rice, corned beef, butter, chocolate, and vegetable stew are delicacies beyond description.

During this time we had little reliable news of the course of the war, obtained from Filipinos or culled from the Japanese propagandized Manila paper. In 1944 a secret radio was constructed which brought us to the realization that it was to be a race between the Japs in their efforts to remove us from the Philippines and our troops then moving northward from New Guinea.

In July 1944 about seven hundred of us left Manila for Japan, spending two months on the way because of repeated boiler failure. Finally, in September, one hundred fifty Americans joined two hundred British POW's in the newly built stockade at Funatsu (altitude 2500 ft.), across Honshu from Osaka and Tokyo. There, with snow six feet deep in January, the men worked in day and night shifts at a factory smelting lead and zinc. The men averaged fifty pounds under weight, with ninety percent of the group showing gross dependent edema and disturbed sleep from peripheral neuritis. At this time our ration was radish soup and rice. When the warm weather came, the men could again wash their clothes and thereby greatly reduce the number of lice with which we were all infested. It was a miracle that none of the feared epidemic diseases visited us.

The B-29 bombing of Osaka and the other large cities changed the complexion of things for the Jap. Three hundred assorted POW's (nine nationalities) were set up in Toyama in a new camp — their old one in Osaka having been leveled with the rest of the city. Being made up entirely of enlisted men and civilians, without a doctor, I was moved to this camp in July 1945 to become Camp Commander and Doctor. The usual rigamarole followed: "If any man escapes, you will be shot. You are responsible." None of the boys walked out, but on September 2 in walked a couple of AAF pilots — the first free Americans we had seen in thirty-nine months.

In the few days after that we had many thrills: American food in great quantity dropped from B-29's for us, and the trip by air to Tokyo, Okinawa, and so to the Philippines, again. But here was a much changed scene: jeeps and G-I trucks, ruined buildings, G-I's and gobs, giggling Filipinos, hundreds of airplanes, and mountains of equipment. But nothing quite compared with the sight of that Golden Gate Bridge, symbolizing the United States and home. It was certainly a high spot for us all, emotionally, when we came down the gangplank, to walk again in the U.S.A.

After taking the course here at the School of Aviation, Randolph Field, Texas, I plan to resume my Fellowship in Surgery at Rochester. I am delighted that the medical checks given me since my return to the States have all been satisfactory.

THE NEWS

No. 43 Boston, Mass. APRIL 1946

MEDICAL SERVICE AFFAIRS

The Medical Services have continued to adapt themselves to the vagaries of Procurement and Assignment. The latest are the suggestions that we double our number of interns for the months of April, May, and June of 1946, which of course we cannot do, and the abrogation of the 9-9-9 program. Veterans now being eligible for residencies outside the quota, we have been able to increase our resident staff to a total of nine at the present writing. The demobilization plan which has been set forth in a special brochure lately printed, calls for twelve interns, eight regular assistant residents, two residents, and one chief resident—the term of service in each rank being one year. In addition to these there are authorized "demobilization extras" to the extent of two residents and four assistant residents. Of the nine now on duty, six are veterans. Dr. Charles H. Burnett, as Chief Resident, is doing a fine job in putting the whole new house staff program into effect. He is providing retraining for the greatest possible number of veterans by giving to each according to both his ability and apparent need. Some need more than others, therefore sometimes appointments will be made to two men for six months each instead of to one for a year. We are fortunate to have return to us, as residents, Drs. Lewis K. Dahl, John B. Stanbury, and James E. Kreisle.

As to the Visiting Staff, it may be said that all but a very few of those who went to war have been demobilized. We are grateful to Dr. Willard S. Parker (*EM* 1911) who returned to active duty at the hospital to help out during the war, and also to Dr. Henry S. Forbes.

It is a great pleasure to have with us for six months Dr. Edwin J. Kepler of the Mayo Clinic. Dr. Kepler is taking a semi-sabbatical year, and elected to come here to engage in original work and study. He received the appointment of Physician pro tem, and in that capacity has been of great assistance on the wards, in teaching, and in the work of the Thyroid Clinic.

A period of reconstruction is the logical time for reform and development. One of the greatest needs of the Medical Department is to improve and make more interesting the work in the medical Out-Patient Department clinics. During the war years and continuing, Dr. Earle M. Chapman has rendered invaluable service in keeping the clinics going at all. To those of our staff members, reduced in numbers, who struggled on there while beset by greatly increased demands of private practice and public service of one sort or another, we are grateful. Now, with a full staff again, the opportunity to raise standards of practice and quality of instruction lies before us. To take full advantage of this, a staff reorganization has been planned and will become effective April 1, 1946.

J. H. Means, M.D.,
Chief of Medical Services

(The conclusion of this article by Dr. Means will appear in the next issue.)

At the meeting of the Board of Trustees held on March 8, 1946, the following resolutions were passed:

Sally Johnson has been Superintendent of Nurses and Principal of the Training School for Nurses at the Massachusetts General Hospital since October 1920. She is a Hospital alumna of the Class of 1910 and returned to head the School after ten gruelling years of varied nursing activities. She taught at St. Luke's Hospital in New Bedford and at the Peter Bent Brigham in Boston. She left the Brigham with the rank of Assistant Superintendent of Nurses to become Superintendent of Nurses at the Albany Hospital at Albany, New York. It was during her four years there, at the time of the first World War, that she organized the nursing staff of the Albany Base Hospital for service at the front and later was Director of the Army School of Nursing at Walter Reed Hospital in Washington. In 1920 she accepted a call to return to the Massachusetts General Hospital as Superintendent of Nurses and Director of the School of Nursing, which posts she has served with the most honorable distinction ever since. Her service at the Hospital covers the past twenty-five years—the only break in the continuity being a year's leave of absence when she worked, under great pressure, at Teachers College of Columbia University to obtain her B.S. degree.

During her term of office she has seen vast changes at the Hospital. She has been faced with the many problems incident to a great building program and to the immense development of the nursing service to meet the needs of that program. She has seen two enormous new buildings erected, all to be staffed and organized by the Nursing Service, while at the same time the School has had to more than double in size to handle the new demands put upon it. The recognition of Nursing as one of the Professions, with its growth and development, has been her constant aim, and her ambitions for her chosen field have borne manifold fruits. Many non-essential duties have been taken off the Nurses' shoulders by the substitutions of ward helpers, maids, and secretaries; while the hours on duty have been reduced from twelve to eight. With the lifting of the physical burden has come a corresponding rise in tone, shown in improved bedside training and increased staff education. With the curriculum enriched and strengthened the School has blossomed under Miss Johnson's wise guidance, and her dream for a Liberal Arts degree for candidates in the Nursing Profession has finally been consummated in the recently devised coordinated program with Radcliffe College.

The war years have seen Miss Johnson in heroic light. She has stuck to her post unflinchingly, seeing with gallant pride one hundred and seventy-four nurses leave the wards for the Federal service. As the Hospital was slowly decimated, she had to cope with the endless problems of a great public institution striving to function normally during a national emergency. There were the wards to be covered, the Cadet Corps to be recruited and trained, and the great mass of volunteer workers to be fitted into the pattern of hospital life. As always, her standards have been impregnable and her courage unfaltering. With her hand on the Nursing helm she has carried her department triumphantly through the hard war years, working long days to serve a great Hospital in its hour of need. Miss Johnson is always considerate of another's point of view but is never afraid to express her own. It is her integrity, her loyalty, her independence and her dynamic enthusiasm that have endeared her not only to her pupils but also to all who have worked with her in this great organization. She is an acknowledged leader in all the principal nursing organizations. Her influence and her reputation as an enlightened and far-seeing teacher and administrator have spread throughout the nation. She has brought great honor to the Massachusetts General Hospital.

As we all know, Dr. Washburn has been serving as Director of Cambridge Hospital during the war years. On March 1, Colonel Engelbach returned from his long duty overseas and resumed his position as Director.

In appreciation of the fine way in which Dr. Washburn carried on through the difficulties of civilian work, Dr. Engelbach says: "When I left to enter the Army I was glad there was someone who, I knew, was well able to handle the job efficiently, despite any adversities that might arise— and they were legion. When I returned, Dr. Washburn gave back to me a hospital plant which is in excellent condition and a staff which has more than measured up to the many demands it has been required to meet. But—over and above all this—was the willingness on Dr. Washburn's part to forfeit well-earned and well-deserved leisure and assume this heavy responsibility as his contribution toward winning the war. This sentence from a letter I have just received from a mutual friend expresses what I mean much better than I can say it myself: 'Dr. Washburn has been a great soldier through these years.' "

Mr. Elmer C. Gray, for many years an orderly in the General Hospital, died suddenly at his home on February 28. Mr. Gray had given faithful service for many years. Before coming to the hospital, he studied law and was admitted to the Massachusetts Bar Association in 1904. He entered this hospital on June 7, 1917, as a member of the course given to orderlies, and received his certificate on July 24, 1919. He remained here until April 1920, when he went to the Salem Hospital, where he was an orderly for many years. In December 1936 he returned to duty in Massachusetts General.

Dr. Myles P. Baker was the speaker at the monthly Medical Staff meeting on March 4. His subject was "Scrub typhus in the Southwest Pacific". Dr. Baker had a considerable experience with this disease down there during the war. He has very kindly contributed this summary of his talk.

Approximately 6,000 Army personnel will have returned to the States with a history of recovery from scrub typhus—about 90% of them from the Southwest Pacific Area, where preliminary data indicate that in 1943, 1944, and the first eight months of 1945 the disease carried a mortality of about 4%.

In retrospect, experience with scrub typhus (more properly designated tsutsugamushi disease) in SWPA developed through three phases:

a) The first, from the last weeks of 1942 to the summer of 1943, was a period of recognition of a disease entity new to medical officers, and some uncertainty as to the prognosis for complete recovery.

b) The second period, extending through the remainder of 1943 and early 1944, was one of clarification of the clinical picture and epidemiological features, and of study of preventive measures.

c) There followed the appearance of scrub typhus in terrain different from that hitherto observed, and in geographical areas from which the disease had not been reported. A definite Theater policy could be established as regards the rehabilitation of convalescents from scrub typhus.

Prior to the war, scrub typhus had been recognized in the Mandated Territory of New Guinea by Gunther, an Australian, who collected 100 cases of "Endemic typhus", chiefly from an area later the site of combat, among white workmen engaged in clearing jungle. He emphasized the seriousness of a disease that carried a 20% mortality, and its similarity to tsutsugamushi disease in clinical picture and agglutination reactions with Proteus OXK. Australian and American troops, on moving into jungle combat on the Kokoda Trail and in the Buna-Gona campaign, forthwith began to develop scrub typhus. Early diagnosis was not easy. The telltale eschars were often missed. The diagnosis might be confused by the finding of malarial parasites in the patient's blood smear. The characteristic course of the fever in its second and third weeks became increasingly familiar, and in these early days often made the clinical diagnosis. Scrub typhus was a formidable antagonist in troops depleted by exhausting jungle combat—the mortality in one such group of 150 Australian cases being 25%. The first postmortem studies done on fatal American cases at Port Moresby emphasized an interstitial myocarditis, interstitial pneumonitis, and perivascular cerebral lesions. The lack of specific chemotherapy gave the disease a frightening reputation. There was not a little talk of probable residual myocardial damage. Study of convalescent patients did not, however, produce evidence of this. Most convalescents from scrub typhus were returned to duty at an average of 10-12 weeks from onset of the infection .

A Commission, headed by Dr. Francis Blake, began its comprehensive study of scrub typhus at Dobadura in October 1943. Survey of clinical cases emphasized:

1) The need for painstaking search for the eschar, usually found above the level of the hips.

2) Recovery from the blood of acutely ill patients, between the 4th and 9th days of fever, of Rickettsia orientalis, in all respects identical with the etiological agent of tsutsugamushi disease.

3) Absence of signs of myocardial insufficiency.

4) Relation of cyanosis to pneumonitis, not to heart failure.

5) Absence of specific therapy, ineffectiveness of penicillin or digitalis, and importance of nursing care and supportive treatment.

Cases of scrub typhus continued to develop in the Dobadura area after active combat had ceased. This was, in the summer of 1943, becoming a huge training area and base, with combat and service troops arriving in large numbers. Tent areas were established in uncleared jungle and unmolested kunai grass clearings. Repeatedly, in units where scrub typhus prevailed, the incidence was highest in the 2nd, 3rd, and 4th weeks after moving into the uncleared camp site. The early days of occupation were the dangerous ones, with scrub typhus breaking out 7 to 18 days after exposure to infection. Clearing the camp sites apparently did away with the trombiculid mites suspected as being the vector of the disease. Strains of R. orientalis, the cause of the disease in humans, were isolated from pools of such mites recovered from rats and bandicoots, taken in areas where scrub typhus was prevalent. From the pooled brains of rats, the same Rickettsia was recovered. The dangerous mite is the unfed larval mite of appropriate species that is infected with this rickettsial disease by inheritance from its preceding generation. Seeking a blood meal, it will accept man as an accidental host. Its preceding generation will have acquired the rickettsial infection during its larval feeding on small animal hosts infected by the bites of other infectious mites.

Control measures were accordingly directed at mite reduction by clearing tent areas of brush and grass, aiming at a dryness that would adversely affect the moisture-sensitive mites in the surface soil. Since these clearing operations required exposure to infected mites in the process, it was desirable to provide soldiers with clothing impregnated with mite-repellent. Five percent dimethylphthalate in 2% soap solution was found to be non-irritating to the skin. It was effective despite exposure to salt water and prolonged rainy weather, and suitable for troops engaged in jungle combat.

Military operations in 1943-44 confirmed the epidemiological findings at Dobadura. Two to three weeks after the parachute infantry jumped in the Markham Valley, and landing forces established beachheads at Cape Gloucester and Saidor, scrub typhus fever cases developed and continued as troops operated under jungle combat conditions. Seventy-five cases that developed on Goodenough Island in November and December 1943, followed exposure of newly arrived units setting up their area in kunai grass. Combat at Aitape and Hollandia accounted for the rise in scrub typhus cases in May 1944. The danger of infection was unpredictable. A kunai grass clearing in every detail similar to one in which scrub typhus prevailed might prove safe for troops.

The outbreak of scrub typhus at Owi and Biak in July and August 1944 presented new features:

1) It was by far the largest epidemic in number of cases. It constituted a threat to success of military operations. Fortunately, it was mild in severity.

2) Scrub typhus occurred in a different terrain; dense underbrush provided cover for mites. There were no kunai grass clearings.

At Sansopor, in August 1944, the task force developed scrub typhus in an explosive outbreak soon after landing. The dangerous areas here were unprecedented—abandoned "native gardens", with much undergrowth choking banana plants and coconut palms. Several units were hard-hit by scrub typhus. Had their landing been more severely resisted, the disease would have been a serious handicap to our task force.

In the latter two outbreaks, the use of impregnated clothing for personal protection against mites played a promising part in control of the epidemics. Bearing in mind the impression gained earlier in the year that scrub typhus patients tolerated poorly early evacuation, the Sansopor cases, in particular, were not brought out to rear bases until they were fever-free.

Further study of scrub typhus of convalescents in the New Guinea bases revealed no residual heart disease. Electrocardiographic studies did not indicate persistent myocardial damage. Rarely, a particularly hard-hit soldier was evacuated to USA because of his exhausted state or a complication such as thrombophlebitis or peripheral neuritis. The great majority of convalescents were returned to duty. It is true, however, that in at least one Infantry Division, it was common policy to reclassify within the Division scrub typhus convalescents returned to duty. For one reason or another, their stamina was not up to the mark for combat infantry duty.

No scrub typhus had been reported from the Philippines. It did, however, occur sporadically, following the typical course on Mindoro: landing in December 1944, the first case admitted on D+12, and the bulk of the 100 cases reported in January and February 1945 receding as tent areas were cleared and need for combat patrols decreased. Cases were reported from Samar, and Negros, and Luzon, usually from grassy areas similar to the kunai grass clearings of New Guinea.

SWPA experience with scrub typhus was like that of the CBI Theater, save for a smaller incidence of cases in Burma. The same increase in mortality was noted among troops depleted by jungle combat. The 5% mortality among acute cases studied at the 20th G.H. is similar to the over-all figure for the SWPA. The clinical features of the disease in Assam and Burma were in no way different from those seen in New Guinea. It is interesting that captured reports indicate that the Japanese recognized the disease among their troops in Burma, for there was no record of their doing so in New Guinea.

Experience has taught that when man exposes himself to field conditions wherein he may become an accidental host for infected larval trombiculid mites, scrub typhus will appear in hitherto unreported districts. Circumstances prevailing in the SWPA and Burma extended the map of scrub typhus and made it an important medical disease of war.

At the same meeting, Dr. Arthur S. Pier, Jr. and Dr. Lewis K. Dahl described their clinical experiences with scrub typhus cases in the combat areas.

* * *

DERMATOLOGY DEPARTMENT

Last month we said we hoped we might be able to publish in this issue summaries of the talks which were given at the previous monthly Staff meeting. In response to our appeal, Dr. Walter F. Lever very kindly sent this condensation of his speech. His subject was "Boric acid—its pharmacologic action and its toxicity".

The effectiveness of boric acid ointment and boric acid solution in the treatment of acute inflammatory dermatoses is well established. In contrast to many other topical applications, boric acid solution and ointment rarely cause irritation even on severely inflamed skin. Furthermore, specific allergic sensitization which not infrequently complicates the topical use of drugs such as sulfonamides, penicillin, and ammoniated mercury does not occur with boric acid.

Three percent boric acid solution has a pH of 4.8, approximately that of the normal skin surface. The surface of acutely inflamed, oozing skin has a pH approximating or exceeding 7. Boric acid solution tends to correct this abnormal pH. Furthermore, boric acid solution is, though to a limited degree, bacteriostatic. It acts as an astringent because it causes less swelling of the protein of the epidermis than blood serum which bathes the epidermis in oozing dermatoses. Its damaging, caustic effect on the epidermis is minimal, less than that of most other acids, since it precipitates protein only to a slight degree.

The absorption of boric acid through the intact skin is negligible, but when applied to areas denuded of epidermis it is considerable. Thus, the danger of poisoning from the external use of boric acid solution and ointment appears small, provided they are not used on large denuded areas, such as burns, and on large ulcers. As a matter of fact, only 4 cases of fatal poisoning by the external use of boric acid ointment or solution are recorded in the literature, and there is justification for doubt that boric acid poisoning actually caused the death in any of these cases.

OFFICIAL NOTICE

The Department of Pathology and Bacteriology is now providing an anti-penicillin substance (contained in certain preparations of the diastatic enzyme "Clarase") which is to be used in blood cultures taken from patients receiving penicillin therapy to counteract any inhibitory effect of the penicillin which may be contained in the patient's blood. When submitting material from patients who already have had large doses of penicillin, a notation should be made on the request slip so that Clarase may be added to the media used for culture.

To those cultures planted outside of laboratory hours the House Staff should add 0.2 ml Clarase to each blood culture flask, e.g. 0.2 ml per 100 ml of media, and a drop or two to smaller amounts of fluid media used for culture. Clarase prepared in 0.5 ml amounts in small test tubes are stored in the upper right compartment of the Bacteriology Laboratory refrigerator. The material should be handled in a pipette with strict asepsis, and once opened, the tube of Clarase is to be discarded. More detailed instructions are posted on the refrigerator.

ALL BLOOD CULTURES SHOULD BE BROUGHT TO THE LABORATORY AS SOON AS POSSIBLE AFTER COLLECTION.

Tracy B. Mallory, M.D.,
Chief of Department

In addition to the citations already mentioned in The News, the following have been received:—

Col. Edward D. Churchill, MC (*WS* 1922) — Distinguished Service Medal . . . Colonel Edward D. Churchill, while serving as Surgical Consultant, Mediterranean Theater of Operations, from October 1943 to September 1945, made a distinguished contribution to the field of military surgery. He was responsible for the introduction of reparative surgery in the base hospitals of the theater, an original concept that materially reduced permanent damage to wounded personnel and further elevated the previously high standards of American military surgery.

Col. Horatio Rogers, MC (*ES* 1925) — Legion of Merit . . . As Chief of Surgical Service, Colonel Rogers, by his outstanding ability to organize and his clarity of foresight on two occasions, placed in efficient operation in a remarkably short time the Surgical Service of the 6th General Hospital. By his example and counsel he supervised the extraction of a wealth of important medical information from the records of patients in the hospital. Not only did he himself contribute frequently to the medical literature of the Army, but he aided and guided his junior officers in contributing a total of at least fourteen articles and reports on various aspects of war surgery. Colonel Rogers' outstanding ability to inspire his officers to the accomplishment of more than routine duties resulted in many important contributions to the fund of medical knowledge derived from experiences in the Mediterranean Theater. His high professional attainments and devotion to duty are in the finest traditions of the Army Medical Service.

Lt. Col. Grantley W. Taylor, MC (*WS* 1924)— Bronze Star Medal . . . for meritorious service in direct support of combat operations from 1 March 1944 to 1 March 1945, in Italy and France. As Chief of Surgery, Colonel Taylor maintained the highest standards in the care of patients, at the same time securing the necessary rest for the professional staff, so that both the quantity and quality of the care of patients was enhanced. By his foresight, untiring efforts, and profound devotion to duty, he contributed in an outstanding manner to the superior medical service rendered by his organization.

At a meeting of the Board of Trustees, held on February 21, it was voted:

To accept the resignation of Dr. Aubrey O. Hampton with great regret;
To accept the resignation of Miss Sally Johnson with great regret;
To accept the resignation of Dr. Donald Macomber;
To accept the resignation of Dr. Daniel M. Swan;
That the title Superintendent of Nurses and Principal, School of Nursing be changed to Director, School of Nursing and Nursing Service.
To appoint:
Dr. Earl A. Glicklich as Assistant in Dermatology;
Dr. James E. Kreisle as Assistant Resident in Medicine for the period beginning February 15, and as Resident beginning April 1, without salary;
Dr. Sam M. Powell, Jr. as Assistant Resident on the Children's Medical Service, to begin April 1;
Dr. John W. Raker as Third Assistant Resident in Surgery, to begin March 1;
Dr. Laurence L. Robbins as Chief of the Department of Radiology;
Dr. Stewart P. Seigle as Assistant Resident in Medicine for nine months, to begin April 1;
Dr. Adney K. Sutphin as Assistant Resident in Medicine for six months, to begin April 1.

The General Executive Committee, at their meetings on February 13, 20, 27, and March 6, voted:

To accept the resignation of Dr. R. Wenner Machamer from the position of Clinical Fellow in Surgery, effective as of March 1;
That the title of Dr. Stanley J. Sarnoff be changed from that of Research Fellow in Surgery to Clinical Fellow in Surgery;
To reappoint Dr. Jackson M. Thomas as Graduate Assistant in Psychiatry, to begin on or about May 1;
To appoint:
Dr. Perry J. Culver as Clinical Fellow in Medicine;
Dr. Daniel C. Dawes as Graduate Assistant in Psychiatry;
Dr. William E. Flood as Graduate Assistant in Dermatology;
Dr. Carl J. Josephson as Clinical Fellow in Medicine—principally in Cardiology;
Dr. Paul Kunkel as Graduate Assistant in Medicine;
Dr. André Monsaingeon as Research Fellow in Surgery;
Dr. Eugene E. Record as Graduate Assistant in Orthopedic Surgery;
Dr. Carter R. Rowe as Graduate Assistant in Orthopedic Surgery;
Dr. Stanley M. Wyman as half-time Graduate Assistant in the Department of Radiology, for the term beginning March 1, 1946 and ending September 1, 1948.

The following men have returned to active duty on the Staff, as of the dates given:

Dr. Walter S. Burrage, Assistant Physician	Mar. 1
Dr. Sylvester McGinn, Assistant in Medicine	Feb. 1
Dr. Richard Schatzki, Radiologist	Feb. 20
Dr. George P. Sturgis, Assistant Physician	Feb. 14

MASSACHUSETTS EYE & EAR INFIRMARY

The regular spring meeting of the New England Oto-Laryngological Society will be held on Wednesday, May 8, at the Massachusetts Eye and Ear Infirmary. Dr. Oscar V. Batson, of the University of Pennsylvania, will be the guest speaker.

Clair Michael Kos (*Oto-Lar.* 1941) has been appointed Associate Surgeon in Oto-Laryngology at Duke University Hospital, Durham, N. C.

Because of the increased number of Residents now on duty, it has become necessary to make changes in the Residents' quarters. Consequently, on March 15, the Junior Residents on the Ear, Nose and Throat Service and the Senior Residents on the Eye Service, including the Resident on the Neuro-Ophthalmological Service, were housed in the East Wing of the Nurses' Home. The members of the Ladies' Visiting Committee have taken an active interest in equipping a comfortable lounging room for the men. The other Residents will continue to be housed in the "FLAT".

New addresses:—

Dr. Rodney F. Atsatt (*Or.* 1926), 1734 State St., Santa Barbara, Cal.
Capt. Russel L. Baker, MC, AUS (*r.p.* N 1943), Walter Reed General Hospital, Washington, D.C.
Capt. Frederick S. Bigelow, MC, AUS (*EM* 1943), Concord, Mass.
Dr. John D. Camp (*a.r* 1924-27), Mayo Clinic, Rochester, Minn.
Dr. Edwin L. Cantlon (*ES* 1938), Box 2496, Reno, Nev.
Dr. David H. Clement, 300 Longwood Ave., Roxbury, Mass.
Lt. John C. Coolidge, MC, USNR (*CM*), 109 C Brush St., Alameda, Cal.
Dr. Ira M. Dixson (*WS* 1930), 100 Metropolitan Bldg., Denver, Col.
Lt. Leonard P. Eliel, MC, USNR (*EM* 1942), *U.S.S. Gage* (APA-168), c/o Fleet Post Office, San Francisco, Cal.
Lt. Harold E. Elrick, MC, USNR (*M* 1944), BOQ, 1665 Rosecrans, San Diego 6, Cal.
Dr. Chester W. Fairlie, Jr. (*WM* 1942), Essex Falls, N.J.
Dr. Douglas A. Farmer (*WS* 1943), 43 Lincoln Road, Medford 55, Mass.
Major Norman E. Freeman, MC (*r.s. WS* 1935), Box 404, Auburn, Cal.
Lt. Col. Edward A. Gall, MC (*r.p.* P 1937), Bethesda Hospital, Cincinnati 6, Ohio.
Dr. John P. Gens (*r.s. U* 1943), Stony Brook Road, Darien, Conn.
Dr. C. Fred Goeringer (*Or.* 1940), 209 S. 63d St., Philadelphia 39, Pa.
Lt. Col. James Greenough, MC (*WS* 1920), Cooperstown, N.Y.
Dr. Robert A. Gregory (*r.p. N* 1933), Provincial Hospital, Fairville, New Brunswick, Canada.

Capt. Joseph P. Holihan, MC, AUS (*ES* 1943), Hq., Camp Pittsburgh, APO 806, c/o Postmaster, New York, N.Y.

Dr. Charles I. Johnson (*Oto-Lar.* 1929), 403 Commonwealth Ave., Boston, Mass.

Dr. Louis G. Johnson (*P* 1940 & *EM* 1942), Apt. 3, 3418 Stanley St., Montreal, Quebec, Canada.

Lt. Terry E. Lilly, Jr., MC, USNR (*ES* 1943), Neurosurgical Service, U. S. Naval Hospital, Great Lakes, Ill.

Dr. William H. Lowell, Jr. (*a.r.p.* 1940), 703 Asylum Ave., Hartford 5, Conn.

Capt. Ralph H. Luikart, Jr., MC, AUS (*M* 1944), State Center, Iowa.

Dr. Alexander Marble (*r.p. WM* 1930), 131 Laurel Road, Chestnut Hill 67, Mass.

Dr. John B. McKittrick (*An.* 1938 & *WS* 1939), 265 Goddard Ave., Brookline 46, Mass.

Mr. Robert S. Melville, 16 Isabella St., Worcester 3, Mass.

Dr. Charles G. Mixter, Jr. (*WS* 1940), 274 Beacon St., Boston, Mass.

Capt. Fathollah K. Mostofi, MC, AUS (*a. P*), Dibble General Hospital, Menlo Park, Cal.

Dr. Fred W. Ogden (*Oto-Lar.* 1942), 1904 Audubon St., New Orleans, La.

Lt. John R. Paul, Jr., MC, USNR (*CM* 1943), Naval Hospital, Quarters #7, Navy Yard, Charleston, S.C.

Dr. Olof H. Pearson (*WM* 1941), 32 Alpha Road, Dorchester, Mass.

Dr. William A. Reilly (*CM* 1928), 450 Sutter St., San Francisco 8, Cal.

Major Marshall deG. Ruffin, MC, AAF (*P* 1939), Biltmore Hospital, Coral Gables, Fla.

Dr. W. Beecher Scoville (*r. NS* 1938), 179 Allyn St., Hartford, Conn.

Lt. Col. Milton S. Thompson, MC (*Or.* 1934), 417 W. Houston Ave., Temple, Tex.

Dr. Roland J. Viger (*Oph.* 1937), 1414 Drummond St., Montreal, Quebec, Canada.

Dr. Alexander M. Waldron (*EM* 1938), 324 S. State St., Ann Arbor, Mich.

Dr. George P. Whitelaw (*WS* 1937), Massachusetts Memorial Hospitals, Harrison Ave., Boston, Mass.

Dr. Richard G. Whiting (*a. M.*), 226 Marlborough St., Boston, Mass.

Dr. Arthur T. Willetts (*r. U* 1941), 212 South St., Morristown, N.J.

Brief bits:—

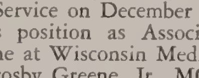
Comdr. George E. Gardner, MC (*CM* 1938) reports this promotion and his transfer to duty as Assistant to the Chief of Neuropsychiatry in the Bureau of Medicine and Surgery, Washington, D. C.

Dr. Edgar S. Gordon (*P* 1935) was discharged from the Service on December 5 and has resumed his position as Associate Professor of Medicine at Wisconsin Medical School.

Major D. Crosby Greene, Jr., MC, AAF (*CM* 1940) has received this promotion and is on terminal leave. His home address is 263 South Ave., Weston, Mass.

Lt. Col. Henry F. Howe, MC (*r.s. PH* 1934) informs us of his promotion in rank. He expects to be back at his old office, 11 North Main St., Cohasset, Mass., in May. He says it will be good to get into mufti again, and to greet old friends at the M.G.H.

Col. Ernest E. Myers, MC (*Or.* 1933) has been promoted to this rank. He is still at Bushnell General Hospital, Brigham, Utah.



The last time we heard about Capt. Robert F. Legge, MC, USNR (*Or.* 1935) was in a letter from Mrs. Legge, published in the November 1944 NEWS, which told of his participation in many of the Naval engagements in the Southwest Pacific. Now we have a note from the Captain himself. He writes:—

In July '45, I went to sea again on the *U.S.S. Thomas Jefferson,* an attack transport converted to a casualty receiving ship, and found myself Senior Medical Officer in charge of 9 doctors and 81 corpsmen. We made the Sasebo, Kyushu, Japan landing.

In November I was honored with a fourth stripe.

Since 14 January I've been at the U.S.N.H., Great Lakes, Ill. I'm Chief of Orthopedic Surgery, with from 1200 to 1700 patients on the service, and 30 doctors to help.

Just before reporting here, I called on William Snyder [*WS* 1933] and Fred Ilfeld [*Or.* 1937] in Los Angeles. They are both now back in practice.

Lt. Col. David W. Wallwork, MC, AAF (*ES* 1932) writes briefly from Westover Field, Chicopee Falls, Mass.:—

Returned from overseas on 1 February after eight months' service in the India-China Division of the Air Transport Command, where I held successively the jobs of Base Surgeon, Kunming Army Air Base, China Wing Surgeon, Assistant Surgeon of the Division, and finally Division Surgeon.

At present I am stationed here at Westover Field, fervently hoping for separation from the service.

Promoted to present rank 1 December 1945.

From 30 North Michigan Avenue, Chicago, comes this letter from Col. Ralph F. MacDonald (*ES* 1922).

Having just returned to the United States after thirty months in the Pacific may I say again how much I have enjoyed THE NEWS during that time.

I read with much interest, in the December issue, the letter by Colonel Collins [G.S.C. (*ES* 1933)], whose experience somewhat parallels mine. I, too, commanded a field artillery battalion in New Guinea until September 1944 when I was promoted to Colonel and made Division Artillery Executive Officer. A short time later I was attached to the I Corps, made the landing at Lingayen on Luzon, and then rejoined the Division for the operation to secure Baguio. We returned home by way of Japan, where we saw the destruction in that country and the effects of the atom bomb at Hiroshima. I believe that Colonel Collins and I are probably the only two surgeons who wound up in this grade in field artillery.

In New Guinea I enjoyed several visits with [Col.] Don Glover [MC (*WS* 1922)], Chief of Surgery, 4th General Hospital, where he was doing his usual superior work.

After five years in the Army I am now looking for a place to live — the most difficult problem of all.

This very welcome "first letter" from Capt. Frederic W. Rhinelander, II, MC, AUS (*ES* 1937 & *Or.* 1938) is written from Letterman General Hospital, San Francisco.

I am ashamed that my first report to THE NEWS should not be till this late date, but I have been waiting in the hope of having something more interesting to divulge than a simple tour of hospitals in the ZI during a mere 18 months in the Army. After the usual term at Carlisle, where I was greatly impressed by the Army's teaching methods, I have at least been fortunate in having been continually on busy orthopedic services in General Hospitals—DeWitt for 6 months, Hammond for 8 months, and Letterman for the past 2 months — all in California. I have witnessed and engaged in an incredible amount of late reconstruction work. It has been an orthopedist's paradise, except for the fact that long-term follow-up has been impossible. But even in the latter respect, I have been more fortunate than most of my orthopedic confreres of the M.G.H.

Here at Letterman we are now swamped with cases from the many hospitals which have been closed, and it will still be many months before the backlog of surgery can be disposed of.

Of MGH-ers in Service, I saw Jesse Nicholson several times while he was running a very large orthopedic service at Oakland Naval Hospital. He has recently been discharged from the Navy as a Captain.

THE NEWS has continually brought me great pleasure and has made me feel very close to the M.G.H. I envy those who were able to serve overseas, but I am enjoying continuing the work they started. The charts of quite a number of my patients have borne familiar signatures — particularly Otto Aufranc, Carter Rowe, Tom Gephart, and Lester Yee.

Capt. Jesse T. Nicholson, MC, USNR (*r.s. Or.* 1933) is back in civilian life. From Philadelphia he writes:—

This is to report that my tour of duty with the Navy was terminated in December. I am now relocating in a temporary office at 1726 Spruce Street. I am experiencing all the difficulties of reconversion — impatience for a new office to be completed in the Pennsylvania Hospital Clinton Street Building, and a search for a home. In spite of the practice I had in the latter while stationed in California, I find that the desired species are much rarer in the East.

It is my wish to again express my appreciation of THE NEWS which followed me so faithfully during the past four years. Its arrival is always anticipated, as it brings so many scattered friends and their activities back for pleasant reminiscences.

Dr. C. Fred Goeringer (*Or.* 1940), whose last letter told of having to "hit the fox hole" too frequently for our comfort of mind, is back home and out of military service. From Philadelphia he writes:—

It was my good fortune to leave the Philippines behind in November 1945, at which time I sailed from Manila on a hospital ship. My overseas tenure lasted 22 months and I was a happy man, indeed, when I was separated from the service on 24 November as a Lieutenant Colonel. During my last year overseas I served as Chief of Orthopedic Surgery in the Mayo Unit — the 247th General Hospital which served in New Guinea and Luzon.

In January I commenced the practice of orthopedic surgery in Philadelphia. I am on the teaching staff of the Orthopedic Service at the University of Pennsylvania. Most of my work deals with pure orthopedics, in contrast to the war wounds, fractures, and amputations with which I had to contend during my five years in the Army Medical Corps.

I should like to be numbered among those who desire a life's subscription to THE NEWS. I shall always remember the many happy moments I spent reading in that paper the many interesting items concerning my former associates — particularly during the New Guinea Campaigns when news was at such a premium. Once again, many thanks for THE NEWS and what it represents.

A restless conscience prompted this letter from Major Allen M. Boyden, MC (*WS* 1934) — our first word from him in more than two years.

I have been sorely remiss in my correspondence with THE NEWS, but can truthfully say its reception each month has been a high light. Since, unfortunately, it has not been my privilege to serve with or contact many MGH men, THE NEWS has been particularly interesting.

Throughout the war I was with the 3rd Auxiliary Surgical Group as a Team Leader—serving in the Tunisian and Sicilian Campaigns, as well as in all the European Campaigns of the U. S. First Army from the D-day landing in Normandy through to finish the war at Pilsen, Czechoslovakia. Received promotion to Major in February 1944.

In July 1945 I returned to the States by air and found myself on terminal leave in early

August. Terminal leave ended October 31—a pleasant birthday gift, indeed.

Having decided to settle in Portland, Oregon, I spent August and September locating a home and an office—both of which were difficult to find. October 1 saw me on my way to Ann Arbor, Michigan, where I remained until mid-November working in the Department of Surgery and picking up loose ends of civilian advances in surgery of the last three years. Here in Portland I am associated with the University of Oregon Medical School as Clinical Instructor in Surgery.

Recently I was delighted to see an old MGH friend—Dick Pearse [*ES* 1934], who was stopping in Portland for a few days on a tour of the West while on terminal leave. Our discussion centered on old times and old friends at M.G.H. and served to remind me that I owed you a letter.

From Tulane University of Louisiana, New Orleans, has come this note from Dr. Champ Lyons (*WS* 1933).

Following my release from the Army and my resignation from the Staff at Massachusetts General, I accepted the associate professorship of surgery at Tulane and became affiliated with the Ochsner Clinic and Foundation as a member of the surgical Staff. My appointment as Civilian Consultant in general surgery to the Surgeon General of the Army has given me an opportunity to continue my interest in problems of wound management.

Dr. Arthur A. Holbrook (*CM* 1933 & *EM* 1934) is out of military service. From 711 Goldsmith Building, Milwaukee, Wisconsin, he writes:—

I was separated at Lawson General, in Atlanta, where I thoroughly enjoyed seeing [Col.] Denny Adams [*WM* 1918]. He made my stay there far pleasanter than it would otherwise have been.

I have resumed my practice of Internal Medicine and it does seem mighty good.

Incidentally, for the record: I was promoted to Lieutenant Colonel.

Capt. Donald J. Emery, CWS, AUS (*res. fel. D* 1941) has returned from overseas. His address is 487 Walcott Street, Pawtucket, R.I. A recent short note says:—

I returned to the States last October, and am now on terminal leave. My last service was with an Air Service Group under Troop-Carrier Command. Incidentally, I have recently been promoted to Captain, Chemical Warfare Service.

Dr. Daniel M. Rogers (*CM* 1938) sends a change of address, and adds:—

An old infirmity allowed me to get no closer to the military than serving with Selective Service, but I will call attention to my change of address from Clinton, N. Y. to Wenham, Mass. I opened practice in Hamilton and Wenham in October.

It is ineffably satisfying to be within running distance of the M.G.H. again, back in New England. I hope to drop in when affairs here are under better control.

These few lines have come from Major Gordon A. Saunders, MC (*EM* 1937).

Now that I am out of the Army and on terminal leave, it is a little inept to break into print for the first time. However — I spent 39 months in the ETO. From July to December 18, 1945 I worked at Lovell General Hospital; from December 18 to January 18 I refrained completely from work; now I am back with my office in Arlington.

Although this is the first letter from Major Saunders to be published in The News, our files include a delightful letter from him, written in England in October 1943, which, due to some circumstance of the moment, failed to appear in print. Because of its "In retrospect" flavor, its references to several members of "the family", and the memories it may arouse among the participants of the darts contest and others, we are including excerpts here, even at this much later date. Major Saunders was a Captain then, with the 16th Station Hospital, having been transferred from the 5th General. He wrote, in part:—

MGH graduates are scattered rather thinly in this Theatre, except for the group at the 160th, all of whom I have seen from time to time since their arrival in Ireland just a year ago.

Yesterday I attended the fourth meeting of the AMA Society of the ETO, which has been rotating among the several general hospitals over here. This meeting was held at the Maine Unit, and contributed two MGH speakers (Milton Thompson and Bill Comeau) and an X-ray exhibit by Jack Spencer. On the way back I stopped over night at the 5th General and bumped into the still smiling Howie Suby, who has just taken Simmy's place there as G.U. chief. Also saw my ex-roommates Tom Cavanaugh and Henry Brewster, and discovered, to my horror, that they have become devotees of the game of darts and were in the middle of a furious struggle to decide the local championship.

I have seen Eric Bywaters [*res. fel. M* 1937-39] several times recently, and have been on grand rounds at his hospital in Hammersmith.

An outline of where Capt. John B. Millet, MC, AUS (*WS* 1943) has been comes in this letter from him, written from Cushing General Hospital, Framingham, Mass.

My Army career commenced with Carlisle, where the fundamentals of Army life became known to me. After a brief stay in the medical pool at Camp Pickett, Va., I was sent to the 244th Station Hospital at Camp Shelby, Miss., a 250-bed unit where I was Executive Officer for 6 months. This unit was enlarged and became the 129th General Hospital in December 1943, and I was given the position of Acting Chief of Surgical Service until more competent members arrived just prior to sailing in June 1944.

We set up in North Wales, replacing the 16th General Hospital. I was a member of the Orthopedic Section, Chief of the Physical Therapy Department, Special Service Officer, and ran the remedial gymnasium. [The capital letters in the titles—as often—are ours. *Editor*] Life in England was very pleasant and busy, with from 60 to 90 patients in my wards and my other activities. The long evenings lent themselves to bicycling over the countryside.

In December I was transferred to the 199th General Hospital. This unit made the last successful crossing of the Channel on the Belgian *Leopoldville* which sank soon thereafter with the 66th Division on board. We stayed in a small resort town east of Le Havre, and on our proposed date for moving southeastward the bulge supervened and we were shipped to Rennes, Brittany, where we took over the 127th General Hospital late in December, after a 96-hour ride in the usual boxcars.

We were quite active as a hospital until closing in June 1945. I had 77 orthopedic beds and ran the rehabilitation ward with an additional 105 beds. The countryside was as lovely as any I've seen in France and, unlike other areas, the food was plentiful for the local inhabitants. I shall never forget the orgy of a French dinner party given for me by one of my French patients which started at 7 P.M. and concluded at 1 A.M.—with no intermission between courses. I was fortunate to be able to take a trip to Le Mans and see Don Sweeny and Dick Lillie at the 177th General Hospital.

In June we left for the Marseille staging area, finally set sail in August for the CBI, and landed in New York City instead of the Philippines.

After completing a recuperative leave at home and returning to Camp Sibert, Alabama, to deactivate our unit, I have been fortunate in being assigned to the Cushing General Hospital.

A "first letter" has come from Lt. Col. Howard G. Weiler, MC, AUS (*Or.* 1932), headed Batangas, Luzon. It says:—

Since I have become eligible for separation from the AUS by the February announcement, I shall leave shortly for the States and expect to be located at my home in Wheeling, West Virginia, by early March.

During the past year I have been associated with the 315th General Hospital as Chief of Orthopedic Surgery and during the past six months as Chief of Surgical Service.

Not since he started out for the wars, back in '44, have we heard directly from Capt. Rafe Banks, Jr., MC, AUS (*ES* 1943). Letters from Robert P. Smith (*M* 1943) however—published in The News—told us that both these men were in that last terrific drive across France and Germany and finished the war together in the Bavarian Alps.

This note from Captain Banks was written from the 24th General Dispensary, Munich, Germany.

I have just finished reading the latest issue of The News and enjoyed every word of it. Without this publication I would very shortly be out of touch with many of my old friends.

As for myself, I am working here in the downtrodden ruins and wreckage of this once famous city, merely marking time until the day comes for me to "go west". Until the last two months my time in the Army had been fairly well spent. I worked for nearly two years, through thick and thin, with a good Evacuation Hospital [the 117th], but now I am part of a unit that holds sick call for the great majority of the American troops in this area. The monotony of this existence is broken each week-end by a great skiing trip to Garmisch-Partenkirchen in the Bavarian Alps.

Keep The News coming. I hope I shall be able to visit you all soon.

IN RETROSPECT

Dr. Franseen wrote this letter to his family while he was with the 249th General Hospital, Clark Field, Luzon. A note which came with the copy sent to The News says: "Our hospital was set up on the concrete slabs which were the prewar site of General Wainwright's Cavalry Command at Fort Stottsenburg. I found, when I returned home, that this letter had made the rounds of many of my friends, who seemed to be entertained by it."

Dear Folks:

It came today! That big blow I had been afraid would come. And what a blow! The Filipinos had warned us that we could expect one any time until late in the year, and that they had not been able to keep any tents up here before the war. It was an amusing coincidence that last night after supper I had driven in more tent pegs round my tent and had rolled some big rocks up to anchor the ropes to, as the pegs pull out as soon as the ground gets wet. My tent neighbors ribbed me for it, but I warned them they, too, had better get secured.

Lest they forget they were there together—Captains Rafe Banks, Jr. and Robert P. Smith, near the summit of Zugspitze, the highest Alp in Germany

There was to be a wedding at 4:30 P. M. today. One of the majors on the surgical service was to marry one of the operating room nurses. The best man was to be one of our orthopedic surgeons and the bridesmaid one of our surgical nurses. The C. O. was to give the bride away.

I took on some extra operating myself because the groom, of course, was very busy, and another of my surgical officers wanted to go to Manila to see about getting home since he had been over here for 42 months. I got through earlier than I expected, so moved an afternoon operation up to do before lunch. It was a patient who had been badly injured in a plane crash and had a compound fracture of the humerus. We had just received him from a field hospital and I had found an abscess in his wound. We decided to give him sodium pentothal to drain it.

The patient was no more than asleep when it quite suddenly became very dark and still outside. I remarked that it looked like another storm and that we had better hurry. I hadn't much more than said it when the wind and rain struck with terrific fury. The tent over our heads began to sway and flap violently. The rain drove way into the middle of the tent and blew the towels and sponges about. I had already started the operation when someone shouted, "There goes Physio!", meaning our Physiotherapy tent. I couldn't see it from where I was operating. I hurried the operation and was inserting the drains. "There goes S-2," they cried. That's our second main surgical tent, with all our fractures in traction and plaster casts. Then, at almost the same moment, there was a terrific crash of wooden poles, metal, and shattering glass. "That's S-1," the announcer cried, but I didn't have to be told that, since it was the postoperative ward attached to Surgery that went down. Whoosh! and away up went the tent roof over our heads. I was standing, finishing the operation, under the open sky in a driving rain. The tent pegs had pulled out, and one side of the roof flew way up and came down with a crash. A tent peg was still attached to the end of one of the ropes and came straight at us. It flew out again and cracked like a whip. "Here it comes again! Catch it!" I shouted to the anesthetist, for it was going straight for the patient's head. It hit the anesthetist a glancing blow on the forearm as she tried to catch it, and out it whipped again. I left the table and climbed up the frame on the side of the tent to catch it when it came back again, but this time it snapped itself free and flew out into space. I caught the rope, however, lashed it to a brace, then ran back to put a dressing on the wound. The patient was just waking up.

By that time others had come running and were holding the ropes down on Surgery, so I dashed into the next tent to see how the patients that the tent had come down upon were getting along. Everything was commotion, everybody running and shouting orders, but the shouting was very faint above the roar of the storm. As I stepped into the end of the post-op tent, which was still supported by the doorway to Surgery, I tripped over some electric wires. "Somebody throw the switch!" I shouted. At almost the same moment the lights went out, but not before a light bulb on the wire crashed with a big flash. It was almost dark under the tent and I could just make out the patients, cringing and trying to hold the tent off their faces. All who were able to get out of bed were out, hanging onto the tent ropes in the driving rain, some of them stomping round in their plaster casts. I saw at a glance that none of the patients in that end of the tent were injured, so I ducked out under the tent, but stopped short when the icy rain struck me in my operating gown that was already wet with perspiration. There were the Colonel and the Executive Officer, braced in the rain, hanging onto the ropes for dear life. I lifted the edge of the tent and went in under the other end to check the patients. There was the prospective bridesmaid, leaning over a patient who had a Miller-Abbott tube in his nose and his Wangensteen apparatus smashed to smithereens on the floor beside the bed. The poor bridesmaid was holding the tent up off the patient, her wet hair streaming down straight in front of her face. I am afraid I was unkind enough to give a little laugh, it looked so funny.

By this time the men were wrestling with the bases of the central tent poles to get them upright, and the tent was moving up again. The medicine cabinets, with all their bottles of solutions, lay in a mess of broken glass and spilled pills, mixed up with the patients' half-finished trays, cigarettes, and blankets. There was a long rip in the roof of the tent. The ward men carried the beds of two very ill patients into Surgery which had been reroofed by this time and was a little less wet, and we herded some of the ambulatory patients, with plaster casts on, into the Minor Surgery tent which was still dry.

The patient on the operating table was awake enough to look around now and said, "My feet are cold. I had some shoes when I came in here. Can I put them on, as I'll be going back right away?" "Don't be in any hurry, fellah," I said. "You've got no place to go now. We'll get you another blanket." We found dry blankets and changed the wet ones. Just then a patient buttonholed Major Mount as he was hurrying past and said, "Major, I was supposed to get some pills at 12 o'clock!" He was so serious about it we all burst out laughing, to the poor fellow's embarrassment. There were pills all over the floor! (He finally got his pills.)

We looked over at the mess tents. They were flat. The detachment had been at lunch when the storm struck and the mess tents started to go, but they left them and ran for the ward tents. They had reached S-2 in time to keep it from going all the way over on the fracture cases. When they went back to the mess tent there was mostly rain-soup for lunch.

Everything had been secured again. I saw the X-ray technicians looking over the ruins of the main X-ray machine that had been knocked over by the tent. I went back to Surgery. There the men were pushing up on the valleys in the roof between the tents where the water had collected, and the pools came down in crashing waterfalls. There was hammering everywhere as tent stakes were being driven in again, otherwise the usual calm had set in after the storm. The rain had stopped. The majority of the patients thought it had been somewhat of a lark. It gave them something to write home about. A few just looked bewildered, huddling under their blankets.

The bridesmaid emerged from the dressing room in Surgery, having shed her wet slacks and shirt, and went flitting off to her quarters in a flowing white operating gown, looking anything but angelic. One of the nurses came in from reconnoitering her quarters. "It's flat," she said. "I had just finished ironing three shirts and I was going to wear one to the wedding. I found them plastered in the latrine. I just stood there and shook my fists." Everybody seemed to have the same vindictive attitude, muttering "Now, perhaps they'll do something about it!" The post-operative tent had gone down about three weeks before and a visiting officer had suffered a fractured clavicle and laceration of the scalp. Fortunately, the only casualty this time was one set of fractured ribs. All the sterile goods in Surgery were soaked except what was in the drums.

Some of the men in Surgery had brought a couple of loaves of bread and some peanut butter and cheese from the kitchen. Coffee was brewing with hot water from the sterilizer. With the help of an amputation saw for a bread knife and throat sticks to spread the peanut butter and stir the coffee, we sat round the plaster table in the Orthopedic Room and drank coffee out of once-sterile solution bowls. The postmortem on the typhoon was in progress.

Being the newest comer to the unit, I volunteered to take the calls on the Surgical Service while the wedding party jeeped to a very neat little bamboo chapel of the Air Corps a couple of miles away. When they came back we had a buffet supper in the Officers' Club. The bride was beautiful, as always, in a white silk gown made from a parachute, and she carried a corsage of white orchids and pink phlox. The bridesmaid graced a pink net gown, or vice versa, and one couldn't but think of the amusing contrast with her appearance a few hours before. The groom and best man were resplendent in borrowed tropical worsted uniforms that almost fit them, and, wearing ties, looked "fresh from Fashion Park". I hadn't seen a uniform and tie for 18 months. There was an orchestra boasting an accordian player. They played a lively polka and there was much terpsichorean display — to much applause. The bride threw her corsage as the photographers flashed. The nurse who caught it was the same one who had been struck by lightning the day before. "Gee," she said, "I wonder what will happen tomorrow!"

My tent? My foresight hadn't been complete. I had neglected to secure the ropes holding the cap on top of the tent. It had blown open and acted as a shower head to spray my tent. But, fortunately, my bed is off a little to one side and was not much more damp than usual.

And so to bed — my day!

THE NEWS

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MEDICAL SERVICE AFFAIRS

(*Conclusion of the article by Dr. Means*)

Believing that staff appointments confer benefits on doctors and that, therefore, doctors of the staff have certain obligations toward the hospital, a formulation has been made of various types of duty in the public wards and Out-Patient Department, which can be regarded as the minimum which the hospital has a right to expect. Under this plan, the more senior physicians will be asked to take on medical ward visiting for four months. The next group will be asked to take ward visiting for two months and two months of out-patient work (two days per week). A third group will be asked to spend six months (two days per week) in the Out-Patient Department medical clinic. It is hoped that the physicians who visit in both wards and Out-Patient Department will be able to correlate the two and, by being experienced in the wards, exercise leadership in the Out-Patient Department and increase the interest of the work there of their juniors. In the case of a few physicians who have a heavy commitment in special clinics, the above minimum may be waived and special clinic service accepted in place thereof. The normal route to promotion on the staff, and to medical ward work, will be through the medical Out-Patient Department clinic. In the wards, the practice of having four visiting physicians on duty at once (one each to a ward) having been found good, will be continued.

Research in the Medical Department continues apace. The several OSRD projects have been, or are being, wound up, but investigation goes on with support from new quarters. We have been fortunate in securing a grant of $23,000 per year (for five years, we expect) from the National Cancer Institute for studies on problems related to cancer. This is being used to aid studies by Drs. Aub, Albright, and Nathan B. Talbot. The breadth of support of research is indicated by the sources from which comes aid. Besides the regular budgets of the Harvard Medical School and Massachusetts General Hospital, during the past year grants-in-aid have come from the following: Commonwealth Fund, "H.N.C." Gift of the Harvard Medical School, Robert W. Lovett Memorial Foundation, Josiah Macy, Jr. Foundation, Markle Foundation, Parke-Davis & Co., Rockefeller Foundation, Proctor Fund, Mallinckrodt Chemical Works, Tutorial Fund of Harvard, and others. The Mallinckrodt Company has not only helped us in the matter of research, but Mr. Mallinckrodt is also supporting a free research bed in Ward 4.

RECEPTION FOR VETERANS

Plans have now been completed for a reception to be given by the Trustees of the Hospital to welcome home those members of the staff, nurses, and employees who have given so generously of their time and skill in the Armed Services.

The reception is to be a spring lawn party held on the Bulfinch green from noon to 2:30 P.M. on Thursday, May 23rd. The party will be an informal one, with a buffet lunch, served as the group gathers. After lunch there will be a program of speakers who have been chosen to represent the many viewpoints and divisions of the hospital's war effort. The Army, the Navy, the hospital unit, the theater consultants, and the wives, as well as the hospital on the home front, will be represented. This program will be announced in detail on the invitations to be sent out early in May.

The Trustees anticipate a large gathering of the entire hospital family, and hope that the staff members will bring their wives and children. The whole hospital—doctors, nurses, employees, volunteers, and friends—will thus have an opportunity to come together at the scene of their labors, to celebrate the war's end and the return of their colleagues.

In case of rain, the entire ceremony will be postponed to Friday, May 24th, at noon.

Dr. Chester M. Jones has just been given a $5,000 grant by the Hood Foundation, to study certain nutritional problems.

The subjects of research cannot be outlined in an article of this length. For information on that score the reader should turn to the actual publications.

As the new year began, the retraining of veterans became the first priority educational problem. In addition to the training offered by the residencies, the Harvard Medical School has started a six-months' basic training course in medicine and surgery. A share in this teaching will fall to the Massachusetts General Hospital. In April a three-weeks' "refresher" course in internal medicine will be given under the auspices of the American College of Physicians for eighty doctors. Other smaller and more specialized courses are being planned.

In the hurly-burly of all this graduate teaching, it will be necessary to see that house staff training and the teaching of undergraduate medical students is not allowed to suffer. This objective can be reached if sufficient effort is made by all concerned.

J. H. Means, M.D.,
Chief of Medical Services

* * *

On Wednesday evening, March 20, the Ladies' Visiting Committee and the Advisory Committee on the School of Nursing held a reception for Miss Sally Johnson, retiring Superintendent of Nurses and Principal of the School of Nursing of the Massachusetts General Hospital.

The Rotunda of the Moseley Building was miraculously transformed into an attractive reception room. Potted plants and cut flowers graced the several occasional tables. Soft rugs of warm color, on and about the raised platform, contributed much to the general homelike effect.

Mrs. Robert Homans, acting as a representative of the Advisory Committee to the School of Nursing, was the presiding officer and introduced the speakers. Dr. Faxon paid high tribute to Miss Johnson. He said:-

In an address to a group of Red Cross Nurses' Aides in 1942, Miss Sally Johnson set down in her clear-cut manner a statement about the personality of the M.G.H. as an institution, that can very well be applied to her as an individual. She said:

"Just a word about the personality of the M.G.H., for institutions have personality. The background of those who built and are building it is Puritan. Therefore, we do what we do, partly because it is expected of us, but chiefly because we expect it of ourselves. We expect from others little expression of appreciation of our work, and acting on this principle we express little appreciation of the work of others. It would be to the advantage of everyone if appreciation of the work of others were more frequently expressed. It is difficult for many of us to express appreciation. We have been brought up to believe that it might contribute to a lessening of effort; that it might appear to be insincere; that it might be expressed for ulterior motives or merely as a social tool. These are among the reasons why you have seldom heard appreciation of your work. I sometimes think we may be double cousins to that Vermont husband about whom Carl Sandburg writes. Speaking to his wife he said, 'When I think of how much you have meant to me all these years, it is almost more than I can do sometimes to keep from telling you so.' "

We have held back for twenty-five years from expressing our feelings in regard to Sally Johnson. Because she was a Puritan she has not expected it and because we, too, were Puritans we have not spoken our thoughts. We knew it would not lessen her effort, but feared she might think it insincere or perhaps from ulterior motives. We knew she would do her work regardless of our praise or comments.

But tonight there can be no possibility of any other motive than that of esteem and affection; and so at last, and fortunately, while she and we, too, can enjoy it, we are going to break down and tell her by our presence how much she has meant to us during all these years.

Miss Margaret A. Dieter, President of the M.G.H. Nurses Alumnae Association, spoke on "What Miss Johnson has meant to me". Dr. Means, in his usual humorous vein, included a reference to "Yankee qualities" in his remarks. Mrs. Floyd Blackman and Miss Betty Dumaine, as representatives of the Executive Committee of the M.G.H. War Service and the Ladies' Visiting Committee, respectively, presented Miss Johnson with a very lovely tray and set of after dinner coffee cups, and a beautiful silver tea service. Miss Johnson spoke on the opportunities given her at M.G.H. to serve mankind, practise her profession, and establish friendships of permanent value. She concluded by saying that the best gift she could give the General was Miss Ruth Sleeper, who succeeds her.

After the speeches, a social hour was enjoyed in the Brick Corridor, where ice cream, cakes, and coffee were served from a table made most attractive with daffodils and tall yellow candles in silver candelabra.

A spirit of friendliness, kindly humor, and genuine affection pervaded the entire affair.

At the annual meeting of the Board of Trustees, Miss Sally Johnson was appointed Director Emeritus of the School of Nursing. Miss Johnson was given a tea by the Alumnae Association on Sunday, April 7. The Walcott House living room was decorated with great sprays of forsythia and pots of beautiful flowers. Graduates and friends of the School came from far and near to honor Miss Johnson; and many others, unable to attend, were represented in the gifts which were presented to her.

At a special meeting of the Alumnae Association of the School of Nursing, a report about the School of Nursing Endowment Fund was given to the group. Miss Sara Parsons, who initiated this Fund, spoke of the days in which she felt the need of such a fund for the future development of the School. During the years, many parties and entertainments—including M.G.H. Night at Pops, the sale of Christmas cards, and the 1946 calendars—have been sponsored, to increase the Fund. The total amount has now passed the $100,000 mark, and the School Alumnae are encouraged to renew their efforts so that the interest from the Fund may be an increasingly substantial amount. As yet, none of the money has been used.

* * *

Dr. Lamar Soutter, Director of the Blood Bank, has very kindly given us this summary of his talk on "Recent changes in blood banking and transfusion therapy", which he delivered at the combined Surgical meeting on April 9.

Since the Bank opened in April of 1942, 32,200 donors have been seen, of which roughly 15% were rejected for medical reasons; 24,502 plasma or whole blood transfusions have been given in that time. The Bank has grown from a two-nurse, one-technician institution to a four-nurse, four-technician and ten-volunteer-worker laboratory. Along with growth have come certain changes in technique. The first of these is the changed system of grouping, which is now done on a basis of a very high-titre serum used for testing both donor and recipient by two different technicians. Rh grouping is now being done on all donors and on patients using a high-titre testing serum from the Blood Grouping Laboratory. Blood donors are sent to the Bank by families and friends of patients in a number in excess of requirements. If, however, a patient is unable to supply donors, he is charged a twenty-five dollar fee for each pint of blood he receives. This money is used to provide blood to cover the groups in which the Bank is low or in which there is an excessive demand. For example, blood groups are now divided into eight instead of four, as previously. These groups are O Rh+, 39% of people; A Rh+, 35%; B Rh+, 10%; O Rh—, 5½%; A Rh—, 5%; AB Rh+, 3½%; B Rh—, 1½%; AB Rh—, ½%. The smaller groups—that is, the last five on the list, comprising 16% of all people—are very difficult to cover. If the Bank has 100 bottles of blood on hand, there may be an insufficient number of bloods of these smaller groups to care for a major hemorrhage. Therefore, the Bank has been building up its donor list gradually to reach a figure of over 1,000 in order that blood will be available on short notice for these groups. At the same time, in order to cover the rarer groups if no blood is immediately obtainable, Universal Donor blood, O-, is being kept on hand, which may be given after the addition of Whitebsky's Group Specific substance, A and B, so that high-titre agglutinins in the donor's serum will not hemolyze the cells of the recipient. This blood is also available for those very rare extreme emergencies in which immediate transfusion is necessary before a blood grouping can be done.

Stainless steel filters of very fine mesh were introduced in 1942 in order to remove blood clots before the blood left the Bank, so that it might run freely through an intravenous set. This procedure reduced pyrogenic reactions to one-half their previous figure. Subsequently this has been used for plasma with good results. It has led, however, to certain abuses —namely, that of allowing blood to stand unused after filtration. This means the possibility of formation of plasma clots, the possibility of bacterial growth from air contamination at the time of filtration, and the possibility of hemolysis in a whole blood because of temperature changes. Therefore, the Bank has made it a rule that bloods must not be sent for until they are going to be used, and must then be run directly into the patient.

There has been a considerable reduction in the demands for emergency transfusions on patients who have been in the Hospital for several days. This has been achieved by doctors becoming more conscious of the fact that patients in whom there is a possibility of needing hemoglobin must have a grouping and Rh typing done upon admission. Similarly, greater attention is being paid to the fact that a patient in a rare group who may require a blood should have the blood ordered well in advance, so that the Bank may call in professional donors to cover the needs.

There has been a change in an anticoagulant used for the donor's blood from a 4% citrate solution to the acid-citrate-dextrose media. This last has greatly reduced the fragility of the red cells, permitting longer preservation of the blood, so that now it is kept for three weeks instead of seven days. This change, plus the heavy demands for plasma on the part of the Burn Project, has reduced the plasma supply of the Hospital very materially. At the present time, the Hospital has been obtaining plasma from the State for use in emergencies only.

Because of the rare possibility of hepatitis from plasma administration, the Bank has advised that plasma be used only when its administration is vital to the life of the patient.

The hours for donors are from 1:00 P.M. to 4:30 P.M. daily, on an appointment system. This does not include Saturday or Sunday. The Bank has abandoned evening, Saturday, and Sunday hours because of the very slight demand for these times. On occasion, the Bank will make special hours for donors from a distance or those who genuinely are unable to come in during the regular time. However, it has been our consistently disappointing experience to find that at those times when this effort has been made by the Blood Bank staff and the volunteer workers, the response is minimal. Less than a quarter of the donors who have demanded this special service have kept their appointments.

In regard to reactions—these are classified under the general headings of anaphylactic, pyrogenic, and hemolytic. It is possible to have combinations of these or one alone. Anaphylactic includes the group of urticaria, asthma, and similar complications. Theoretically, this type of reaction could be fatal, although no such occurrence is recorded in the literature. Blood should be discontinued in the case of such a reaction, the reaction reported, and the blood returned to the Bank. The pyrogenic is the common group. It is marked by chills, with or without fever of varying degree, and is usually due to chemical or bacterial impurities in the transfusion, tubing, glassware, or anticoagulant. These are not serious, except that it is possible for one to mask or be confused with a hemolytic reaction. Therefore, the blood should be discontinued and returned to the Bank. as with the first group. The last group is very rare but is also extremely dangerous. Its symptoms are flushing, back pain, substernal pain, and change in pulse rate with a blood pressure fall. These symptoms may all be present or in combination, or may be completely lacking; but with these reactions, there will be at some time detectable amounts of breakdown products of hemoglobin in the blood serum and urine. Blood should be collected with a dry syringe and placed in a dry test tube as soon as possible after one of these reactions, to be analyzed in the Baker Laboratory for the presence of hematin. The first urine should also go to the Baker Laboratory. These reactions are nearly always fatal in those cases in which there is a kidney shutdown. In all instances of a hemolytic reaction, the Bank should be notified immediately and the donor's blood saved, so that an investigation as to cause may be conducted and a proper system of fluid administration for the patient started, in an attempt to save the patient, if possible.

Fortunately, reactions have fallen from 10% of transfusions given in the first two months of the Bank to 1.3% for the 7,501 transfusions given in 1945. This last figure, however, owing to inadequate reporting to the Bank, does not accurately represent all the reactions for that year.

The Bank wishes, at this time, to properly express its gratitude to the volunteer workers who make its continued successful existence possible.

* * *

Miss Cannon sent us the following clipping from the *New York Herald Tribune,* of March 28. It announces the appointment of Col. Francis R. Dieuaide, MC (*p.*) as director of the Life Insurance Medical Research Fund.

Appointment of Colonel Francis R. Dieuaide, until recently chief of the tropical disease treatment branch of the Surgeon General's Office, to the post of scientific director of the Life Insurance Medical Research Fund, was announced yesterday by M. Albert Linton, chairman of the fund.

The fund was established a year ago to make grants to universities and medical schools for research on diseases of the heart and related illnesses. During the next five years it plans to disburse more than $3,000,000. Supporting the fund are 147 life insurance companies in the United States and Canada.

Before going into the Medical Corps in 1943, Dr. Dieuaide was [physician to the Massachusetts General Hospital and] clinical professor of medicine at the Harvard Medical School, a post which he is resigning.

Dr. James E. Fish (*ES* 1930), Assistant in Surgery, left on April 15 for Schenectady, N. Y., to assume his new duties as Director at the Ellis Memorial Hospital and Assistant to the Dean at the Albany School of Medicine. Dr. Fish recently returned from duty with the Army, after serving for more than three years as Chief of Surgery at the North Sector General Hospital in Hawaii.

Lt. Peter T. Brooks, MC, USNR (*ES* 1943) stopped in for a visit with us the other day. He was apartment hunting while on vacation, and goes on terminal leave May 21.

While we surmised, from his letters, that Lieutenant Brooks had participated in several major engagements in the Southwest Pacific, we had no idea of the actual number until we saw his service ribbons. He was in on the invasions of Sicily, Salerno, Naples, Guam, Saipan, Iwo Jima, Leyte, and Lingayen Gulf; and wears the European ribbon with 2 stars, Pacific ribbon with 4, Philippine Liberation ribbon (a foreign decoration) with 2 repeated stars, Commendation ribbon, and American Theatre ribbon.

Quite by accident, we stumbled upon what we consider to be some rather unusual experiences that have befallen Dr. Ching Tung Liu, one of our new Residents in Neurosurgery. In spite of Dr. Liu's reticence, we succeeded in dispelling his fears that someone might think he was seeking publicity, and persuaded him to tell us his story.

While he was an Intern in Surgery at Peiping Union Medical College, in 1937, the war in China started about twenty miles from the College, at the famous Marco Polo Bridge. "We treated the very first casualties of the war," he said. He became interested in that type of work and decided to serve in the Army. When he was graduated, in 1938, he immediately went to South China, joined the Chinese Red Cross, and worked with the Mobile Surgical Unit attached to the Chinese Army. "At that time," he said, "the only help the Chinese Red Cross was getting was from foreign sources." After Pearl Harbor the entire Unit became commissioned in the Chinese Army. All the Red Cross doctors became Lieutenant Colonels. He worked in hospitals and training schools, and spent seven months in India training Chinese medical officers while General Stilwell was in command. Later he was transferred back to China, to a Medical Training Center in Yunnan Province.

The reason Dr. Liu has come to America to study is because China has no personnel or equipment for neurosurgical cases. "In all of China there is only *one* trained neurosurgeon," he said. He came to the States in December 1944 and joined the Cushing General Hospital in order to get his training at that neurosurgical center.

This story of Dr. Liu's makes us wonder if there may not be other undisclosed experiences which our House Officers and Interns may have encountered and which, by the telling, would help the hospital "family" know each other better.

After making several unsatisfactory attempts to describe the hobby exhibit in the Brick Corridor, we have decided that no amount of superlatives could convey an adequate portrayal of the display. While we were all set for something extra-special, we had no idea there existed such really remarkable artistic talents among the members of our Staff. The items would do credit to many professional exhibitions we can think of.

There are photographs of outstanding charm; lovely paintings and black-and-whites; beautiful jewelry and carvings in plexiglass that make one's mouth water. There are typewritten bound books, written to the doctors' families, delightfully illustrated in color by the authors. But there we go again—indulging in those inadequate superlatives. You must see for yourself to believe. Come—and marvel!

The manner of arrangement of the show demands special mention. The nice new wall cases, donated by Dr. Arthur W. Allen and the Ladies' Visiting Committee, are in use for the first time. Unique captions — unstereotyped and chatty — explain the pieces and announce the exhibitors. Credit for the pleasing arrangement of the articles goes to Miss Muriel McLatchie and her assistants.

Those who have items on display are Lt. Col. Edward F. Bland, Capt. George H. A. Clowes, Jr., Major John R. Graham, T/3 Gordon Haynor, Capt. Theodore H. Ingalls, Capt. John B. McKittrick, Major Hermann B. F. Seyfarth, Comdr. Herman J. Sternstein, Major Somers H. Sturgis, Lt. Col. Grantley W. Taylor, and Capt. Stanley M. Wyman.

The first issue of *The world of the M.G.H.* appeared in April. It is a new publication, aimed at a cross section of the hospital, and is to be distributed to all employees and members of the House Staff.

Mr. Hamilton, who has been in attendance in the doctors' parking lot for nearly fifteen years, wishes to extend this message to the members of the Staff who have been in military service and to those who are still away. He says he has read every issue of THE NEWS "from cover to cover" and has kept track of you all during the war and since; and he is happy once more because nearly all of the doctors have returned.

* * *

Excerpts from the April *Baker News Letter*:

STATUS OF BEDS: On 19 March 1946 the patients on BM-2 were moved to the newly painted BM-6. The second floor is now being painted and will be opened about 15 April. The present bed capacity is 275; it will be 303 when all floors are open.

BLUE CROSS AND BLUE SHIELD: During April there will be a Blue Cross and Blue Shield drive at the hospital. By special arrangement with the Massachusetts Hospital Service, members of the Baker Staff will be permitted to join during this drive. Blue Shield will be opened to physicians in answer to the request of many who wish to join, so that when they or their families are hospitalized the attending physician might receive some compensation for his services. You may join either or both Blue Cross and Blue Shield. For further information, contact Miss de Lue, Room 144, Baker Memorial.

MISCELLANEOUS: During February 1946, 39% of all admissions were Massachusetts Blue Cross subscribers, as compared to 28% in February 1945. The percentage of patients during February who were covered by some form of hospitalization insurance was 44%.

T. Stewart Hamilton, M.D.,
Assistant Director

John D. Kenney, a past orderly at Baker Memorial, was instantly killed in an automobile accident on March 18. He enlisted in the Coast Guard early in 1941, at the age of seventeen, and received his Stoneham High School diploma while on duty in the Pacific. He participated in the invasions of the Marshalls, Admiralties, Palau, Saipan, Leyte, and Luzon, and was one of the service men selected for the color guard at the UNO Conference in San Francisco. He had received his discharge from military service in February.

Mr. MacNair says that Kenney came in to see him only four days before the accident. He was planning to return to Baker on May first for the summer, and to attend a school of pharmacy in the fall.

* * *

DERMATOLOGY DEPARTMENT

Excerpts from the April bulletin:

An interesting letter has arrived from Capt. Ralph H. Luikart, Jr., MC, AUS (*M* 1944). He has made several trips across the Pacific to bring back wounded military personnel aboard the *U.S.S. Comfort*. He has finally been assigned to shore duty in California, where his address is Station Dispensary "B", Camp John T. Knight, Oakland, Cal. Dr. Luikart hopes to return to this department at the General whenever he is discharged, but that is an indeterminate future date.

With deep regret we announce that Mrs. M. J. Romero is taking an extended leave of absence. Even the oldest former members of the Dermatology Department will remember Mrs. Romero with affection, since she has been our intravenous technician for nearly thirty years. We hope she will return to us after her visit to Scotland.

Mrs. James Downar will take over Mrs. Romero's duties. Mrs. Downar was in charge of Ward G for a number of years and has more recently been Head Nurse in our Out-Patient Department.

In addition to the citations already mentioned in The News, the following have been received:-

Col. F. Dennette Adams, MC (*WM* 1918)—Legion of Merit . . . As Consultant in Medicine, Headquarters, Fourth Service Command, from July 1944 to October 1945, Colonel Adams demonstrated exceptional qualities of leadership in training and directing the medical services of the command. He effectively coördinated a program consistently maintaining the highest professional standards for the care of the sick and wounded.

Major Robert L. Patterson, Jr., MC (*Or.* 1935)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services as Chief of the Orthopedic Section, Surgical Service, 2nd General Hospital, from 15 July 1942 to 18 January 1945. Major [later Lt. Col.] Patterson organized and administered this section with great skill, foresight and outstanding professional ability. He trained officers, nurses and enlisted men of his own and other hospital units in the principles of orthopedics and the correct treatment of fractures. Major Patterson displayed intelligence and initiative in the improvization of necessary equipment, building from materials available locally, an orthopedic table urgently needed. He performed valuable service as a consultant for the Chief Surgeon, European Theater of Operations. Major Patterson's extraordinary ability as a surgeon and his sound judgment resulted in much alleviation of suffering and saving of life. . . .

Lt. Col. Fiorindo A. Simeone, MC (*WS* 1936)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services in the Mediterranean Theater of Operations from 27 August 1943 to 1 August 1945. As consultant in General Surgery, Lieutenant Colonel Simeone personnally operated upon, supervised and observed the management of seriously wounded soldiers in the forward mobile hospitals and in fixed hospitals, always combining the accurate critical appraisal of scientific research with humane technical skill of the experienced surgeon. He initiated and conducted clinical research in the field on a succession of important and unsolved problems that surround the surgical treatment of the wounded, pointing the way in each instance to the elimination of life endangering complications. His ingenuity and precision in making and recording observations on gas gangrene and destructive wounds of major blood vessels, contributed to the introduction of methods of treatment that saved lives and preserved limbs, observations on the occurrence, nature and causes of trench feet were of aid in the introduction of successful control measures. Actively participating in the work of a Board to study the treatment of the seriously wounded, he brought to light new facts regarding the bodily disturbances that attend certain fatal complications of wounds. These observations opened the way toward the prevention and more effective management of these complications that constantly challenged the skill of forward surgeons. . . .

At their meetings on March 8 and 22 and April 5, the Board of Trustees voted:

To accept with regret the resignation of Dr. Francis R. Dieuaide;

To accept the resignation of Dr. Thomas A. Warthin with regret;

To accept the resignation of Dr. George M. Wyatt from the position of Assistant Radiologist;

To grant a Dalton Scholarship to Dr. William P. Chapman;

To grant Dr. J. Wallace Zeller the privilege of seeing private patients at the Hospital for a period of one year;

To establish a Junior Residency in Orthopedic Surgery carrying a salary of $750 per annum, appointments to be for six months or one year, according to recommendation of the Chief of Service.

To promote:

Dr. William Dickson from the position of Intern to that of Assistant Resident on the Children's Medical Service, beginning April 1;

Dr. Richard S. Dodge to the position of Junior Resident in Orthopedic Surgery for nine months, beginning April 1;

Dr. James E. Kreisle from Assistant Resident to Resident, as of April 1.

To appoint:

Dr. Victor G. Balboni as Assistant in Medicine, effective as of March 1;

Dr. Bernard D. Briggs as Fellow in Anesthesia for one year, beginning September 1;

Dr. Franklin L. DeBusk as Intern on the Children's Medical Service, beginning April 1;

Dr. Chester W. Fairlie as Assistant Resident on the Medical Service for six months, beginning March 1;

Dr. Donald Harting as Intern on the Children's Medical Service, beginning April 1;

Dr. John Homans, Jr. as Assistant Resident on the Medical Service for six months, beginning April 1;

Dr. Haukur Kristjansson as Assistant Resident in Orthopedic Surgery for three months, beginning April 1;

Dr. William Law as Assistant Resident in Orthopedic Surgery for six months, beginning April 1;

Dr. Stuart Quan as Intern in Pathology for fifteen months, from April 1 to June 30, 1947;

Dr. Edward P. Richardson as Assistant Resident in Psychiatry, beginning January 1, 1947;

Dr. David H. Riege as Intern on the Children's Medical Service, beginning April 1;

Dr. Samuel B. Thompson as Second Assistant Resident in Orthopedic Surgery for one year, beginning April 1;

Dr. Marshall R. Urist as Senior Resident on the Orthopedic Service for one year, beginning April 1.

To reappoint:

Dr. Thomas B. Brazelton as Assistant Resident on the Children's Medical Service for one year, beginning April 1;

Dr. Samuel C. Capps as Intern in Pathology for three months, beginning April 1;

Dr. William J. Emerson as Assistant Resident in Pathology for fifteen months, from April 1 to June 30, 1947;

Dr. J. Peter Kulka as Assistant Resident in Pathology for fifteen months, from April 1 to June 30, 1947.

To make the following appointments to the Surgical Resident Staff, beginning April 1:

First Assistant Residents

Dr. Rodolfo E. Herrera
Dr. Chiu-an Wang
Dr. Lester P. K. Yee

Second Assistant Resident

Dr. George H. A. Clowes, Jr.

Third Assistant Residents

Dr. Walter S. Kerr, Jr.
Dr. William V. McDermott
Dr. John B. Millet
Dr. Dexter N. Richards, Jr.
Dr. Thomas Rutter
Dr. William D. Shorey
Dr. Robert J. Tracy

The General Executive Committee, at meetings on March 20 and 27 and April 3, voted to appoint as Graduate Assistants:

Dr. Gerald G. Garcelon, in Surgery, assigned to the Tumor Clinic

Dr. G. Douglas Krumbhaar, in Surgery, for work in the Out-Patient Department

Dr. Henry H. W. Miles, in Psychiatry

Dr. Herman B. F. Seyfarth, in Dentistry

Dr. Norman J. Wilson, in Surgery, for work in the Out-Patient Department

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Edwin B. Dunphy, Clinical Professor of Ophthalmology, Harvard Medical School, and Chief of Ophthalmology, Massachusetts Eye and Ear Infirmary, has very kindly contributed this abstract of his talk, given before the New England Ophthalmological Society, on March 19. His subject was "Penicillin in ocular infections—A review of the literature".

Penicillin is usually superior to the sulphonamides for the following reasons:

(1) It is generally non-toxic by all routes of administration.

(2) Its antibacterial action is not inhibited by autolytic products and secretions.

(3) It has little, if any, deleterious effects on the regeneration of corneal epithelium.

(4) It is not incompatible with other drugs commonly used, such as atropine, cocaine, procaine, sulphadiazine, etc.

With these advantages it should be the drug of choice in treating any ocular infection known to be due to penicillin-sensitive organisms.

However, unless certain basic facts are understood regarding its distribution in the ocular tissues by various methods of administration, many cases will not be treated effectively, and much valuable time will be lost before the ocular infection can be brought under control.

The weight of experimental evidence seems to indicate the following recommendations for treating eyes infected with penicillin-sensitive organisms:

(1) Intramuscular and intravenous injections of penicillin will probably have little effect in controlling infections of the anterior and vitreous chambers.

(2) Sub-conjunctival injections may have some effect on infections of the anterior chamber, but are probably worthless in infections of the vitreous.

(3) Infections of the vitreous can probably be most effectively treated by a single intravitreal injection of 0.1 cc. of penicillin solution containing not more than 500 units.

(4) Infections of the anterior chamber will probably be controlled by local application of saturated cotton packs, or by iontophoresis. Corneal bath and sub-conjunctival injection will probably be less effective. In cases of perforating corneal injury with damage to the lens, a single injection of 0.1 cc. of a solution of penicillin containing not more than 500 units may be justified.

(5) For conjunctivitis and infected corneal ulcers, frequent instillations of penicillin drops or ointment will probably be effective. Saturated cotton packs under the lids, iontophoresis, or corneal bath should be tried in very severe cases.

The Infirmary is considering establishing an Eye Bank to be affiliated with the Eye Bank for Sight Restoration, Incorporated, in New York City. By this means, any individual may will his eyes, to be given to the Eye Bank after death. If the eyes are removed within a few hours following death, the corneas can be refrigerated and used for corneal transplant on a living subject.

Dr. Donald E. Moore (*Oph.* 1937) and Mrs. Moore came in to see us recently. Dr. Moore is now back in civilian life and is located in Syracuse, New York.

Lt. Col. George A. Filmer, MC (*Oph.* 1939), in this "first letter" to THE NEWS, reports his promotion in rank and his release from military service.

> I want to express how good it has seemed to have received THE NEWS with its information about old friends from the General and the Eye and Ear.
>
> I have spent my entire Army career here at William Beaumont General Hospital, El Paso, Texas, as Chief of the special eye center, and now—after 46 months—have received my release to return to civilian status. I intend to return to private practice of ophthalmology in Denver.
>
> I now have a Texan in the family in the form of a young daughter, born last Thanksgiving Day.

A short note from Dr. Joseph Lentine (*Oto-Lar.* 1936) says:-

> I wish to express my appreciation of THE NEWS which did such a magnificent job in keeping us up to date with "GENERAL" matters while in the service. It was a pleasure to receive the paper monthly even though it did cause a nostalgic feeling for "Beantown".
>
> At present I am on terminal leave, with an office at 520 Commonwealth Avenue, undergoing civilian conversion.
>
> As long as THE NEWS is published, please continue to send it.

Dr. Lentine was promoted to Major before his retirement from the Army.

The following men have returned to active duty on the Staff, as of the dates given:

Dr. Franklin G. Balch, Jr., Assistant Surgeon	June 1
Dr. Walter Bauer, Physician	Feb. 1
Dr. Bradford Cannon, Assistant Surgeon	April
Dr. Alfred L. Duncombe, Assistant in Medicine	March 11
Dr. Richard W. Dwight, Assistant in Surgery	February
Dr. James E. Fish, Assistant in Surgery	February
Dr. Saul Hertz, Assistant in Medicine	March 11
Dr. Daniel H. Hindman, Assistant Obstetrician	March 11
Dr. Joseph A. Holmes, Assistant in Surgery	April 1
Dr. G. Elliott May, Assistant Obstetrician	March 11
Dr. H. Bristol Nelson, Assistant Obstetrician	March 13
Dr. John H. Talbott, Assistant Physician	May 1
Dr. Augustus Thorndike, Consultant in Traumatic Surgery	
Dr. Frederic Tudor, Assistant in Medicine	April 1
Dr. James C. White, Chief of Neurosurgery	March 11
Dr. Richard G. Whiting, Assistant in Medicine	March 11

New addresses:-

- Capt. Franklin G. Balch, Jr., MC, USNR (*ES* 1925), 333 Brookline St., Newton Center, Mass.
- Lt. Col. Walter M. Bartlett, MC (*CM* 1927), 125 Michigan Ave., Decatur, Ga.
- Lt. Ronald C. Bishop, MC, AUS (*M* 1945), 280th Station Hospital, APO 872, c/o Postmaster, New York, N. Y.
- Dr. Austin M. Brues (*EM* 1932), 5715 Drexel Ave., Chicago, Ill.
- Col. Richard Collins, Jr., GSC (*ES* 1933), ODI, Hq. OMGUS, APO 742, c/o Postmaster, New York, N. Y.
- Capt. Richard S. Cosby, MC, AUS (*EM* 1940), 117 East Colorado St., Pasadena 1, Cal.
- Lt. Joseph A. Elliott, MC, AUS (*M* 1945), Headquarters, Medical Section, Personnel Center, Fort Meade, Md.
- Capt. Lytt I. Gardner, MC, AUS (*CM* 1944), South Park Drive, Reidsville, N. C.
- Capt. Joseph P. Holihan, MC, AUS (*ES* 1943), 239th General Hospital, APO 887, c/o Postmaster, New York, N. Y.
- Dr. Harry C. Hughes (*Or.* 1937), 203 Metropolitan Bldg., Denver 2, Col.
- Major S. Rodman Irvine, MC (*Oph.* 1935), 612 North Alpine Drive, Beverly Hills, Cal.
- Capt. F. George Johnson, DC, AUS (*Dn.* 1943), Regional Hospital, Camp Robinson, Ark.
- Dr. Robert D. Mattis (*Oph.* 1942), 634 North Grand Blvd., St. Louis, Mo.
- Lt. Frederic B. Mayo, MC, USNR (*a.r.p.* 1944), 144 Beach Bluff Ave., Swampscott, Mass.
- Col. Donald McNeil, MC (*Or.* 1930), 1339 44th St., Sacramento, Cal.
- Dr. Richard L. Pearse (*ES* 1934), 602 West Chapel Hill St., Durham, N. C.
- Lt. Edward P. Richardson, Jr., MC, AUS (*EM* 1943), 219th General Hospital, APO 957, c/o Postmaster, San Francisco, Cal.
- Lt. Royal S. Schaaf, MC, AUS (*WM* 1943), England General Hospital, Atlantic City, N. J.
- Lt. Frank C. Wheelock, Jr., MC, AUS (*ES* 1943), 202nd Station Hospital, APO 732, c/o Postmaster, Seattle, Wash.

Brief bits:-

- Dr. Marcus E. Farrell (*CM* 1934) has returned home from duty as a Lieutenant Commander in the Navy. His address is 318 Spring Ave., Clarksburg, W. Va. He says he enjoys THE NEWS so very much he doesn't want to miss a single copy.
- Dr. Monroe A. McIver (*ES* 1922) is now on inactive service. His address is 32 Fair St., Cooperstown, N. Y.
- Bruno Mickeleit is back at M.G.H. His overseas assignments included Haiti and Hawaii, where he served as medical photographer.
- Lt. Grant V. Rodkey, MC, AUS (*WS* 1943) has arrived in Shanghai. His address is Military Casual, 19th Base Post Office, APO 946, c/o Postmaster, San Francisco, Cal.
- Dr. Arie C. van Ravenswaay (*P* 1934) has returned to civilian practice at the C. H. van Ravenswaay Clinic, Victor Bldg., Boonville, Mo., after serving with the Army Air Forces. He was promoted to Lieutenant Colonel before his discharge.

Military addresses received for those who finished training at M.G.H. on April 1:-

- Lt. John W. Bell, MC, USNR, Chelsea Naval Hospital, Chelsea 50, Mass.
- Lt. Robert L. Berg, MC, USNR, Chelsea Naval Hospital, Chelsea 50, Mass.
- Lt. Jack S. Parker, MC, USNR, U.S. Naval Dispensary, Navy Department, Washington, D. C.
- Lt. Earle W. Wilkins, Jr., MC, USNR, U.S. Naval Hospital, Newport, R. I.

Dr. William A. Reilly (*CM* 1928) has sent us an all-too-brief note. About a year ago we learned that, while driving blackout one night in Eastern France, his driver had "bashed into a large French truck which had broken down (as they often did) and was left in mid-road (as they often were)." Dr. Reilly suffered a compound fracture of the left tibia and a fractured femur, and was sent back to the States. Now, from 450 Sutter Street, San Francisco, he writes:-

> I was put on terminal leave January 8, 1946, and promoted to Colonel. My fractured left leg and thigh are doing well.
>
> I have resumed private practice of pediatrics at the above address.

Dr. Ellsworth H. Trowbridge, Jr. (*r.p. N* 1940) has resumed private practice in neuropsychiatry at 5611 Lydia Street, Kansas City, Missouri. This letter from him includes a fine tribute to Colonel Walter Bauer (*r.p. WM* 1927).

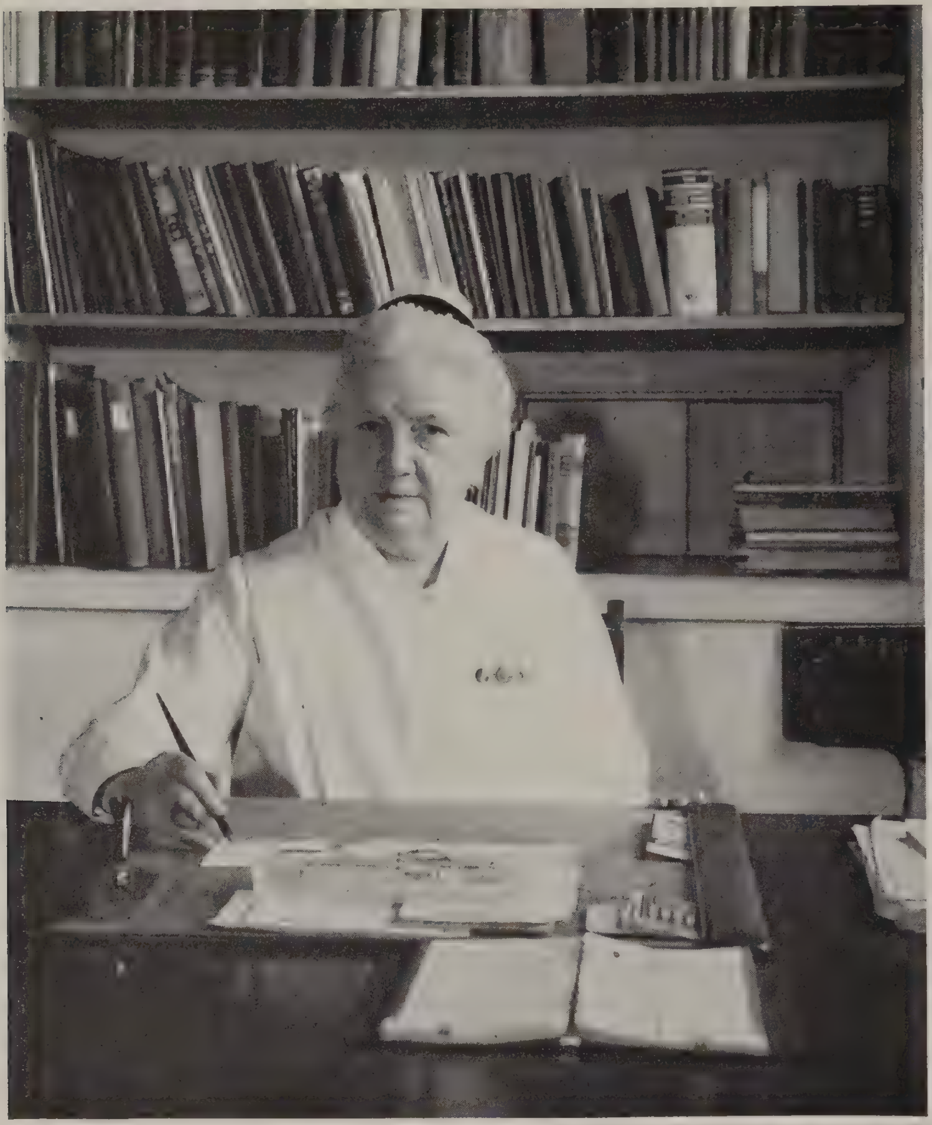
> I received notice of my promotion to Lieutenant Colonel on 21 January 1946, and completed active duty in April. My last assignment was Chief of Neuropsychiatric Service at Camp Joseph T. Robinson, Arkansas.
>
> THE NEWS has been greatly appreciated during my 4 years 7 months and 17 days of active military duty. It was a welcome and good informer of everyone's activities.
>
> Several of my most interesting experiences in the Army were spent with Colonel Bauer, Medical Consultant for the 8th Service Command, whom you all know, and who did a great service toward improving the medical practice and standards of the 8th Service Command. His visits as Medical Consultant were always enjoyed by all officers under his command.

About a year ago we published a letter from Lt. Joseph M. Stowell, MC, USNR (*gr. asst.* 1944). That he was on duty somewhere in the Pacific Area was all we could reveal, at the time. Now comes word of his transfer back to the States.

> My present address is U.S. Naval Hospital, Portsmouth, Va. I was detached from my former station at Kaneohe Bay Naval Air Station on Oahu on January 14 and had fifteen days' leave before being assigned here on the surgical service.

Not since before the surrender of Japan had we heard directly from Lt. Robert H. Hepburn, MC (*r.s. U* 1943). Therefore, this letter from him, to Dr. Fletcher H. Colby, is especially appreciated. It reveals his whereabouts and the nature of his present activities.

> I can't say we've come as far as you did—this isn't India, but it sure is China. I have been hoping steadily that we might shove off for home via Suez, but it now looks as though this ship will spend the summer in Tsingtao. If you'll look on the map you can see that it will be the end of nowhere and surrounded by Communists. We were up there last week on a sort of shake down cruise—for we've been tied up here in Shanghai since September—and, except for our ships, the Marines, and the remains of German construction, it is very Chinese—which is to say poor, poorly run, and run down. Before the war the American Navy ships "summered" in Tsingtao. They are preparing to do so again. There is one good beach up there. The water is clear—not muddy yellow like this Yangtze—so it really should be very pleasant.
>
> Our work here has let up a great deal the past few weeks. A month or so ago I had over 100 patients. Now I have 24. My 26-bed g-u ward has only 7 occupants tonight; my V. D. wards the rest. The acute drop is due to 200 patients we discharged today—150 to the hospital ship *Samaritan*, tied to our starboard gunwales, and the 50 we returned to duty. The *Samaritan* is returning to the States. [Lt.] Bob Tucker [MC, USNR (*WS* 1940)] is acting as Urologist because he's the only general surgeon there with scope knowledge and usable g-u training, gleaned at the General.
>
> My work, small wonder, has been mostly



Miss Johnson

V.D.—lymphogranuloma inguinale, G.C., lues, chancroid, but no granuloma—though in the Philippines the boys say there is a lot of it. V.D. right now is China's most lucrative export, I believe. I've seen over 100 cases a day here in the OPD during the heydays of the Christmas period.

My surgery has consisted of one dramatic nephrectomy for arterial bleeding in a ruptured kidney, hydronephrotic from congenital uretero-pelvic obstruction, two nephrolithotomies and pyelolithotomies, five ureteral stones. One patient had LLQ pain while his visible stone was on the right. I couldn't get a catheter up the 1t. but was suspicious enough of the situation to make a mid-line approach and expose both ureters. The Lord rewarded me with a nice stone from each ureter—one opaque, the other almost non-opaque.

How I miss White 10, its fascinating problems, company, (and good advice!). I've just seen by the MGH News that Howard, Uly, and Dr. Kelley are back. I wonder if Simeone and Dick Chute are, too. [They are. *Editor*] I can't wait to get back and rejoin the land of the living from this welter of waiting. Points are down to 42 May 15th, which will at last excise me from the Orient. June 15th will, in all likelihood, see me home.

Tell your children if they misbehave you'll send them to China. They should behave like angels forever after.

If you question the veracity of the slogan "Join the Navy and see the world", just ask Lt. Ben Eiseman, MC, USNR (*ES* 1943). After his "floating bathtub" days, on LST's and LCI's off the coast of France, he was sent to the Southwest Pacific. A letter, written at sea in November 1944, said he expected his next assignment would be with some Rubber Boat outfit off Antarctica, if his changes of address continued. Last October we lost contact with Lieutenant Eiseman. His Newses began to be returned to us, and we were about to send a where-are-you letter to him, c/o South Pole, when Lt. John H. Peters, MC, USNR (*WM* 1943) sent us a clipping from the *New York Times* of March 1. And where—of all places—do you suppose Lieutenant Eiseman is? In Egypt!

The *Times* article, written by Clifton Daniel, describes the recent anti-British riots in Cairo, and concludes with:-

> One episode of last Thursday's riots that has now come to light is that some victims, who had been taken to an Egyptian first-aid hospital in Cairo, received treatment from a foreigner in khaki uniform who had himself been attacked by a mob during that afternoon.
>
> While an angry crowd of several hundred waited for him outside the hospital gates, Lieut. Ben Eiseman of the United States Navy assisted Egyptian doctors in treating men and boys wounded by gunfire, sticks, stones and flying glass. "It was just like a casualty clearing station," said Lieutenant Eiseman, who had participated as Navy doctor in the landings on Normandy, Okinawa and the Philippines.
>
> Lieutenant Eiseman, who attended Yale and the Harvard Medical School, comes from Saint Louis, Mo.

What an exciting contribution to the "Now it can be told" column Lieutenant Eiseman can send us! We're all waiting for it!

Our ether collection in the Archives Department contains many items of particular interest. For instance, some of you may not be familiar with the history of the "chairman's bell" which is in the cupboard in the Trustees' Room. Among our ether papers is a copy of an article prepared for the *British Medical Journal* for December 2, 1922. An excerpt from that article, concerning the rapid spread of the news of the first public demonstration of the use of ether in surgery reads:-

> It reached London within about two months, the flame being carried in a letter from Dr. [Henry J.] Bigelow [a Visiting Surgeon at M.G.H. in 1846] to Dr. Boot of Gower Street, who immediately communicated the facts to Mr. Liston, then surgeon to University College Hospital. Liston consulted a friend, Mr. Peter Squire, a well-known pharmacist. It so happened that Mr. Squire had a nephew (afterwards Dr. William Squire) who had entered University College that October, and that this young man had made some experiments on himself with ether in the chemistry class at the College and had found out that he could bruise his knuckles across the iron ends of the classroom desks without any sense of pain at the time. Young Squire rigged up an apparatus with a glass bottle and inhaled ether in Liston's presence. Liston made a small puncture under Squire's finger-nail and was satisfied that he was insensible to pain. Liston had at that time under his care a delicate fair-haired man worn out by suppurating disease of the knee and loss of sleep from the jerks caused by eroded cartilage. On December 21st Squire administered ether to this patient and Liston amputated above the knee. Liston was famous for his speed, and the amputation was completed in twenty-seven seconds. The patient was quite unconscious during the operation, and so remained when removed from the theatre. Dr. F. William Cock gave many details of the occasion in the University College Hospital Magazine in 1911. He had consulted the notes made in the case book at the time and had conversed with three persons who were present—the late Dr. Frederick Cock (Dr. William Cock's father), his brother-in-law, Dr. Henry Maund, and Dr. William Squire, whose name has already been mentioned. It may be remembered that it was announced at the recent annual dinner of past and present students of University College Hospital that Dr. William Cock had had two chairman bells made to commemorate the first operations under ether in America and in this country. He presented one of the bells to the Massachusetts General Hospital, where the first operation under ether was performed, and the other to University College Hospital. The bells are made from the metal of an old bell in the church of Appledore in Kent (1621), and each is supported on an iron hoop made from the rails of the surgical theatre in the old University College Hospital. The stand is made from the oak frame of the old bells at Appledore (1685). Each bell bears the same inscription round the crown, NOLAE PULSATIO AMORIS RATIO. On one side is "General Hospital, Massachusetts, Oct. 16"; on the other "University College Hospital, Dec. 21"; and in the middle the year—1846. In explanation of the inscription round the crown it may be said that Nola in Campagna was the chief place for bell founding in the early times, so that its name became synonymous with bell. The inscription may be freely translated "When I do sound let joy abound".

Dr. Washburn, in his history of Massachusetts General Hospital, gives additional information regarding the bells which will be published in a subsequent issue of The News.

THE NEWS

No. 45 Boston, Mass. JUNE 1946

DERMATOLOGIC SERVICE AFFAIRS

Since the last report, Ward G has been torn down and the new Pediatrics and Vincent Building have been started on its site. The dermatologic patients have been transferred to old Ward I and the result is that we now have a G.I. ward. The fact that there are two large wards for male and female patients and not the individual rooms which we had before has reduced the flexibility of admissions, so that over the months it will not be possible to accommodate as many patients.

There has also been established, since the last report, a new dermatologic laboratory in the old orthopedic plaster room under Ward I. This room has been completely modernized and makes an excellent laboratory for research work under Dr. Irvin H. Blank. Investigations are under way at the present time concerning the bacteriology of the recurrent vesicular eruptions of hands and feet, on the activity of penicillin in various vehicles and the stability of these preparations, as well as on the removal of organisms from hands by various detergents and antiseptics. A fellowship has been established by a grant from the National Oil Products Company so that a full time Fellow will be engaged in this work after June 1st.

Monthly staff meetings have been continued. The April meeting was a joint meeting held with the Medical Department in the lower Out-Patient Amphitheatre for the discussion of lupus erythematosus. Dr. Carl S. Sawyer of the Dermatologic Department discussed chronic discoid lupus erythematosus, and Dr. Friedrich W. Klemperer of the Medical Department discussed acute and subacute lupus erythematosus, while Dr. Tracy B. Mallory discussed the pathology of lupus erythematosus.

Ward rounds are conducted at 8:30 every Wednesday morning and interesting cases on the ward are reviewed, as well as some of the interesting patients seen in other wards in consultation during the week.

Staff conferences have been renewed for the benefit of graduate students and residents. Throughout the school year, on Thursday evenings, there has been a series of thirty-two conferences on basic subjects reviewing the relationship of dermatology to bacteriology, mycology, histology, physiology, chemistry, physics of physical therapy, etc.

The Dermatology Service views the world from a much more rosy viewpoint than it did when the last report was submitted to The News. Dr. Maurice M. Tolman has returned from service in the Navy, and Dr. Alan P. Freedberg from his Army service. Dr. William R. Hill, however, is not yet available because of his work in the South Medical clinic. Two residents are now at work on the service. The residency is gradually being developed into a three-year residency, with an appointment to be made on July 1st of each year. In addition, one medical resident spends six weeks, and one medical intern rotates through the Dermatologic Service, each intern remaining ten weeks. Four graduate students, taking the one-year course in the specialty under the Harvard Medical School Courses for Graduates, are working full time in the department. While this adds somewhat to the load of teaching, it can be handled much more satisfactorily than before. Sections of the third year Medical School class are present in the Out-Patient clinic every day, but this year, with the accelerated program discontinued, there will be a vacation period from July 1st to October 14th so that the staff can enjoy a longer period of respite from routine duty.

With the return of adequate personnel it has been possible to relieve Dr. Charles E. Wells and Dr. Frank B. Colloten of further service in the department. Both of these men have served most conscientiously throughout the war, after they were due for retirement, and the service is extremely grateful for their help during this period of emergency.

C. Guy Lane, M.D.,
Chief of Service

* * *

The hospital's reception for its veterans of World War II was held on the Bulfinch Lawn on Thursday, May 23rd. After weeks of unsettled weather, we were favored with what was undoubtedly the finest day we have had to date—cloudless and warm. Four thousand invitations had been distributed and plans made for an attendance of two thousand. The Bulfinch porch, from which the speeches were given, was decorated with groups of flags of the allied nations, which were affixed to the outer columns. The National Colors and the hospital flag hung to the right and left, above the heads of the speakers, and the service flag was suspended from the railing before the lectern.

Placed strategically on the periphery of the central green were eight serving tables. Between noon and one o'clock a luncheon of cold cuts, potato salad, coffee, and ice cream was served by the Dietary Department, aided nobly by twenty-four of the House Officers. These doctors did yeoman service at the tables, in transporting food around the green, and in keeping the several serving stations well supplied. While 1,000 pounds of potato salad, 500 pounds of meat, 30 pounds of coffee, 3,336 ice cream cups, and 2,026 paper plates were being distributed, music was furnished by the Lovell General Hospital band.

As a prologue to the formal ceremonies, a white-haired veteran appeared in Civil War uniform, complete with sabre and other accoutrements. To this uniform were added the modern touches of unit insigne and at least thirty overseas stripes. After hobbling among the diners, this superannuated veteran was aided to the Bulfinch balcony by Dr. Francis D. Moore and, being introduced as Dr. Bigelow, explained his presence. He had been lost in a Replacement Depot outside Gettysburg and had only now been found and released from service.

At one o'clock the formalities were opened by Rt. Rev. Henry Knox Sherrill, Chairman of the Board of Trustees, who asked Rt. Rev. Robert Barry to give the invocation. This was followed by the playing of the Star Spangled Banner. After Bishop Sherrill had read the names of the eight members of the M.G.H. who had given their lives in the war, taps was sounded.

Dr. Churchill, who was the first speaker, emphasized the importance in the Army not only of the surgeons but of the medical men and psychiatrists. He pointed out that the results achieved in the Medical Department came from the combined efforts of these groups of doctors. Dr. Churchill then went on to show that the difficulty of adjustment to civil life on the part of many of the doctors might well stem from an unwillingness to adjust to the old standards they had left and a determination to improve those old standards. He closed on the note that the United States has now become the Mecca of the medical world; that we must be conscious of our new responsibilities; that we must be ever ready to welcome those who come to us seeking knowledge; and that we must continue to make pilgrimages ourselves.

Dr. Goethals recounted the history of the 6th General Hospital, from its activation to its inactivation. He cited the work of the members of the M.G.H. who had been with the Unit, and paid tribute as well to several of those who had joined the 6th from other organizations.

Dr. Cave, speaking for the Army in the Pacific, told of the teamwork between Army, Navy, and Air Forces in that Theater. He then outlined the experiences of the 105th General Hospital in Australia and on Biak, and the work done by the professional staff—one-third of whom were MGH men.

Dr. Robert S. Palmer, speaking for the Navy, acknowledged the work done by the wives at home. He philosophized that, should there be another war, and should the women go, leaving the husbands to cope with the children and the rationing, the war would probably be completed with more dispatch and would result in a more lasting peace. In closing he spoke of the pleasure of being back and of being recognized among familiar surroundings.

Mrs. Donald S. King, speaking for the wives, told in a most entertaining manner of their myriad problems with shortages, ration books, snow, and child discipline. She spoke of those who had helped build the wives' line of defense—Uncle Sam who brought the letters and the government check, and the hospital which stood behind them—its people always ready to help if needed.

Dr. Faxon, the last speaker, welcomed back all those of the 644 members of the MGH family who had returned from military service. He told of the fine contribution of the volunteers, and, in closing, invited all to go over to the laying of the cornerstone for the new Burnham Memorial Children's Hospital.

The War Service worker, in her white uniform and red arm band, has become a familiar figure in the Hospital during the last four and a half years.

In January 1942, several members of the Ladies' Visiting Committee asked Miss Sally Johnson if there was any way in which untrained women could be of service to the Nursing Department during the war emergency. It was decided that a daily "red basket" errand service would save time and steps for the nurses; and so, under the guidance of Miss Edna S. Lepper, two volunteers each morning went from ward to ward collecting innumerable papers, specimens for laboratories, requisitions, and so on, to be delivered about the Hospital.

Before a year had passed, this service—which became known as the War Service—had grown in leaps and bounds in the number of its errands and workers, and volunteers other than the Ladies' Visiting Committee had joined its ranks. An office and telephone in the Bulfinch Building were loaned to the group by the Social Service Department.

The wards telephoned for workers to do such errands as pushing patients or carrying medicines; besides this, patients' clothes were checked in and out. There was also daily penicillin delivery, and two workers were assigned to the X-ray Department. This required a daily team of about twenty-five workers, headed by a Captain and a Co-captain.

A few figures might be of interest: There has been a total of 150 workers enrolled, often giving as many as 380 hours daily. There have been nearly 200 requests a day from the wards for workers to do errands.

In the early days of the War Service there were errors that were committed by the worker inexperienced in hospital routine. To protect the Hospital and the volunteer, a booklet was published in the Printing Office giving full instructions on details of the work and hospital ethics. Later, the War Service Executive Committee worked out an examination for the workers which minimized errors and safeguarded its good name. Those in charge of this War Service group, which became the largest unit of volunteer service in the Hospital, were invited to go to head nurses' meetings and exchange ideas for bettering the service. This coöperation was tremendously appreciated by the volunteers.

The War Service will terminate its activities on June 22. In its place a new service will be set up which will be called the Central Errand Service for the use of the Nursing Department. There will be a Coördinator who will supervise the ward helpers and orderlies assigned to her, plus all the volunteers who can continue to serve. It is hoped that in the fall many of those who have been with the War Service will come back again.

The War Service worker has given her time and she has helped the Hospital. She has learned through, and depended upon, the Hospital personnel to guide her and help her. She is the richer for the privilege of her experience, and she will always consider herself a friend of the Hospital.

Each and every War Service worker wishes she could personally thank you all in the Hospital for the patience you have shown. In working with you, friendships have been made which will be lasting. It has been a sincere pleasure to feel we have been a part of the Massachusetts General Hospital family during the war emergency.

* * *

Members of the Plant Committee of the Ladies' Visiting Committee will be at the Hospital Monday, Wednesday, and Friday mornings between 10 and 11:30, to receive flowers, flowering shrubs, and plants. The Committee will be most grateful for any contributions for the purchase of flowers and plants for display in the Chapel, on the front desk, in the reception rooms, and in various places in Baker Memorial and Phillips House.

Please leave flowers or money contributions with Mrs. Trask at the front desk. Checks should be made payable to Mrs. Edward F. Bland, Massachusetts General Hospital.

* * *

At the meeting of the Out-Patient Department Committee on April 1, it was voted "That the doctors should be required to fill in the patient's name and unit number on all prescriptions which he writes for the patient and that the Pharmacy should be instructed not to fill a prescription unless these items are properly filled in." Therefore, starting May 1, 1946, prescriptions will not be filled with the Out-Patient Pharmacy unless they bear the patient's name and unit number.

We are very grateful to Dr. Robert S. Schwab (*r.s. N* 1935) for this interesting article about his experience on a cruiser during heavy gunfiring.

When on temporary duty as a medical officer for a large destroyer base in the Pacific, an opportunity came up for me to be a guest of the commanding officer of a heavy cruiser that was going off for three days of battle practice and night gunfiring. At the time there had been a series of rather violent controversies in one of the Naval hospitals over the effect on the human brain of loud noises and explosions in the air near by. Some persons maintained that, if the noise were loud enough and near enough, the brain could be hurt without any injury from missiles or projectiles. Others, including myself, were convinced that you could be quite close to blasts and suffer no ill effects, since the force of the air blast diminishes so quickly with distance. The opportunity to ride on the cruiser gave me a chance to settle this question very simply.

After leaving the harbor of a small Pacific island, I readily obtained permission from the commanding officer to stand, during the heavy gun practice, at a distant wing of the bridge, some 15 feet from muzzles of the second 8-inch turret. My ears were protected with cotton and I felt sure nothing untoward would happen. Gunfiring began at 2 o'clock in the afternoon. The first blast was really a surprise. The hot air from the blast blew off my hat and my glasses, neatly pulled my shirt out of my trousers and unbuttoned it, and pushed me back gently about 2 feet. The bright yellow color of the flash was blinding for about one minute. The effect was painless, although quite disconcerting. I stood there for the whole afternoon, was gently pushed around by the blast of the big gun, and never had even a slight headache. The same performance was repeated at night, with the exception that the blind effect from the bright yellow light was more alarming, leaving a huge yellow circle after-image in your mind for about 5 minutes, during which time there was complete blindness. Firing stopped at about two in the morning. No headache or other unpleasant residual was noted.

I was convinced that the mere air blast itself, unless a person were in a confined space or literally on top of the blast, would not seriously affect the human being in any physical manner except in frightening or in producing terror and anxiety. This was later confirmed in a study of some 300 so-called blast cases seen in a front area, a full report of which appeared in *The Journal of the American Medical Association.*

The regular monthly meeting of the Medical Staff was held in the Ether Dome on May 6. Drs. Sylvester McGinn, Howard B. Sprague, and Francis T. Hunter spoke on "Early experiences with malaria in the South Pacific".

Dr. McGinn has very kindly contributed this summary of his talk:—

Of 14,000 admissions to our hospital, over 80% had malaria. There were 14 deaths, three of which were due to malaria with cerebral symptoms. Arriving in the area early, we had had no indoctrination in malariology and had to learn by trial and observation. We soon learned to consider malaria as a subacute disease, like rheumatic fever, which would relapse whenever the individual's resistance was lowered—as by colds, change in climate, operations, and fatigue. Always there was the problem as to when prophylactic atabrine therapy could be omitted.

The majority of cases responded to atabrine and quinine therapy in twenty-four hours, leaving a weakened and tired patient. Only one case of "blackwater fever" was encountered. Patients with cerebral symptoms, many admitted with the diagnosis of epilepsy, became our most serious problem. Intravenous quinine given early proved to be effective therapy. Anemia was not a constant finding, but a few cases were seen with splenomegaly during acute relapses, in which acute abdominal distress and distention would be present. With iron the anemias improved and the size of the spleen would diminish, although it was observed that transfusions tended to make them larger; and, although it did not occur, it seemed they were perilously near the point of rupture. Because of frequent relapses, uncertainty as to the status of the individuals, and loss of weight and debility despite long convalescence, a tremendous loss of service time resulted, and many men never attained their former condition necessary for combat troops.

Dr. Sprague and Dr. Hunter discussed the experiences from a military point of view.

A meeting of the Surgical Staff was held in the Bigelow Amphitheatre on May 14. In addition to East and West Surgical Services, Gynecological, Neurosurgical, and Baker reports were read. Dr. James C. White talked on "Treatment of bedsores". His extemporaneous speech was based on the material in the following paper which he prepared for the American Surgical Association meeting.

In June 1944, at the Cushing General Hospital, Major W. B. Scoville began to experiment with the routine early closure of large decubitus ulcerations under the protection of systemic and local penicillin. Impressed by the early results, White, Hudson, and Kennard began, in November 1944, an investigation of this revolutionary solution of the bedsore problem in sailors and marines, with battle injuries of the spinal cord, at the U.S. Naval Hospital in Chelsea, Massachusetts. A report of the first 5 patients so treated and the impressive results achieved has already been published in the *U.S. Naval Medical Bulletin*. At the time this preliminary report was written, the authors felt that the method was safe and capable of producing a great acceleration in the rehabilitation of these seriously injured men. The most effective methods of swinging full thickness skin flaps to cover sacral lesions had not been worked out and no attempt had been made to close large decubiti elsewhere. As the U.S. Naval Hospital at St. Albans is a plastic as well as a neurosurgical center, we have had a wide choice of material for further development of this valuable method. This report summarizes further experience in 9 patients with 14 such lesions in various areas over the sacrum, iliac crests, ischial tuberosities, hips, etc.

As emphasized in the previous report, decubitus lesions are frequent and serious complications in men who have received transecting injuries of the spinal cord overseas. Under these circumstances bedsores tend to be large and multiple. The tendency of these lesions to enlarge and for new ones to form is due in great part to malnutrition and protein deficiency, with the accompanying anemia and avitaminosis. We are now thoroughly convinced that, once this fundamental state of malnutrition has been corrected and recurrent sepsis from the urinary tract and other wounds has been eliminated, the most effective solution of this problem is excision of the ulcerated areas and plastic closure by sliding in flaps of normal subcutaneous tissue and skin under the antibacterial protection of penicillin. The same is undoubtedly true of decubitus ulcers in civilian patients, although with proper nursing and better nutrition from the outset lesions of this type should rarely develop.

Surgical technique

The patient must accustom himself to lying permanently in a prone or slightly lateral position. For several days prior to operation, it has been our practice to make sure that the lower bowel is thoroughly evacuated by manual removal of faecaliths and colonic irrigations. In preparation for the operation the patient is given 30,000 units of penicillin intramuscularly and sedation with a barbiturate and morphine. No anaesthesia is ordinarily needed. The scarred, infected edges of the ulcer are first trimmed with a safe margin, together with the superficial layer of granulations over its entire base. When—as is sometimes the case—there is undermining, the granulations under the flap should also be excised. Avascular areas where sloughs are adherent must be cut back to a fresh vascular base. In one case we were forced to remove the coccyx and to rongeur away a portion of the lower sacrum on account of the presence of osteomyelitis.

Although preliminary cultures were always taken and the bacterial growth heavy, we have not found it necessary to pay any special attention to the type or quantity of micro-organisms, provided the flaps are sutured without tension and maintain an adequate circulation. In spite of the presence of B. coli, proteus, and anaerobic streptococci, penicillin has proven an efficient antibiotic. However, it has recently been suggested to us that sulfasuxidine, if given for a period before and after these plastic procedures close to the anus, might also prove helpful by reducing the number and virulence of the faecal organisms.

One of the fundamentals of plastic surgery is accurate approximation of skin margins without undue tension, and unless this rule is adhered to strictly the results are apt to be disappointing. In cases where it was felt that simple undermining and suture resulted in too much tension, one or more skin flaps were outlined and switched over the ulcer, and the bed of the flap closed by drawing the skin edges together, after mobilizing by undermining. The flaps must be planned very carefully and accurate measurements made before being raised. In none of the cases in this series have we resorted to using the delayed flap method, although probably this would have been a help in one case. We feel sure that by delaying the flap—in other words, raising it in stages and not trying to complete the operation in one stage—we could close larger defects.

The best donor site for flaps to cover ulcers over the anterior superior spine is the skin just lateral to the spine on the side of the thigh, and to cover ulcers over the greater trochanter we have slid a flap from the lateral surface of the buttock.

Absolute hemostasis and the avoidance of hematoma formation is essential to primary healing, and the greatest of care is required to accomplish this. A hematoma will always prevent primary union, and the time taken to obtain hemostasis is well spent. The liberal application of fibrin foam soaked in thrombin to any points which show a tendency to ooze should help prevent this complication.

We have used 00 plain catgut sutures for the subcutaneous tissue, and silk for the skin. The suture lines are reinforced by sutures of fine stainless steel wire in mattress fashion, tied over small discs of X-ray film to prevent cutting into the skin. The dressing is composed of several layers of gauze, over which mechanic's cotton waste is placed, and the entire dressing held firmly in place by elastic adhesive strapping for firm, even pressure.

After operation, the patient with a plastic repair over the sacrum is kept on his face or side to keep the weight of his body off the flap, and he is not permitted to lie on his back for fourteen days. Penicillin is given intramuscularly in doses of 15,000 Oxford units at three-hour intervals over this period. In order to prevent early soiling of the surgical dressing after plastic closure of decubiti in the region of the buttocks, the patient should be fed a low residue-constipating diet and liberal doses of paregoric for the first week, followed by an enema just before the first postoperative dressing. This is normally done on the sixth to seventh day, and most of the skin sutures are removed at that time. The wire tension sutures are removed on the twelfth to fourteenth day. If there is evidence of hematoma formation, the clot is evacuated and the cavity packed with gauze soaked in a solution of penicillin. Secondary suture to obliterate the cavity may be undertaken later if deemed necessary.

Results

After six of these operations there was primary union; and in a second group of six patients, although there was a minor separation of the suture line, the wound healed cleanly and well. Even in the instances of minor separation most of the patients were able to be up in a wheel chair within two weeks and the final result left little to be desired, as the area of the former lesion was covered with full thickness, freely movable skin, with an underlying pad of fat.

Troublesome postoperative complications resulted in only two patients. A single instance of major postoperative sepsis occurred. There was late recurrence of a bedsore after successful closure in three cases.

The lesson to be derived from the first two discouraging instances of secondary ulceration after successful plastic closures is that the procedure should be undertaken only in reasonably well nourished individuals who are past the stage of recurrent bouts of sepsis, either from the urinary tract or from other wounds. This state is far easier to attain in civilians, who never should become severely undernourished and in whom complications outside the urinary tract are relatively infrequent. Out of a group of thirty wartime paraplegic patients, five remain to date with decubiti which we have been unable to attempt to close because of continued malnutrition or sepsis.

DERMATOLOGY DEPARTMENT

Dr. Carl S. Sawyer has very kindly sent us this summary of his talk, given at the joint meeting with the Medical Staff on April 25.

Lupus erythematosus is a rare disease characterized by its chronicity, scarring, and disfigurement. The lesions usually appear in butterfly distribution on the faces of young women. There is erythema, scaling follicular plugging and atrophy. In the scalp, the atrophy causes permanent alopecia. Lesions may vary from bright red macular lesions to dull red thick scaly lesions.

There are four general types:

1. Early acute discoid lesions
2. Chronic active crusted lesions with beginning atrophy
3. Late atrophy
4. Subacute dissemination

The cause is still unknown and the idea that it was a tuberculous process has been disproven. No specific infective agent has been discovered. It is now generally considered to be a cutaneous manifestation of a systemic illness and is possibly one of a group of vascular diseases which includes periarteritis nodosa, dermatomyositis, rheumatoid arthritis, scleroderma, and possibly erythema nodosum and erythema multiform. Foci of infection and metabolic disorders may have some relation to the cause, and many of the cases are hypersensitive to actinic rays.

The treatment has been largely empirical. Topical therapy should be soothing and protecting. Attention should be paid to the general health. Heavy metals, such as bismuth subsalicylate and gold sodium thiosulphate, may help in some cases but should be used with caution, as both have been known to initiate an acute exacerbation. Vitamin B in large doses helps. Vitamin A has been tried recently because of its known effect on follicular and hyperkeratotic lesions. One of the most effective agents on selected cases with discrete lesions is carbon dioxide snow.

Dr. Friedrich W. Klemperer has sent us this brief of his talk, given at the April 25th meeting.

Acute disseminated lupus erythematosus is a condition not infrequently encountered on the medical wards. In most cases this disease attacks women of childbearing age. It is characterized by fever, a typical skin rash, arthritis, serositis, nephritis, leukopenia, adenopathy, and often splenomegaly. Endocarditis of the Libman-Sachs type may be present but seldom is of clinical importance. Anemia is common, and thrombocytopenia with resulting purpura may be part of the syndrome. The course of the disease is variable. Complete remissions are encountered, but more often the disease is progressive to death through inanition, bronchopneumonia, or renal failure. According to our present knowledge, the ultimate prognosis in disseminated lupus erythematosus is always hopeless.

The diagnosis is easy in patients who present all or most of the symptoms just mentioned. However, a number of patients have come to the wards who presented only a few of the characteristic features. Some of these patients have died without ever developing the complete syndrome, as, for instance, a woman who never exhibited more than fever, arthritis, adenopathy, and severe renal involvement. Whether this and similar cases should be classified as lupus erythematosus disseminatus will probably remain an unsolved question as long as the etiology of the disease remains unknown. There is no good evidence that disseminated lupus erythematosus, which is a most serious generalized illness, is in any way related to the benign skin lesion of the discoid type.

Treatment of disseminated lupus erythematosus can be only symptomatic and supportive. Penicillin is without effect, and sulfonamides are contraindicated because in our experience their use has been followed by fatal exacerbations. Our limited experience with gold or X-ray therapy has been quite disappointing.

And Dr. Tracy B. Mallory has sent us this abstract of his talk, given at the same April meeting.

Acute disseminated lupus erythematosus is a baffling disease to the pathologist. A wide variety of pathologic lesions may be found involving, on occasion, almost every organ in the body, but none is constant and none is pathognomonic. In the series of 24 cases which I studied in collaboration with Dr. Walter Bauer and Dr. Eric Bywaters, lesions were found at autopsy with the following frequency:

Pneumonia	22
Pleuritis	20
Lymphadenopathy	20
Splenomegaly	18
Nephritis	17
Pericarditis	16
Dermatitis	14
Endocarditis	5
Angiitis	3

Joints were not examined with sufficient frequency to include in the table but were involved clinically in 16 cases.

The pneumonia was a banal terminal infection. The pleuritis and pericarditis were either serous or adhesive. Endocarditis was uncommon, in contrast to other published reports; but was usually of the nonbacterial Libman-Sachs type. A few examples of the "wire-loop" glomerular lesion and of diffuse glomerulonephritis were seen, but the most common type of involvement was a focal glomerulitis. The spleens showed periarterial fibrosis in most instances and degenerative changes in the corpuscles in many. Changes in the lymph nodes seemed fairly characteristic. Lymphoid hyperplasia is followed by degenerative changes in the corpuscles leading eventually to complete atrophy. In an occasional case extensive caseous necrosis was observed. The joint changes consisted of synovitis with fibrinous exudation and a predominantly mononuclear type of infiltration of the synovia and periarticular structures, but no destruction of cartilage.

In a few cases, wide-spread vascular lesions were found. In one case, this took the form of pure endarteritis. In another, the lesions were typical of periarteritis nodosa.

* * *

Excerpts from *The Baker Memorial News Letter* for May:

DEXTROSE: The restrictions upon the use of dextrose solutions have been lifted, there being an adequate stock on hand for present needs. Our thanks are given to the staff members who cooperated with us during the days of shortage. We hope it will not be necessary in the future to reimpose restrictions.

SOUNDSCRIBER: A soundscriber has been placed in the surgeon's dressing room, B.M. O.R. It is believed that the machine will prove a convenience to those who dictate operative notes.

STATUS OF BEDS: On 15 April 1946 B.M.2 was opened. The Baker is now operating at its full capacity of 303 beds. Nevertheless, the need for beds remains greater than the supply. All staff members are urged to keep the length of hospitalization of their patients as short as possible.

EXPERIMENTAL DRUGS: The General Executive Committee has decided upon the following procedure with regard to use of experimental drugs: Any member of the staff desiring to use such a drug would first obtain approval of the Pharmacy Committee. He would then take to the Pharmacy the supply of experimental drug, furnished presumably by the manufacturing firm. The pharmacist would then affix a special label either to the original container, or, if the drug is to be divided into smaller units, to each individual container. These containers could then be sent or taken to the ward.

T. Stewart Hamilton, M.D.,
Assistant Director

In addition to the citations already mentioned in The News, the following have been received:—

Lt. Col. Bradford Cannon, MC (*a.s.*)—Legion of Merit

Col. Richard Collins, Jr., GSC (*ES* 1933)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services from 15 January 1944 to 9 May 1945. As Chief of the Research Section and later as Deputy Chief of the Operational Intelligence Sub-Division, Supreme Headquarters, Allied Expeditionary Force, Colonel Collins was responsible for the production, collation, evaluation and distribution of operational intelligence to the Allied Armies in the field. He spared no effort to gain a complete knowledge of the enemy from which could be deduced the state of his combat readiness and the productive capacity of his industry. The wide military knowledge, sound judgment, initiative and cooperative attitude exhibited by Colonel Collins in the execution of these duties inspired both superiors and subordinates alike and contributed materially to the successful campaign of the Allied Expeditionary Force. . . . Croix de Guerre with palm . . . Le General de Gaulle, President du Gouvernement Provisoire de la Republique Francaise, Cite a l'Ordre de l'Armee: Colonel Richard Collins, Jr., GSC, "Pour services exceptionnels de Guerre rendus au cours des operations de liberation de la France." Cette citation comporte l'attribution de la Croix de Guerre avec Palme. Paris, le 27 Juin 1945.

Signe: de Gaulle

[We had hoped to publish the text of the British citation (OBE) which Colonel Collins also received—and still hope to, later. The letter which accompanied the above citations says: —"Our English cousins, in their own inimitable way, take their own time in furnishing such things."—*Editor.*]

Lt. Comdr. John L. Ward, MC (*EM* 1935)—Commendation . . . for meritorious service in the performance of duty as Venereal Disease Control Officer and as Medical member of the Army-Navy Disciplinary Control Board in the Ninth Naval District from 22 August 1944 to 17 December 1945. Lieutenant Commander Ward demonstrated outstanding qualities of leadership in effectively safeguarding the health and well being of Naval personnel in the Ninth Naval District. Responsibilities of the kind assigned him required for their proper execution not only a high degree of technical skill and scientific training, but in addition an evangelistic enthusiasm that is rare and is invaluable when found. His vision, tact, determination, devotion to duty and sound realistic administration of control measures and his cordial and effective relations with Army Service Force Commands have resulted in achievements beyond measure in the protection of health and mind, which have contributed in a most practical way to the successful prosecution of the war and which were in keeping with the best traditions of the U.S. Naval Service. . . .

Members of the senior class of student nurses were guests of the Alumnae Association at their regular meeting on April 30. The guest speaker was Dr. Thomas R. Goethals, recent Chief of Staff of the 6th General Hospital. His talk was illustrated with colored slides shown by Dr. Stewart Hamilton. After describing the mobilization of the Unit, Dr. Goethals gave an intensely interesting account of the services and experiences of the doctors and nurses overseas.

At our request, Mrs. Elizabeth Upton Wright (*MGH* 1927) has sent the following:—

I served with the 16th General Hospital, which acted as a large Evacuation Unit. We all treasure the citation awarded the Unit. It reads:—

5 Sept. 1945

Hq. Theater Service Forces
European Theater

1. Meritorious Service Unit Plaque

. . . awarded for superior performance of duty in the performance of an exceptionally difficult task and for the achievement and maintenance of a high standard of discipline during the respective periods indicated, to:

The 16th General Hospital
1 December 1944 - 31 March 1945

While operating a tent hospital under hazardous conditions, this organization efficiently treated thousands of casualties. The technical skill, initiative, and *esprit de corps* exhibited by the personnel of the 16th General Hospital were in keeping with the highest traditions of the armed forces of the United States.

Mrs. Wright concludes with:—

There were two other MGH nurses in the 16th General besides myself—Barbara E. Bitzer [*MGH* 1936] and Doris Carpenter Southway [*MGH* 1922]. Both occupied posts of responsibility and were a great credit to the MGH tradition.

At their meetings on April 18 and May 3, the Board of Trustees voted:

- To accept the resignation of Dr. G. Burnham Beaman from the position of Assistant in Psychiatry;
- To accept the resignation of Dr. Neil L. Crone from the position of Assistant in Medicine with regret;
- To accept the resignation of Dr. James E. Fish from the position of Assistant in Surgery with regret;
- That the appointment of Dr. Edward P. Richardson as Assistant Resident in Psychiatry become effective July 1, 1946 instead of January 1, 1947;
- To appoint Dr. Stanley J. Sarnoff as Second Assistant Resident in Surgery for the period April 1-May 1;
- To appoint Dr. Masao Yatsuhashi as Third Assistant Resident in Surgery, beginning April 1.

MASSACHUSETTS EYE & EAR INFIRMARY

The regular Spring Meeting of the New England Oto-Laryngological Society was held at the Infirmary on Wednesday, May 8. The weekly conference was held in the morning.

The following men have been appointed to the Resident Staff, Ophthalmological Service:

Henry F. Allen	April 15, 1947
David H. Scott	July 15, 1947
William L. Smith	October 15, 1947
1st Alternate	Frederic B. Breed
2nd Alternate	Howard A. Blazer

A welcome visitor at the Infirmary recently was Dr. Henry A. Mosher (*Oph.* 1941). Dr. Mosher has lately returned to civilian life after Army service.

On Tuesday afternoon, April 30, a very delightful tea was held in the Directors' Dining Room of the Infirmary, in honor of Mrs. Leslie M. Ware, who recently resigned as Executive Secretary of the Infirmary. The tea table, most attractively arranged with spring flowers and tall pink candles, was presided over by Miss Helen McAskill and Mrs. Joseph MacDonald, former members of the Infirmary "family". On behalf of the doctors and employees of the Infirmary, Miss Annie M. Robertson presented Mrs. Ware with a beautiful bag and a gift of money.

Since joining the staff in October of 1926, Mrs. Ware has been a valued and conscientious worker, always ready to serve in every possible way. During the difficult war years she carried an especially heavy load cheerfully and with her usual competence. She will be greatly missed. The best wishes of all her former associates go with her to her new position as Secretary to the Chief of Ophthalmology.

From 937 Missouri Theatre Building, 634 North Grand Boulevard, St. Louis 3, Missouri, comes this letter from Dr. Robert Dean Mattis (*Oph.* 1942). It is the first one we have received from him. Maybe he'll write again and tell us about his experiences with the 32nd Evacuation Hospital.

> Not many copies of THE NEWS got through to us, but the ones which did were perused thoroughly, were saved, and handed on to kindred souls we occasionally met, who were either of the General or the Eye and Ear, or were interested in them. It was a splendid idea, and I am glad THE NEWS is to be continued indefinitely, in order that those of us who are so far away and are still so interested in the goings on there may be kept in touch. Belatedly, I thank you and hope you will convey my congratulations to the persons responsible for initiating the publication. Am happily out of the Army, back in practice, and doing clinical work with the Washington University School of Medicine.

The following note has arrived from Dr. Marc Anthony (*Oph.* 1929), from Old National Bank Building, Spokane 8, Washington.

> I was released from the Army December 31, 1945, because of the age limit. As my duties the past two years consisted of fighting the battle of Boston, you can see that the war was very easy on me and my family.
>
> It's great to be home again.

Dr. James I. Farrell (*Oph.* 1932) writes that he was released from the Navy on February 26 and is back in private practice at 250 Genesee St., Utica 2, N. Y.

New addresses:—

Dr. Gilbert L. Adamson (*r.p. N* 1930), Winnipeg Clinic, Winnipeg, Manitoba, Canada.

Capt. Robert K. Brown, MC, AUS (*WS* 1939), 369th Station Hospital, APO 244, c/o Postmaster, San Francisco, Cal.

Dr. George A. Filmer (*Oph.* 1939), 1331 South Marion St., Denver 10, Col.

Dr. Francis M. Findlay (*ES* 1924), Masonic Bldg., Kingman, Ariz.

Dr. James K. Keeley (*NS* 1937), Mayo Clinic, Rochester, Minn.

Lt. Henry J. Kowalski, MC, AUS (*M* 1945), 29th General Hospital, APO 1054, c/o Postmaster, San Francisco, Cal.

Dr. Henry A. Mosher, MC (*Oph.* 1941), 58 Cambridge Ave., Dayton 6, Ohio.

Dr. Stanley A. Myers (*Oto-Lar.* 1937), 146 North Cadillac Drive, Youngstown, Ohio.

Dr. Jesse T. Nicholson (*r.s. Or.* 1933), Pennsylvania Hospital, Clinton Street Bldg., 330 South Ninth St., Philadelphia 7, Pa.

Capt. Charles W. Robertson, MC, AUS (*P* 1942 & *ES* 1943), 14 Poplar Place, Boston, Mass.

Dr. John L. Shaw (*r.s. U* 1937), 507 Medical Arts Bldg., Memphis, Tenn.

Dr. William M. Shedden (*ES* 1920), Chief Surgeon, Veterans Administration Hospital, Lake City, Fla.

Dr. Philip Solomon (*Psychi.* 1936-37), 249 South Wetherly Drive, Beverly Hills, Cal.

Dr. David R. Weir (*r.p. P* 1938), 2186 Middlefield Road, Cleveland Heights, Ohio.

Brief bits:—

Capt. Donald C. Balfour, Jr., MC, AUS (*EM* 1943) is still in Tokyo. His address is 76th Station Hospital, APO 1007, c/o Postmaster, San Francisco, Cal.

Dr. Harold E. Dyer (*a. dn. s.*) is out of the Navy and has resumed dental practice at 363 Marlborough St., Boston.

Lt. Sidney W. Ellery, MC, USNR (*ES* 1943) returned from Okinawa last February and has been assigned to the Naval Hospital, Santa Marguerita Ranch, Oceanside, Cal.

Capt. William R. Eyler, MC, AUS (*CM* 1943) is home on terminal leave. His last assignment was with the 97th General Hospital in Frankfurt, Germany. His present address is 87 Pleasant St., Wakefield, Mass.

Dr. William M. Huber (*r.p. D* 1937) is working with Dr. J. Gardner Hopkins in Dermatology and Syphilology at the Vanderbilt Clinic, Columbia-Presbyterian Medical Center, New York, N. Y.

Military addresses received for those who finished training at M.G.H. on April 1:—

Lt. Cecil F. Baxter, MC, AUS, 2nd Basic Class, Co. A, Army Medical Department School, Fort Sam Houston, San Antonio, Tex.

Lt. Joseph W. Gardella, MC, AUS, Hq. Med. Sect. Separation Center, Fort George G. Meade, Md.

Lt. Jack S. Parker, MC, USNR, 1838 N. Herndon St., Arlington, Va.

Lt. James M. Stewart, MC, AUS, Moore General Hospital, Swannanoa, N. C.

A new address for Capt. Donald N. Sweeny, Jr., MC, AUS (*WS* 1941) has come from Mrs. Sweeny. She writes:—

> Captain Sweeny is still in Germany and expects to remain there for several more months. His address is: 130th Station Hospital, APO 209, c/o Postmaster, New York, N. Y. He is Chief of Surgery in that hospital, which is in Heidelberg.
>
> I haven't the slightest idea whether he will be back in time for the Ether Day celebration or not. If he is, we both want very much to be there; but we have learned to plan on nothing in the Army. His two years overseas will end October 13, and he should be eligible for return then.

Malcolm A. Conner, our hospital newsdealer, has submitted this article which acquaints us with the functions of another department of military affairs. As Chief Clerk of the Office of Production Control for Medical Supplies in the Western Military District of Germany, Conner's work brought him into close contact with the economic setup as it existed in Germany at the close of the war.

> My position gave me the opportunity to witness the start of the carrying out of the policy for control of German industry, as directed by the United States Government and administered by the United States Army. The work proved to be very interesting, because as time went on those of us connected with it were able to get a pretty good picture of the economic structure of Germany, how it had been developed during the war, and the extent of damage inflicted upon it from Allied bombings.
>
> Shortly after the war, orders were issued from Supreme Headquarters directing that each branch of the service set up a Production Control Agency, to survey and operate all manufacturing facilities which came under the jurisdiction of that particular branch of the service. For example, cement plants would go to the Engineer Corps, textiles to the Quartermaster, and plants producing drugs and pharmaceuticals to the Medical Department. The Chief Surgeon of the Seventh Army ordered the 31st Medical Group Headquarters to start immediately the task of surveying every factory in the Western Military District which could produce any medical supplies.
>
> An officer and I were sent to Frankfurt on Main, because this area had the largest concentration of plants. We had a German interpreter assigned to us by Military Government. The form used to survey every plant was known as "Industrial Investigation Report Form C". This was found to be entirely inadequate from the start, because a completed form failed to give a clear and concise picture of the production capabilities of a plant, and the questions were so phrased that they could be taken to mean several different things. For example, in section 16 of this report the question is asked: "Give a list of your major operating supplies and sources", and on no two reports which we received back were the interpretations the same. Some plants listed their packing materials, others the amount of raw materials on hand, and still others the amount of lubricating oil used by their machinery. The information desired was "supplies which contribute to the manufacture of a product but do not become a part of the finished product itself". That these reports were not suitable is borne out by the fact that shortly before I left Germany the Army had decided to resurvey all plants because they did not feel they had correct and adequate information with which to proceed toward future plans for control of German industry.

Reception for veterans—guests beginning to gather on the Bulfinch Lawn

There are in and around Frankfurt four large I. G. Farben factories. We were mainly interested in the Hochst plant, located just on the outskirts of Frankfurt. This is one of Farben's largest outfits and produces a great quantity of medical supplies ranging from ether to typhoid vaccine. The one thing that strikes you as you near the buildings is that they were never touched by the bombing raids. Frankfurt is almost leveled, yet there stands this huge plant with not a brick out of place. I had the opportunity of going through all of it and observing the different methods used in manufacturing. They had been producing insulin, laughing gas, ether, and various other medicaments, but at that time they were practically closed down from lack of coal. The average daily consumption was 550 tons of coal per day when they were operating at normal capacity, and the number of employees totaled 13,783—which, according to their reports, included displaced persons. The following is an extract from their report stating the condition of their machinery and equipment. *This was after the war.* "Buildings and equipment are intact to such a degree that by far the greatest part of the manufacture can be started at any moment. Attention must, however, be drawn to the fact that prolonged stoppage will further effect corrosions of the chemical machinery, thus causing possible serious break-downs of the plants, especially when the stoppage will continue during the winter months. The most important technical and research data and records are at hand." Their yearly production of insulin was 550 million units, and about 70,000 liters of various vaccines.

After completing the survey at Frankfurt, an officer and I were placed on detached service to the Surgeon's Office, Headquarters of the Seventh Army, which, at that time, was stationed in Augsburg. Our job was to take charge of the Production Control Agency which had just been set up. Later on, the office was moved to Heidelberg, and it was then that we began to get some idea of the size of the job that lay ahead of us. Who was going to furnish the necessary personnel and transportation to maintain contact with the various plants? On what basis were we going to be allowed to allocate raw materials? What statistics and figures would we have to use to determine the amount of output of medical supplies which would be needed? Who was to have charge of the distribution of the finished products? Were the American authorities going to set and pay a fixed price to the German manufacturer? And who would determine the wage scale to be used —if any? The big E. Merck plant at Darmstadt was turned over to our control, and the question then arose as to whether it would not be better to halt production within all small plants and let Farben and Merck produce all the supplies needed—which they were perfectly capable of doing.

On September 1, 1945 all Production Control personnel were transferred to Military Government, and then became known as G-5 Industry Control Branch. Up to this time little headway had been made with the countless problems, but now they were increased even more. Arguments immediately arose as to whether we were to have the final say in the opening and closing of plants, or if it was to be done by the individual military government detachments. For several months, our major problem was how to get our requests through the proper channels in order that we might obtain necessary fuel for the continued operation of factories producing vital medical supplies.

Each month every plant would submit a PCA Form II Report, which would be an itemized account of their total output for the month, but we had no way of knowing where this was going. Normally, most of it would go to hospitals, wholesale drug houses, and drug stores, but there was also the possibility that a good deal of it might be finding its way onto the black market. We started a survey of all drug stores in the Heidelberg area, with the idea that if we could get some definite figures on shortages, the same could be applied to other areas of the occupied zone and thus furnish us with some gauge for production. The main shortages in most all cases were narcotics, alcohol, and bandages. The German people are great users of patent medicines—a large number of which are made from root extracts—and there seemed to be a pretty good supply of these on hand. The Rector of Heidelberg University prepared a very useful and extensive report on shortages which existed in hospitals at that time.

Due to the very large number of amputations in the German Army, the hospitals were becoming overcrowded with German soldiers who were ready to be discharged but had no artificial limbs. It finally became necessary to freeze all raw materials in every factory producing orthopedical appliances and to put all their employees at work making artificial limbs. There were no plants producing any X-ray machines or spare parts, therefore it was necessary to send into the Third Army Area for any equipment of that type which was needed. One of the largest manufacturers of surgical and hypo needles, and a large plant manufacturing dental supplies and equipment were located at Frankfurt. The huge Degussa plant in Frankfurt, which would correspond in some respects to the American Cyanide Co., was already asking for permission to obtain certain raw materials in order to go into experimentation with the sulfa drugs.

It is plain to see that the amount of work necessary for the carrying out of any adequate control policy is enormous, and calls for personnel with a high degree of skill in their respective fields. This work is important. Upon it, in my estimation, rests the future security of our Allied forces in Germany—and, perhaps to a greater extent than we realize, the future peace of the world.

THE NEWS

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No. 46 Boston, Mass. JULY 1946

MAY was "cornerstone month" at M.G.H. Two were laid.

Following the reception for the returned veterans on May 23, the cornerstone of the Burnham Memorial Hospital for Children was laid by Mr. John R. Macomber, President of the Massachusetts General Hospital Corporation and member of the Board of Trustees. Following the laying of the stone, Dr. Allan M. Butler, Chief of the Children's Medical Service made the following address:—

> It is characteristic of the Massachusetts General Hospital that as it honors the activities of its members in the past, it simultaneously is busy building for the future.
>
> The laying of the cornerstone of the Burnham Memorial Hospital for Children today at the Massachusetts General Hospital provides for a sound expansion of the services which this great institution has been rendering in the care of infants and children throughout New England for over thirty years. This diagnostic and special treatment clinic may well be used as a model for efficiently applying to the medical care of children the medical facilities of a community. Its importance cannot be measured in terms of the one hundred and fifty beds now to be available for infants and children within this institution, but rather by the fact that the total professional knowledge and hospital and laboratory facilities of this large general hospital are available to the care of the patients who come to its Children's Service.
>
> The services available to children in this institution are not only those of the Pediatric Service with the wide consultant opinion and technical skills of the general Surgical and Medical Clinics of the Massachusetts General Hospital, but also of the highly developed specialist services that have made this hospital famous throughout the world. The total significance of this is probably appreciated only by enumerating these services. They include the clinics in thoracic surgery, neurosurgery, orthopedic surgery, urological surgery, dermatology, endocrinology, adolescence, radiology, psychiatry, and neurology together with the Departments of Anesthesia, Physical Therapy, Social Service, Pathology, Bacteriology, and Chemistry. In addition, there are the services provided by the hospitals which are an integral part of the Massachusetts General group; namely, the Gynecological Service of the Vincent Memorial Hospital, the Tumor Clinic of the Huntington Memorial Hospital, and the Eye, Ear, Nose and Throat Services of the Massachusetts Eye and Ear Infirmary.
>
> The difficulty of reduplicating such facilities for the care of children in anything but a general hospital can readily be appreciated.
>
> The new building will permit expansion of the activities of this Children's Service in the medical care of and research in diabetes, metabolic disturbances, nutrition, rheumatic and other infections, growth and development, endocrinology and psychiatry that has already made this service so outstanding.
>
> It is, therefore, particularly appropriate that this building be dedicated to the efficient utilization of the resources of this community, the Massachusetts General Hospital and the Harvard Medical School in improving the medical care of infants and children.

On May 28—a day more like November than May—the cornerstone of the new Vincent Memorial Hospital was laid by Miss Dorothy Rackemann, President of the Vincent Club. Mr. Henry C. Everett, Jr., President of the Board of Trustees of the Vincent Hospital, presided; and Dr. Joe Vincent Meigs, Chief of Staff, and Dr. Theodore P. Ferris, D.D., Rector of Trinity Church—both Trustees of the Hospital—were the principal speakers. The six-story building will also include the wards of the Burnham Memorial for Children.

At the ceremony—which was attended by members of the Board of Trustees, the Board of Managers and the Staff of the Vincent Memorial Hospital, the Board of Managers and many members of the Vincent Club—Dr. Ferris likened the Vincent Memorial to a triangle. He said:—

> The triangle, usually a symbol of disunity, is here a most happy union of the church, the theatre, and the hospital.
>
> First there was the church—the parent of both the theatre and the hospital. In the especial case of the Vincent, it was the founder of the old Trinity Dispensary, run by members of Trinity Church for the ill and needy women of the parish. Because those working with the dispensary recognized the need for immediate hospital treatment for many of their women patients, the hospital was first planned.
>
> The theatre, which had its outgrowth from the old mystery plays performed before the altars in medieval churches, is represented by Mrs. J. R. Vincent, the well-loved actress who lived and worked in Boston for fifty-two years, for whom the hospital was named; and by the Vincent Club, whose annual shows help in its support.
>
> Finally, there is the hospital itself—an obvious child of the church, whose monasteries and hospitals, from the time of Constantine, cared for the ill and needy. Its first home, after the Trinity Dispensary, was in Chambers Street.
>
> In a world of discord and disinterest, the efforts of each part of this triangle for the other two is inspiring. It proves to the world what can be done when thinking people of the hospital, the theatre, and the church work together to relieve human suffering. It shows what can be done if anyone cares enough to do it.

Mr. Everett then introduced Mr. John R. Macomber, who represented Dr. Faxon and who expressed the pleasure felt by the Trustees of Massachusetts General at having the Vincent Hospital join its family.

Dr. Meigs then spoke. He said:—

> I wish to thank all the members of the Board of Trustees, under the Presidency of Mr. Henry C. Everett, Jr., for the wonderful support they have given us during the change of the Vincent Memorial Hospital from South Huntington Avenue to the Massachusetts General Hospital. They have been of the greatest assistance. Without them the building could never have been built or financed. We must also thank the Vincent Club for the extraordinary generosity it has shown through the many years. It has given over $500,000.00 to the Vincent Memorial Hospital, and $35,000.00 this year. This is certainly a contribution that should be remembered throughout the history of the Vincent Club.
>
> Also, I wish to thank the members of the Board of Lady Managers who, under the able leadership of Mrs. Henry McB. Parker, have been so coöperative and have stood by me through thick and thin, no matter what I have said to them. They have always been my great supporters.
>
> Then again, I should like to thank Dr. Faxon and the Trustees of the Massachusetts General Hospital. The Trustees have been superb in their coöperation and help in the building of this hospital on their grounds. Dr. Faxon is a very superior Director and has been helpful in innumerable ways. We have had our troubles at times, but we have always come out of them satisfactorily. To him I can only say that I wish everyone with our transitionary problems could have a Director of a hospital who is as thorough and as helpful as he.
>
> The Vincent Memorial Hospital will have had five changes: from the Trinity Dispensary to Chambers Street, to South Huntington Avenue, to the White Building, and finally into the new building. The Staff has changed from the original group of Dr. Wolcott and Dr. Ingraham at the Dispensary, to Drs. Morris and Anna Richardson and Dr. Wolcott at 44 Chambers Street, to the Hospital on South Huntington Avenue with Dr. Jones, Dr. Brewster, Dr. Simmons, Dr. Greenough, and Dr. Garland—all of whom were its great supporters. Of the younger group at that time were Dr. Allen, Dr. Miller, Dr. McKittrick, Dr. Whittemore, and Dr. Leland. I, as a connecting link between the latter group and those still younger, became Chief. It was my duty to take the lead in the moving of the hospital to the White Building where Drs. Parsons, Bartlett, Simmons, Ulfelder, Sturgis, Gregg, Soutter, Ingersoll, and I have had such pleasure working. They are the fourth generation of the Vincent. The fifth is in the offing. When the new building is completed we will continue to staff it; but in the next eight or ten years, it is the younger men who will be our hope and we shall expect them to continue the fine work which has always been done by the Vincent Memorial Hospital.
>
> The clinical work on South Huntington Avenue was superb, the clinical work at the White Building has been excellent, and the beginning of laboratory investigation under Mrs. Ruth Graham has been most satisfactory. The fifth group or generation has a real tradition to live up to and it is my hope that they will surpass it. We wish them Godspeed.

The Vincent Club's connection with the hospital started in 1892, through the interest of some young graduates of Mrs. Shaw's School for Girls, in the work of their physiology teacher, Dr. Lena V. Ingraham, who was also a surgeon at the Vincent Memorial Hospital. These girls gave a fete with "tableaux vivants" in a drawing room on Commonwealth Avenue and turned over the entire proceeds, $494.50 to the hospital. The check for $35,000.00 that the Vincent Club gave to Mr. James J. Minot, Treasurer of the

Board of Trustees of the Vincent Memorial Hospital, at its annual meeting preceding the laying of the cornerstone, included membership dues and the profit on this year's show and program.

An event of high importance took place at the McLean Hospital on May 17, when the new Scientific Research Laboratory was dedicated.

The ceremonies began at 11 A.M. and continued into the evening. The program opened with an address by Dr. Cecil K. Drinker, Professor of Physiology, Harvard School of Public Health, on "Research at the McLean Hospital". This was followed by a talk on "Biochemical problems related to psychiatry", by Dr. Jordi Folch, Director of the new Scientific Research Laboratory and Assistant Professor of Biological Chemistry at Harvard Medical School, after which luncheon was served and time allowed for inspection of the Laboratory and Hospital. Some two hundred invited guests and distinguished scientists were received by the Board of Trustees at this time.

In the afternoon three lectures were given. Dr. Stanley Cobb, Chief of Psychiatric Service at Massachusetts General Hospital and Bullard Professor of Neuropathology at Harvard Medical School, spoke on "The integration of medical and psychiatric problems"; Dr. Herbert S. Gasser, Director of the Rockefeller Institute for Medical Research, spoke on "Protocol for a review of psychiatry"; and Dr. Wilder Penfield, Chief of Neurological Service at Montreal Neurological Institute, talked on "Neurosurgery as an avenue of approach to psychiatric problems".

In the evening there was a reception and dinner at the Harvard Club, and the closing address was given by Dr. E. A. Strecker, Professor of Psychiatry at the University of Pennsylvania, whose subject was "The psycho-biology of psychiatric research".

* * *

So many requests have come for the publication of the full texts of the speeches given at the reception for returned veterans of World War II, held on May 23, that we are including them here, so that all those who could not attend the reception may read what was said on that occasion.

Dr. Edward D. Churchill, for the Theater Consultants:

The expected penalty for asking a surgeon to speak about the war is to listen to an accounting of achievements in the care of the wounded. Actually, however, the treatment of wounds was but a small fraction of the work of doctors in World War II. It made the headlines because in the minds and hearts of those at home, wounding was the dreaded uncertainty.

The physician had a great responsibility in maintaining the health of the fighting force to preserve its strength. In his role as either psychiatrist or internist, he encountered difficulties that were made easy for the surgeon. The surgeon is the senior practitioner of the battlefield—his mission there is clear to even the most unenlightened layman. The demands he makes for his patients are largely anticipated, and rarely refused. This is not always the case with the internist and still less with the psychiatrist who must struggle against ignorance and intolerance to bring help to a command in need of sound troops and troops in need of a sound command.

All therapy, by surgeon or by physician, is secondary in time of war to the role of the expert in preventive medicine. The effect of epidemic disease on the fate of military campaigns is common historical knowledge.

Just as all medicine and medical science combined in the crisis of war, there is an abundance of problems in which a combined approach is now necessary in peace. We have returned to a standard of medicine unsurpassed by that existing in any country of the world. It stands like the White Building in contrast to the crumbling ruins of Cassino or Manila. We are already receiving a pilgrimage of visitors and students from every corner of the globe. Let us prepare ourselves to receive them with generosity and dignity and extend a helpful hand to their ambitions to restore their shattered standards of medicine.

I cannot imagine that the inhabitants of Mecca have a great incentive to make pilgrimages of their own. Perhaps they drop over to Medina, occasionally, which is also a Holy City. Let us be careful not to lose the American habit of making pilgrimages, as smugness and self-satisfaction have wrecked many a famous school of medicine.

These are but minor examples of the problems we are facing. Speaking to the hospital family that is assembled to welcome back its members from the Armed Forces, I may say, as spokesman for these veterans, that we are glad to be back. We will not admit to a classification as prodigal sons, but we return with all humility to do our part in maintaining and extending the service of the Massachusetts General Hospital. To carry on the trifold mission of the hospital—care of the patient, research, and education—offers as great a challenge as our war service, now completed.

Dr. Thomas R. Goethals, for the 6th General Hospital:

The 6th General Hospital was activated at Camp Blanding, Florida, on May 15, 1942. Forty months later, on September 15, 1945 it closed its headquarters at Leghorn, Italy, and reverted to reserve status.

Following activation, the Hospital spent eight months in training at Camp Blanding. On February 20, 1943 it opened station at Casablanca in French Morocco. In the middle of May 1944 it was transferred to Italy, where, after an interim period of staging near Oran and in the vicinity of Naples, it reopened for admission of patients near Rome. At this location it was actively employed from June 30 to December 22, 1944, thereafter staging in the same site for about four months. It opened station at Bologna on April 30, where it functioned for over three months after V-E Day. Its final move was to Leghorn, where it was deactivated. In summary, the Unit spent eight months in training; twenty-four months in professional activity; seven months in staging and movement; and one month in administrative involution or deactivation.

The Hospital admitted and treated 28,966 sick and injured patients, of whom 18,052 were cared for at Casablanca, 8,171 at Rome, and 2,743 at Bologna. Gross mortality among these patients, of whom 64 died, was 0.221 percent of all admissions.

To the original organization of the Unit the M.G.H. contributed, directly or indirectly, 81.7% of the officers, approximately 65% of the nurses, half of the dietitians and physical therapy aides, 15.6% of the enlisted strength, and 40% of the attached Red Cross personnel. The Army and Red Cross supplied the balance. While normal attrition of active military service later caused diminution of the MGH quota in the unit strength, the stamp or imprint of the parent institution remained on the 6th General Hospital throughout its history.

Only brief mention is here possible of some of the sons and daughters of the M.G.H. who contributed to the success of the Hospital's mission. King, Rogers, Rae, Lingley, Talbott, and Sullivan organized and trained their services to the highest operating standards, and indoctrinated their subordinates so thoroughly that the absence of any service chief from the Unit for any reason caused no flagging in quantity or diminution in quality of the work accomplished. Miss Knights imparted like influence through her principal assistants to the Nursing Service. Thorndike organized the office of the Registrar completely and effectively, and kept the turnover of patients moving smoothly at all times. Hamilton, originally Adjutant, later Executive Officer, maintained complete coördination of the professional and administrative divisions of the Hospital from start to finish.

Several members of the Unit were transplanted to positions of greater responsibility in other organizations. Parsons, Ludwig, Taylor, and Townsend were transferred to other hospitals as service chiefs during 1943 and 1944. Thorndike was placed in command of a station hospital. McKittrick, Cantlon, Ellis, and Burrage were removed from the roster to serve in other hospital and tactical units. Miss Barbour was promoted upward from the 6th to a position of higher authority at A.R.C. headquarters.

The Hospital was well served by many who did not count the M.G.H. in their ancestry. Colonel Knott, the original Executive Officer, performed invaluable work in organizing the detachment and in supervising the details of shipment overseas. Captain Smith not only acted as Plans and Training Officer at Blanding, but was equally effective as Receiving and Disposition Officer. Captain Worthy, initially Detachment Commander, served with great credit on three clinical services. Captain Fowler left nothing to be desired as Supply Officer. Captains Ottesen and Jones, the former as Adjutant and the latter as Commanding Officer, Detachment of Patients, and later Registrar, were alert, intelligent, and resourceful in all demands made upon them. Major Parker, successor to Jackson Thomas who had been detached at Blanding, was the only professional service chief not an MGH man, notwithstanding which he fitted into the pattern easily and competently.

The enlisted detachment, commanded by Major Herwick and supervised by Lieutenant Singer as Special Service Officer, were a credit to the Unit in every sense of the word. Well trained and intelligent, they elicited a letter of commendation from the Base Commander before the Hospital had been established more than six weeks in Casablanca. The first decoration awarded to a member of the 6th General Hospital was awarded to S/Sgt. Clarence A. Roth. In early 1945 four men of the detachment won their commissions, among them Harry E. Munro of the M.G.H.

True to scientific tradition, many members of the staff contributed to the medical literature of the war. Rogers wrote on pilonidal sinus; Halsted on chronic dyspepsia and other gastro-intestinal disorders; King on tuberculosis and primary pleural effusion; Bland on rheumatic fever, rheumatic heart disease, and on war wounds of the heart and pericardium; Short on arthritis; Kranes on hepatitis and leishmaniasis; Sturgis on burns, and, in collaboration with Holland, on maxillofacial injuries; and Bartlett on Vitamin C deficiency.

Several members of the Unit contributed much to the Medical Department in the Theater while on detached service with higher headquarters or with other organizations. Sullivan was instrumental in organizing the

Blood Transfusion Service for the Theater. King, in addition to acting as consultant to the British Prime Minister, served for a time in 1945 as Theater Medical Consultant, later assuming command of the Hospital. Rae and Lingley also were involved as consultants to Very Important British Personages. Gundersen was Ophthalmologic Consultant to the Theater — in fact, if not actually in name. Aufranc was called upon to coördinate the knowledge of amputations and physical therapy gained during the war in the Mediterranean Theater. Lingley organized and established a station hospital. Kelley commanded a hospital train. Holland and Sturgis made valuable statistical contributions to the subject of maxillofacial injuries, in addition to their report of their own work.

Time prevents elaboration of the services rendered by Arnold, Bailey, Davenport, Faxon, Frazee, Harrison, Lawrence, McGahey, Mead, Sarris, Seyfarth, Welch, and Wyman; and by the Misses Pittman, Coghlan, Hollister, Canning, and Chandler, to name but a few of the nurses and physical therapists. All did their part to the fullest measure, and contributed even more than was necessary to the success of the Unit as a whole. The 6th General Hospital reflected credit on itself and on the military service of which it was a part, and on its parent, the M.G.H., as well.

Dr. Edwin F. Cave, for the Army in the Pacific:

To speak for the Army in the Pacific is not possible without also giving praise to the Air Force and the Navy as well, because it is likely that in no theater of war was there greater interdependence of the three Services than in the Pacific, particularly early in the war in 1942. We of the 105th General Hospital realized this only too well, because the Battle of the Coral Sea was being fought in May as we gathered in San Francisco for our take-off to Australia, and the Battle of Midway was decided about a month later as we landed in Melbourne on the 4th of June, 1942. These sea and air battles were a long way from the southern tip of Australia, but they stopped the Japanese and made possible the getting of supplies and personnel to Australia and New Zealand, from where the New Guinea and Solomons campaigns were launched late that year.

Of the four Army General Hospitals in Australia in 1942—the Hopkins, Cleveland and Maryland Units, and the 105th or Harvard Unit, and in New Zealand the Yale Unit—we, the 105th, were the farthest advanced but still were approximately 2,000 miles from the jungle fighting in New Guinea over the Owen-Stanley Mountains. Therefore, you can well imagine the problems of evacuation in these early days. Each General Hospital did, however, supply two portable hospitals of 4 officers and 25 enlisted men each for these campaigns. These units took good medical care to the front lines for the first time in the war. They set up their tent hospitals in the jungle a few hundred yards from the combat areas for approximately six months, and for a job well done under most trying conditions they deserve enthusiastic commendation.

Our General Hospital, on the other hand, was delightfully situated 60 miles west of Brisbane in East Central Australia in a subtropical climate. We began caring for patients one month after our landing and were consistently busy turning over a thousand cases a month throughout most of our two-year stay. Our associations with the Australians were pleasant, both socially and professionally, and we did our best to promote cordial international relations, in that many of our enlisted men married Australian girls and some had sizable families when we departed from that country 29 months after our arrival.

October of 1944 found us moving from Australia to the small coral island of Biak in the Dutch East Indies, just one degree south of the equator. Here our hospital site for 2500 beds was literally carved out of the jungle which when removed left a fine white coral surface very suitable as a base for tentage, and in spite of heavy rainfall there was no mud. I need not remind those of you who served in the tropics of the climate on this coral island, and those of you who were not there can well imagine what the heat was like in midday. Had it not been for the fact that we were kept busy with wounded and sick men who had been fighting under much more frightful conditions, I am afraid our morale might have sunk pretty low. As it was, on our third overseas birthday in April 1945, one of our nurses wrote a song for the celebration entitled "And now we wanna go home", two outstanding lines of which were: "We like all the natives, the bugs and the heat, but snow in New England would be a great treat". However, we managed to survive, and our stay in the East Indies was, from a professional standpoint, the most interesting part of our whole overseas service. Here we were established from November 1944 to May 1945. Practically all of our patients—almost 11,000 in seven months, mostly from the Philippine battles—came and went by air, for by this time the efficiency of evacuation from the fighting lines to the hospital and thence to the States was made possible by the great increase in strength of the Air Force.

Our overseas service was gratifying. We had a happy outfit, and I must pay tribute to the personnel of my unit—officers, nurses, and enlisted men—one-third of the professional officers coming from the Massachusetts General Hospital, many of whom served continuously in the Pacific for as long as 42 months, if not with the original unit then with some other hospital to which they had been transferred to assume positions of greater responsibility. They served, I will not say entirely without complaint, but they did their jobs and did them in good spirit. Therefore, I continue to believe in the affiliated units as sponsored by the various medical schools and hospitals; and in spite of some of the criticism leveled at them—most of it friendly—during the two great wars, if another war comes the Army will surely call again for affiliated units as it did in 1940.

Finally, I am certain that no man or woman from the Massachusetts General Hospital serving anywhere in the Armed Forces had anything but a tremendous sense of pride in having been a part of this hospital before the war. We think there is no hospital quite like it, and I know that every one of us was keen to return to our work here. The M.G.H. NEWS, so characteristic of the hospital, brought happiness to all of us all over the world. Those who originated this publication, and those who carried it on, have the greatest thanks from all the hospital's Service men and women. It is just one reason why we are all proud to be members of the Massachusetts General Hospital family and why we are so glad to be back in it.

Dr. Robert S. Palmer, for the Navy:

I am deeply conscious of alone bearing the responsibility and the honor of representing the Navy service at this ceremony, with my ranking colleagues of the Army and with a distinguished representative of the service men's women. I am disturbed now, as I have been before, Mrs. King, that in war and in the celebrations of victory, the women follow the men.

Some time ago I was indulging in the returned veteran's major vice — telling war stories to a group of wives. I was impressed by how much the women missed in war, and the fancy struck me: in the next war why don't we send the wives of the Unit to Florida for the first winter, then to North Africa and sunny Italy for two or three years, and leave the men at home to cope with the children and the dishes? From my experience of the war between the sexes, a man's war fought by the women would be more to the point and they would make a peace that would stick.

I should like to report for my block of veterans — whom, to be sure, I represent by appointment and without their consent — that reconversion is going just dandy. Happily we are very busy. I go to the Out-Patient clinic each morning and there are the veterans, practically crowding out the patients. In the afternoon I go to the record room, and there in each little cubicle is an eager and agile-minded veteran trying to make sense of the hurried and illegible records made by our colleagues of the home front. We should give them warning that we may make something of the cases they worked up while we were standing round in various quarters of the globe waiting for something to happen, and remind them that the best way to become an expert is not to be bothered by actual patients.

There are many changes since we drew our swords in defense of the republic. At first there were many strange faces, and we know our faces were strange to many. However, the younger House Officers are beginning to speak to us — even let us see a case; and sometimes a grave fourth year student will tell us the answers. It is very heartening in a confusing world to find some people who are so much more certain of everything than we are of anything. However, with more and more veteran Residents back to ride herd on the students and House Officers, our egos are improving by the minute.

And so we face the future in good camaraderie. The future looks bleak, indeed, at times, in the economic aspects of medicine, except to those who espouse a thing called socialized medicine. As you know, this is a scheme whereby all medical care of all patients costs nothing, and this nothing is equally divided among the doctors. In facing our future, perhaps laughter is wiser than tears. I like to recall the conversation overheard by the last Seabee to leave in evacuating natives from the Bikini atoll. Two apes were sitting disconsolately on a fallen log. The one turned to his mate: "Mary, do you see what they're fixin' to do to themselves?" Said she: "Uh huh. I s'pose we'll have to start the whole thing over again."

The changes on the minds and hearts of all of us are those irrevocable ones — those left at home whom we found gone when we returned and those of us who have not and will not come back. To me, the single thing that has made us all feel welcome and assured us that our places in the MGH family have remained intact has been the tacit recognition by all that, at home and abroad, both sacrifices and rewards have been unequally distributed and for the most part unknown, as is inevitable; but that together in our various posts we are proud to have shared in writing another page for our generation in the history of the hospital which we love.

Mrs. Donald S. King, for the Wives:

The courage necessary for a mere wife to climb to the porch of the Bulfinch Building to speak from the same platform as these great gentlemen and world warriors could only be aroused by very great admiration and very deep affection for the wives of the veterans of this hospital. My humble presence here is in tribute to them. To be here as their representative is a very great honor.

After our husbands had departed it was our only wish to help them win the war. So we studied history, and even anthropology, to learn the customs of wives of warriors in other times and other lands.

We learned: that in some districts of Borneo, when a Dyak is out head hunting, his wife must wear a sword day and night in order that he may always be thinking of his weapons; and she may not sleep during the day nor go to bed before two in the morning, lest her husband should thereby be surprised in his sleep by an enemy.

We learned: that among the Sea Dyaks of Banting in Sarawak the women must wake very early in the morning and open the windows as soon as it is light; otherwise their absent husbands will oversleep themselves. The women may not oil their hair, or the men will slip. The women must cook and scatter popcorn on the veranda every morning; so will the men be agile in their movements.

We learned: from an old historian of Madagascar, that while the men are at the wars, and until their return, the women and girls cease not day and night to dance, and neither lie down nor take food in their own houses. They believe that by dancing they impart strength, courage, and good fortune to their husbands.

Well — we tried *all* these various devices and many others for helping our husbands win the war, but we did not find that even continuous dancing stopped the old Desert Rat from rushing eastward toward Suez, nor that "scattering popcorn on the veranda every morning" slowed down the Japanese as they poured into the Malay Peninsula. So, eventually, we turned to other duties that might better profit the cause of the Allies. Some of these would seem quite odd to the women of Borneo, as they did to us. For example —do you remember cutting out large pieces of black paper to fit the kitchen windows, to make a safe place to gather when the enemy should swoop out of the sky by night? And do you remember that fascinating problem in arithmetic when, brandishing yardsticks in all directions, we measured the cubic feet of air in the whole house and, with the final answer — correct or not, no one could ever know — we stood in line at the high school for fuel oil coupons? Less bizarre, but just as necessary, was the housekeeping, baby tending, making out of tax returns, paying the mortgage, and *shovelling snow*. (This has been a splendid winter for our husbands to return! More than one has naively asked, "Who shovelled the snow while I was away?") No, we did not spend much time in dancing — certainly it could not, in one's wildest moments of exaggeration, be called "continuous dancing".

But today we are grateful beyond words that those years are over. So, instead of stressing the hard times, such as when the children were all sick at once or when there was a very difficult decision to be made alone, let us remember those who helped to build our impenetrable line of morale. Among them, one dear old man was a tremendous help. He brought us *those letters* that kept us going, and he brought us *those stiff light blue checks* that paid the grocer. God bless *Uncle Sam!*

And there was another great source of help and comfort which was symbolized by the words of another man, nowhere near so old. Shortly after the service for the M.G.H. Unit at the cathedral, I met Dr. Washburn on the Cambridge subway. As we parted he said, "If there is anything I can ever do for you, please let me know."

That, we felt and knew, was the way this hospital stood behind us. The fact that we were the wives of the men sent out from the Massachusetts General Hospital in this Second World War gave us not only pride, but a sense of belonging and security and heart warming friendship that helped us to surmount every difficulty.

God bless the Hospital!

* * *

M.G.H. is very proud that three of its Staff were among the fourteen American doctors who sailed on the *Queen Mary* on June 20, on a 3-months' teaching mission in Czechoslovakia. Dr. Paul D. White heads the group. With him went Dr. Joseph C. Aub and Dr. Otto Krayer.

The mission, sponsored by the Unitarian Service Committee, is to acquaint Czechoslovak medical men with advances made in American medicine during the time when Czechoslovak medical schools were cut off from the outside world by the 7-year Nazi occupation.

Dr. Kurt H. Thoma, Oral Surgeon and Chief of Dental Service, has been elected president of the American Academy of Oral Pathology.

The War Department recently announced the appointment of Dr. Wilfred Bloomberg (*r.p. N* 1931) as one of eighteen outstanding civilian neuropsychiatrists who will serve as consultants to the Secretary of War as part of the Army Medical Corps' peacetime program.

Mrs. Horner, our Health Supervisor for staff and personnel, has sent the following letter to all Department Heads.

Dr. Robert S. Palmer, Health Officer of the Hospital, and Dr. Helen S. Pittman, our Pulmonary Consultant, are very anxious that every employee of the Hospital should know that it is possible for him to have a chest X-ray, free of charge, through our Staff Clinic.

Our house officers, nurses, dietitians, the nursing office, and the dietary lay personnel have had chest X-rays, routinely, for a long time. Recently, we have added the Maintenance, Linen Control, and Social Service Departments.

As of March 1, 1946 we started doing chest films on all new employees as part of the regular pre-physical examination. That leaves a group in various other departments who were employed previous to March 1, and who might not be reached for some time.

Please have every employee in your department bring his Unit Number to Staff Clinic any day from 8 A.M. to 4 P.M. He will be given a requisition for a chest film which will be taken in the General X-ray any day at 8:30 A.M. or 4 P.M.

We hardly need to emphasize the importance of chest X-rays. The responsibility is ours to protect not only our patients but also all of our employees. We feel sure you will want to do your part in making ours a model health community by making it possible for every person in your department to have a chest X-ray.

* * *

In addition to the citations already mentioned in The News, the following have been received:—

Major Bradford Cannon, MC (*a.s.*)—Legion of Merit . . . Major [later Lt. Col.] Cannon, as Assistant Chief and later as Chief, Maxillo-Facial Plastic Section, Valley Forge General Hospital, from March 1945 to December 1945, performed and personally supervised thousands of plastic surgical operations. By his professional skill, sound judgment, and conscientious devotion to duty, he was instrumental in making it possible for young men who might otherwise have been maimed for life to return to useful and normal careers.

Capt. William E. Eaton, MC, USN (*D* 1907) —Legion of Merit . . . The President of the United States takes pleasure in presenting the Legion of Merit to Capt. William Edward Eaton . . . for service as set forth in the following citation: For exceptionally meritorious conduct in the performance of outstanding services to the Government of the United States as Medical Officer in Command of the United States Naval Hospital, Great Lakes, Illinois, during the early part of World War II. Displaying exceptional initiative, judgment and professional ability, Captain Eaton expertly administered the activities of his command in treating the sick and handling epidemics in this institution and throughout the Ninth Naval District and was in a large measure responsible for the expeditious return to duty of a large number of patients. In addition, he directed the establishment of a Hospital Corps School which trained thousands of hospital corpsmen, including WAVES, to meet the needs of the rapidly expanding Navy and Marine Corps. His tireless efforts, professional skill and conscientious devotion to the varied and complex details of his assignment reflect the highest credit upon Captain Eaton and the United States Naval Service.

For the President

(signed) James Forrestal
Secretary of the Navy

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Karl Riemer (*Oph.* 1943) has returned from service with the Navy in the Pacific. He has been appointed Senior Clinical Assistant at the Infirmary.

The postgraduate course in Ophthalmology for thirty former Army and Navy medical officers, which started March 4, ended June 22. The first two months were devoted entirely to the basic sciences and the last two to clinical subjects.

Dr. Henry A. Mosher (*Oph.* 1941), who has returned from service with the Army, will practise in Boston. He will be on service at the Infirmary shortly.

Mrs. Eunice W. Wilson, Director of Social Service at the Infirmary, read a paper entitled "Methods of incorporating basic eye information in the training of social workers" at the National Conference of Social Work, held in Buffalo last May. This paper is to be published in the next issue of *The sight-saving review*.

The Residency in Oto-Laryngology has, by vote of the Board of Managers, been increased to twenty-seven months. We now have nine residents, with an added Laboratory Service which includes work with the Bacteriological Laboratory and with Dr. Mallory's Laboratory. The Residency also includes duties with private ear, nose and throat patients in both Baker Memorial and Phillips House.

Dr. David W. Brewer entered as Resident on the Oto-Laryngological Service on June 1.

The American Board of Oto-Laryngology was represented at its recent meeting in Chicago by Dr. Harris P. Mosher, President, and Dr. LeRoy A. Schall and Dr. Werner Mueller as Directors.

Dr. Francis L. Weille presented a paper before the American Laryngological Society at its meeting in Chicago, May 30, on "The problem of recurring secondary frontal sinus infections".

The Infirmary was represented at the recent National Ear, Nose and Throat Society meetings at Chicago by Drs. Harris P. Mosher, LeRoy A. Schall, Philip E. Meltzer, Moses H. Lurie, Francis L. Weille, Maurice G. Evans, Werner Mueller, Harold G. Tobey, and Robert L. Goodale.

Dr. Gerald M. Fox, of Johannesburg, South Africa, is here for an eight-months' stay at the Infirmary. He had six years in the South African Army, and is anxious to learn American methods in Oto-Laryngology.

At a meeting of the Board of Managers held at the Infirmary on May 8, the following appointments were made:

Dr. Charles H. Allman, Associate Surgeon in Oto-Laryngology
Dr. Joshua C. Drooker, Assistant Surgeon in Oto-Laryngology
Dr. Edwards W. Herman, Consulting Surgeon in Oto-Laryngology
Dr. Edgar M. Holmes, Associate Surgeon for Plastic Operations
Dr. Varaztad H. Kazanjian, Consulting Surgeon in Oto-Laryngology
Dr. Vincent J. Kelley, Associate Surgeon in Oto-Laryngology
Dr. Joseph Lentine, Assistant Surgeon in Oto-Laryngology
Dr. George H. Poirier, Consulting Surgeon in Oto-Laryngology
Dr. Lyman G. Richards, Surgeon in Oto-Laryngology assigned to Bronchoscopy and Esophagoscopy
Dr. John R. Richardson, Associate Surgeon in Oto-Laryngology
Dr. Harold G. Tobey, Consulting Surgeon in Oto-Laryngology

It was also voted that Dr. Philip E. Meltzer be relieved as Surgeon in Oto-Laryngology so that he may devote his entire time to his duties as Chief of Service to the Winthrop Fund for the Study of Deafness.

At a meeting of the Executive Committee, held on May 20, the following appointments were made:

Dr. John J. Ayash, Clinical Assistant in Oto-Laryngology
Dr. Gerald M. Fox, Graduate Assistant in Oto-Laryngology
Dr. George T. Noel, Graduate Assistant in Oto-Laryngology

At their meetings on May 17 and 31 and June 14, the Board of Trustees voted:

To accept with regret the resignation of Dr. Ashton Graybiel;
To accept with regret the resignation of Dr. T. Stewart Hamilton from the position of Assistant Director;
To accept the resignation of Dr. Marius N. Smith-Petersen as Chief of the Orthopedic Service with great regret and appreciation of his services.

To appoint:

Dr. Fred Alexander as substitute Assistant Resident in Medicine for six weeks, beginning July 1;
Dr. Peter T. Brooks as Third Assistant Resident, beginning May 1;
Dr. William R. Eyler as Assistant Resident in Radiology, beginning July 1;
Dr. Harlan I. Firminger as Resident in Pathology, beginning July 1;
Dr. Knox R. Freytag as Assistant Resident in Dermatology and Syphilology, beginning July 1;
Dr. Frederick C. Gevalt, Jr. as Assistant in Medicine;
Dr. Arthur C. Guyton as Third Assistant Resident, beginning May 20;
Dr. Norman P. Hill as Assistant Resident on the Medical Service for a period of six months, beginning June 1;
Dr. Joseph S. Lichty as Assistant Director;
Dr. Charles G. Mixter, Jr. as First Assistant Resident in Surgery, beginning June 3;
Dr. John M. Morris as Second Assistant Resident in Surgery, beginning April 30;
Dr. Richard V. Riddell as Intern in Pathology;
Dr. Bertram Selverstone as Resident on the Neurosurgical Service for the term October 1, 1946 to December 1, 1947;
Dr. Robert P. Smith as substitute Intern in Medicine for six months, beginning July 1;
Dr. Robert H. Talkov as Assistant in Medicine.

To reappoint:

Dr. Edwin A. Robinson as a Dalton Scholar;
Dr. Philip P. Thompson as Assistant Resident for an additional three months, July 1 to October 1.

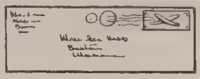
To promote to the position of Associate Obstetrician:

Dr. Robert H. Barker
Dr. A. Gordon Gauld
Dr. Samuel B. Kirkwood
Dr. John L. Newell
Dr. Charles P. Sheldon
Dr. Benjamin Tenney
Dr. Allen P. Winsor

To transfer Dr. Alfred O. Ludwig from the position of Assistant Physician to that of Assistant Psychiatrist.

The General Executive Committee, at meetings held on April 17 and 24, during May, and on June 5 and 12, voted to appoint:

Dr. Kenneth A. Evelyn as Clinical Fellow in Medicine for the year 1947;
Dr. John G. Feder as Clinical Fellow in Medicine;
Dr. Ivan D. Frantz as Clinical Fellow in Medicine, to work with Dr. Aub;
Dr. Frances V. Gardner as Clinical Fellow in Medicine;
Dr. Gordon S. Myers as Clinical Fellow in Medicine, to work with Dr. Paul D. White;
Dr. Donald L. Rose as Research Fellow in Physical Medicine for August and September;
Dr. Henry Saltonstall as Clinical Fellow in Surgery, beginning June 1;
Dr. Harrison J. Shull as Clinical Fellow in Medicine;
Dr. Walter Somerville as Clinical Fellow in Medicine;
Dr. Alan J. Stinchfield as Clinical Fellow in Orthopedic Surgery, beginning June 1;
Dr. Charles K. Waigner as Research Fellow in Dermatology, beginning June 10.



New addresses:—

Lt. John W. Bell, MC USNR (*ES* 1946), *U.S.S. President Hayes,* c/o Fleet Post Office, San Francisco, Cal.
Lt. Harry A. Bliss, MC, USNR (*M*), 79 Nottingham Terrace, Buffalo 16, N. Y.
Dr. Donald T. Chamberlin (*P* 1931 & *NS* 1931), 1390 Sherbrooke St. West, Montreal, Quebec, Canada.
Col. Richard Collins, Jr., GSC (*ES* 1933), 378 Bacon St., Waltham, Mass.
Dr. Robert H. Detwiler (*CM* 1940), 3260 Wilson Blvd., Arlington, Va.
Dr. William F. Donoghue, Jr. (*Oto-Lar.* 1942 & *Oph.* 1944), 69 Chestnut St., Springfield, Mass.
Capt. William E. Eaton, MC, USN (*D* 1907), Navy Regulations Board, Room 3515, Navy Bldg., Washington 25, D.C.
Lt. Sheridan S. Evans, MC, AUS (*ES* 1945), Regional Hospital, Fort Monmouth, N. J.
Dr. Alfred O. Ludwig (*EM* 1932), 101 Bay State Road, Boston, Mass.
Dr. Richard McGovney (*Or.* 1930), 1515 State St., Santa Barbara, Cal.
Dr. Hugh Montgomery (*EM* 1932), 308 Maloney Bldg., University of Pennsylvania Hospital, S.E. Cor. 36th and Spruce Sts., Philadelphia 4, Pa.
Dr. Marshall deG. Ruffin (*P* 1939), University Club, 16th St. N.W., Washington, D. C.
Lt. Murray W. Scott, Jr., MC, AUS (*WS* 1945), 13th General Hospital, APO 660, c/o Postmaster, San Francisco, Cal.
Rear Admiral Harold W. Smith, MC, USN (Ret.) (*SS* 1903), 4000 Cathedral Ave. N.W., Washington 16, D. C.

Brief bits:—

Dr. Luke Gillespie (*a. obst.*) has been released from military service and has returned to the practice of Obstetrics and Gynecology at 214 Bay State Road, Boston 15, Mass.

Dr. Benjamin L. Huntington (*WM* 1940) "escaped from the Army", as he put it, on January 11, and is "back in harness" in Med. O.P.D.

Dr. Harrison E. Kennard (*WS* 1934) is out of the Navy and plans to return to civilian work after a summer vacation. His address is 246 Dudley Road, Newton Center, Mass.

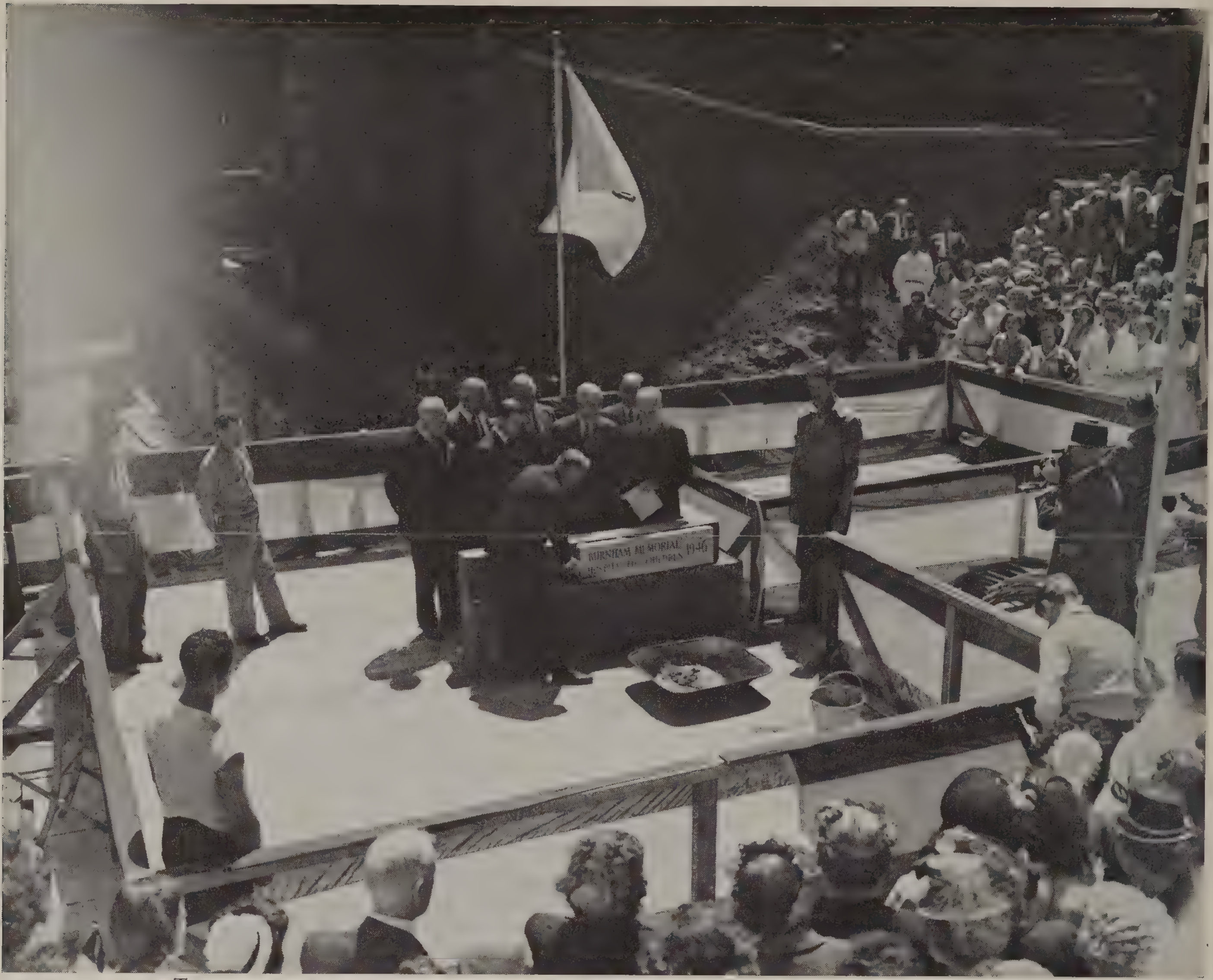
Dr. Oglesby Paul (*WM* 1943) stopped in at the office of THE NEWS recently to tell us he is out of military service and expects to be back at M.G.H. soon. His home address is 81 Pinckney St., Boston.

Asst. Surg. John W. Smillie (*ES* 1944) has been transferred from Albany, Ga. to Cumberland, Md., to head a small Nutrition Field Unit consisting of biochemist, technician, nurse, dietitian, and clerk. His new address is Nutrition Unit III, U.S. Public Health Service, Box 1087, Cumberland, Md.

Dr. Faxon has received this fine letter from Vannevar Bush, Director of the Office for Emergency Management, Office of Scientific Research and Development, 1530 P Street NW., Washington, D. C.

> It is a pleasure to express to you my personal and official appreciation of the aid that the Massachusetts General Hospital has given in the war effort through the work which it has performed under contract with this Office.
>
> The outstanding contribution of American science and industry to the winning of the war has been recognized and commented upon throughout the country. That contribution was the result of teamwork with the Armed Services and within the ranks of organized research. It was the opportunity and privilege of the Office of Scientific Research and Development to foster and share with American universities, medical institutions, and industry in this collaborative endeavor. The gratitude of OSRD to individuals for their unselfish cooperation in war research under its auspices has been expressed in certificates of merit, and this letter supplements that expression to extend this gratitude to the Massachusetts General Hospital as an organization.
>
> As we go forward into a world in which peace has been won through this concerted effort, our greatest assurance for the future lies in the continuance of the spirit which made the accomplishment possible.

Unless something unexpected happens in the meantime, the next issue of THE NEWS will be given over largely to the interesting letters which have come from many of you. They have already been set up in print, but so much of immediate concern has been going on at M.G.H. during the last few months that, with regret, these letters have been withheld for lack of space. However, you will soon learn where many of your friends are and what they are doing—all over the world, from Boston to the Orient. Your August NEWS should make good summer reading.


BURNHAM MEMORIAL 1946
HOSPITAL FOR CHILDREN

THE LAYING OF THE CORNERSTONE OF THE BURNHAM MEMORIAL HOSPITAL FOR CHILDREN

VINCENT MEMORIAL HOSPITAL-1946

THE LAYING OF THE CORNERSTONE OF THE VINCENT MEMORIAL HOSPITAL

THE NEWS

No. 47 Boston, Mass. August 1946

Interest and excitement grow apace as the time for the Ether Centennial draws nearer. The September and October issues of THE NEWS will contain reports of all additional arrangements that have been made for the event between now and then.

Our May number carried an article regarding the first use of ether in England for major surgery, and a story about the "chairman's bells". Dr. Washburn, in his history of Massachusetts General Hospital, says that our bell "has been rung and its history explained at numerous assemblies on Ether Day, usually at the Alumni Dinner." Dr. Washburn's history then quotes this letter from Dr. F. William Cock (whose father was present at the first operation performed under ether in England), written on February 18, 1920, to Mrs. Grace W. Myers who was then Librarian of Treadwell Library. The letter reads:—

> 19, Randolph Road,
> Maida Hill, W.9.
> London, England
>
> My dear Madam:
>
> Eight years ago you wrote to me about a little paper, in three numbers, I had printed in the Univ. Coll. Mag., giving an account of the first major operation under ether in Europe. I believe I sent you them. You were good enough to let me have a number of "Ether Day" addresses afterwards.
>
> In my paper I gave an illustration of the present situation of the operation theatre railings [The railings were from the University College Hospital in London, where the first operation under ether in England was performed.] in front of my cottage at Appledore in Kent. In placing them there, there were a few pieces of the wrought-iron strap work over. It struck me that I might add to the friendly feeling existing between the two kindred nations, especially in the medical branches thereof, if I had these worked up into a little memento of that remarkable incident. So I have had them made into the arch of a chairman's bell. The bell itself was cast from some of the old bell metal of the Appledore peal when it was recast, mixed with some of the new metal which was used when the two new bells were made for Westminster Abbey, which were first rung in commemoration of the Peace. The block which supports the bell is made from a piece of the old Appledore bell frame which was dated 1685.
>
> I have had the bell made in duplicate, the other being for the Chairman's use at the Annual Students' Dinner of University College Hospital, London. Now if you have a dinner of the Hospital on "Ether Day", I would like to offer this to the Hospital for the use of the Chairman on that or any other suitable occasion which occurs from year to year.
>
> . . .
>
> May I express the hope that when the bell rings the sound may bring to memory those ties of blood and friendship which exist between us. The little sentence at the head of my pamphlet, "Semper sussurrat memoria sed aliquando clamat", is true, and I hope on the occasion of the ringing of the bell, its chime may renew the friendly feeling between the land of origin of the teaching of anaesthesia and that older and motherland which so gladly accepted the lesson.
>
> I may add that when I mentioned the idea to our dear friend, Wm. Osler, he was enthusiastic in his encouragement and said that he wished he could bring the bell to you himself. Nothing could have gratified me more, if that had happened, but it was not to be. . . .
>
> The bells were cast by Mears & Stainbank, Whitechapel Road. The oldest bell founders in England, 1580.

* * *

The following appeared in the June issue of *Annals of surgery*:—

> A group of surgeons, who formerly served as members of the U.S. Armed Medical Corps in the North African and Mediterranean Theaters of Operations, recently organized The Excelsior Surgical Club. Patterned somewhat along the lines of the Eclat Club which, in a comparable manner, grew out of World War I, The Excelsior Surgical Club has as its objectives the promotion of the social intercourse of the members and the advancement of their knowledge of the science of surgery.
>
> A principal and outstanding activity of the Club is to be the Edward D. Churchill Lecture honoring the former Surgical Consultant of those Theaters, Dr. Edward D. Churchill. . . . The Lecture, to which the medical public will be invited, will form an integral part of each annual meeting. The Club plans that each Lecture will be a foremost scientific presentation. To that end, Dr. Alfred Blalock, Professor of Surgery, Johns Hopkins University, has been secured to give the first Churchill Lecture at the first regular meeting of the Club in Boston on October 25-26, 1946.

Dr. James G. Miller (*EM* 1943) stopped in at the office of THE NEWS one day not long ago and gave us an account of his military activities in the Office of Strategic Services. It was an exciting story. He said there were about seven selection centers, covering this country, China, and Europe. There men who volunteered for "secret and hazardous duty" were selected for training as secret agents for the government. They were removed to secluded spots, divested of uniforms and all evidences of military rank, and given various tests aimed toward screening out men of superior ability and moral fibre for vital undercover work. They were tested on their ability to keep a secret, to observe, etc. Experiments were made to see if they would divulge secrets when under the influence of liquor. They were watched to find out if they talked in their sleep, and those who did were rejected. Each man was given a four-day observation, during which time he was constantly watched — day and night. Dr. Miller said that the agents were closely observed during their operations at the front and were so carefully trained that no one agent could detect another.

The March issue of *Fortune* contains an excellent article, "A good man is hard to find", which describes in detail some of the tests used in the O.S.S. A book on the subject, entitled *Assessment of men*, is to be published by the Service next January.

Dr. Miller, who has been Assistant Professor of Psychology at Harvard since last February, is on leave of absence for about a year, so that he may serve as Chief Clinical Psychologist in the Neuropsychiatric Service of the Veterans Administration, Washington, D. C. Dr. Miller said that about 62% of all veterans in hospitals at the present time are psychiatric, and that there were more psychiatric casualties than surgical in the war.

At a meeting of the Board of Trustees held on June 21, 1946, the recommendation of the General Executive Committee was accepted, whereby a Section of Diseases of the Nervous System be set up of which the Neurological, Neurosurgical and Psychiatric Services should be members in order to establish closer cooperation between these Services, and that Dr. Charles S. Kubik be made Chief of the Neurological Service (effective June 30, 1946).

The Trustees also voted:

To accept the resignation of Dr. James B. Ayer as Chief of the Neurological Service, effective June 30, 1946, with great regret and deep appreciation of his services to the Hospital, and to appoint him to the Board of Consultation;

To accept the resignation of Dr. John L. Ward;

To appoint Dr. George W. VanGorder as Acting Chief of the Orthopedic Service pending the report of the ad hoc committee to be appointed by the Chairman;

To appoint Miss Ruth Sleeper, Mr. Donald Moreland, Dr. Joseph S. Barr, and Dr. Charles L. Clay to the Social Service Advisory Committee.

The General Executive Committee, at their meetings on June 19 and 26, and July 3, voted to appoint:

Dr. Mandel Cohen as Clinical Fellow in Medicine;

Dr. Lewis L. Engel as Research Fellow in Medicine (Biochemistry);

Dr. Elwyn Evans as Clinical Fellow in Medicine;

Dr. Andre D. Glinos as Research Fellow in Medicine;

Dr. Benjamin S. Golub as Graduate Assistant in Neurology for six months, beginning July 1;

Dr. Gilman W. Haven as Graduate Assistant in the Dental Clinic;

Dr. Oglesby Paul as Clinical Fellow in Medicine.

The Committee also voted:

To recommend to the Trustees that Dr. Isaac M. Taylor, Assistant Resident, be granted leave of absence from July 1 to October 1 and that Dr. Robert E. Barkin be appointed as Substitute Assistant Resident to cover Dr. Taylor's duties.

OFFICIAL NOTICE

At the meeting of the General Executive Committee, held on June 26, the following recommendations of the Radioactive Isotope Committee were approved:

1. Dr. Joseph C. Aub was elected Chairman and Secretary.

2. It was voted by the committee that they should be allowed to ask for consultation from the scientific community. It was also voted that the following people be asked to serve as consultants to the committee:

Physicists Dr. Kenneth Bainbridge of Harvard University, Dr. Robley D. Evans of M.I.T.

Pathologist Dr. Shields Warren, Harvard Medical School, and the three as yet unappointed fundamental scientists who are to be working with the radioactive isotope project at the Harvard Medical School.

3. It was voted that this committee should report its program and decisions to the following committees of the hospital:

a. Executive Committee

b. Hospital Research Committee(as yet unestablished)

c. Tumor Clinic Committee

4. It was voted that this committee should function as follows:

a. To grant yearly approval of projects in relation to the use of isotopes, both radioactive and heavy, and of physical apparatus involving their use.

b. To correlate and index all such projects.

c. To sanction and supervise the therapeutic use of these agents in this hospital.

d. To authorize physicians allowed to use these agents in this hospital.

e. To investigate and make recommendations for the protection of workers in this hospital involved in all projects where these agents are being used.

f. To establish and maintain the contacts with outside sources for obtaining these agents for use in this hospital. It is recommended that when any of these agents are acquired from outside sources for use in the Massachusetts General Hospital they should be acquired through this committee.

g. To serve as consultants for questions arising from outside sources.

Committee:
Joseph C. Aub, M.D.
Francis D. Moore, M.D.
Rulon W. Rawson, M.D.
Milford D. Schulz, M.D.

The regular monthly meeting of the Surgical Staff was held in the Bigelow Amphitheatre on May 28. In addition to the East and West Surgical Services, Urology, Orthopedic, and Phillips House reports were read. Dr. Francis D. Moore spoke on "The application of isotopes to surgical research". Dr. Moore has very kindly sent us this abstract of his talk.

The word "isotope" means "same place" or "same phase" and denotes an element occupying the same position chemically as another element but differing from it in weight. Most of the common elements of the earth's surface are mixtures of various isotopes, and of late the application to many problems of isotope production and detection has expanded rapidly—and in many fields, ranging from determinations in submicroscopic life up to "atomic" explosions in the air over Japan.

The basic pattern for biological research with radioactive isotopes was laid many years ago when continental workers studied some problems relative to the biology of lead, using radium as a "tracer". The possibilities of such methods remained limited and application to a wide variety of biologic problems was impossible until the last decade when, with the development of the cyclotron, a host of radioactive isotopes of common, biologically important elements became available. A tremendous upsurge in this type of research has since taken place, and for a few years it was almost a monthly, and even in some cases a daily occurrence for physicists to discover a new isotope! As each element in the periodic table was bombarded with deuterons in the cyclotron, a study of the reaction products yielded many hitherto unknown isotopes of previously known elements.

Many of these substances were radioactive and by their radioactive emissions announced their presence in the tissues, body fluids, and in the test tube.

The Massachusetts General Hospital has been a pioneer in biological work with these substances. In 1938 Drs. Means, Roberts, Hertz and others started work with radioactive iodine in relation to thyroid physiology. In its peculiar organ specificity iodine is almost unique among the body's elements. Futhermore, the radioactive isotopes of iodine emit gamma radiation which penetrates the tissues of the patient and can be detected externally with a Geiger counter. This fortunate combination of circumstances plus a convenient half-life gave to the iodine work a peculiar clarity and interest which attracted wide attention and is quoted in most of the articles one may read on the biologic application of isotopes. This work has recently blossomed into the treatment of thyrotoxicosis with radioactive iodine and in the application of these methods to the diagnosis and treatment of thyroid tumors as well as the further elucidation of thyroid physiology. Present work in this field is being carried out by Drs. Means, Rawson, Cope, and Chapman at the M.G.H.

Even prior to this iodine work, Dr. Aub and his associates were at work on problems of growth and permeability, at the Huntington Memorial Hospital, using radioactive materials. When Dr. Aub's laboratories were moved to the Massachusetts General Hospital in 1942, this work was transferred *en bloc* to this hospital and continued, transferring its orientation to shock and trauma during the war.

The Surgical Service, however, has not been dormant and can claim some sort of distinction for having been one of the first surgical services in the country to start work with these interesting substances. In 1941, under the aegis of Dr. Aub and his group, work was commenced on radioactive colloids, making some of the common colloidal di-azo dyes radioactive by synthesis into the molecule of two atoms of radio bromine. This work was of interest because these dyes concentrate in abscesses and tumors and because one might hope by such means to diagnose abscesses from outside the patient by the use of a Geiger counter or to treat tumors by injecting the radioactive dye. This work was done under considerable difficulty because of the very small amounts of radioactive substances which were available at that time. Now, with the great expansion in radioactivity research engendered by the atomic bomb and the development of the "chain-reacting pile" as a means of producing radioactivity, these problems are being reopened and reinvestigated by workers in many places, and it is with considerable gratification that we now find workers in Philadelphia and Berkeley, California, reinvestigating these problems with the higher amounts of radioactivity obtained from the atomic bomb plants.

In 1942 the interests of the Surgical Service shifted to the study of water balance in burns, a problem encouraged by the government OSRD contracts, and pursued throughout the war. Up to the present time, research has been carried out on the Surgical Service employing radioactive isotopes of sodium, chlorine, bromine, potassium, iodine, phosphorus, iron, and hydrogen. The end-point detection involved in these research problems (with the exception of iron) have been carried out by our own investigators in the surgical laboratories; the radioactive materials have been obtained largely from the Massachusets Institute of Technology cyclotron.

The development of the atomic bomb has attracted wide public attention to the problems of nuclear physics and has made "neutron" a household word. The developments relative to the bomb have also given rise to much interest in the research world and we read daily in the papers of thousands of dollars being poured into work with radioactive isotopes, especially as applied to the problem of malignancy. There are many rewards to be found in this field and many new discoveries will be made. Some will doubtless apply to the field of malignancy, but many others will be useful and important in everyday problems of the physician and surgeon.

The types of research problem which can be investigated with isotopes can be divided into several categories:

1. Membrane equilibrium and permeability. This is the basic contribution of radioactive isotopes to research. Reaction rates, permeability rates, equilibrium ratios and cell permeability can be studied with radioactive isotopes in a fashion that is impossible by other means. In this way we have studied capillary permeability, red cell permeability, the changes in permeability of skin cells to sodium after burns, and from methods falling into this category, we may look to the future to find many answers to questions concerning water balance, electrolyte administration and pre- and postoperative care. The central problem in this therapeutic field at the present moment might be described in a few words as "potassium deficit". Is there a need for potassium in parenteral fluid therapy? If so, how great is the need and how does one know when the need has been satisfied? These and related problems can best be solved by the judicious use of isotopes.

2. "Tracing" elements or molecules in the body. By the use of radioactive substances the distribution and reactions of various organic and inorganic compounds can be traced in the body. The classic work of Schoenheimer and Rittenberg, in which heavy stable isotopes rather than radioactive substances were used, is an example of studies in this field which have clinical significance. From their work we find that all the protein in the body is in a constant state of flux and equilibrium, and that there is no such thing as storage or inert protein. By similar methods we may in the future discover the site of the formation or action of various hormones, the distribution of nutritional essentials in the body, the fate of drugs and cancer-forming compounds.

3. The location of certain elements or molecular configurations from outside the patients. The use of iodine in this connection has already been mentioned. After iodine is given to the patient, a Geiger counter can be placed over the thyroid and the amount taken up by the thyroid can be roughly estimated. Work on the detection of abscesses has also been mentioned. Future work in this field holds much of interest relative to circulatory physiology, circulatory velocity, the effect of certain types of sympathetic surgery on circulation in various areas in the body, and other studies. In using this technique, one must always bear in mind the fallacies and pitfalls of externally placed counter measurements as they are affected by various thickness of tissue and other biological factors.

4. The measurement of body "areas". By the use of isotopes one can measure with some degree of accuracy the exact amount of certain areas of body fluid in the body and the amounts of certain elements present. This type of work is at present the main concern of the Department of Surgery as it relates to isotope investigation. We can measure the extracellular space with sodium and the total body water with deuterium. We can measure the total body potassium with radioactive potassium and we can measure the degree of potassium utilization by the development of a potassium tolerance test that depends upon the urinary excretion of a measured dose of radiopotassium. In this way a chemical "dissection" of the human body can be carried out on the living patient. Previously, a complicated quantitative analysis of a human cadaver would be the only way of getting the same data.

5. Treatment. The treatment of various sorts of radio-sensitive diseases with radioactive isotopes is an obvious application of these materials. Thyrotoxicosis has been men-

tioned, as has thyroid tumor. Radio phosphorus has been developed as a means of treating certain types of blood dyscrasia, and polycythemia vera. The future of this field lies not so much in the further application of inorganic ions to the treatment of tumors as it does in the discovery of specific organic chemical configurations which are taken up in tumor tissue and which can be rendered radioactive so as to administer selective internal radiation to tumors.

One cannot discuss this field without stressing the hazards of radiation, and a committee has recently been formed in this hospital to review isotope research being carried out here with the hope of avoiding such hazards. The purpose of this committee is not only to correlate work and avoid unnecessary duplication or expenditure, but also to safeguard the patients and the workers from radiation which may be dangerous. Five years ago when one or two millicuries of a radioactive isotope was regarded as mammoth production, dangers to the worker were not as great as they are now when the cyclotron can make 170 to 200 millicuries of radiosodium in a few hours. Such large amounts of activity can be dangerous to both worker and patient; realization of these hazards must be brought home to all those involved and proper precautions taken. Members of the Isotope Committee are Dr. Joseph C. Aub, Chairman, Dr. Milford D. Schulz, Dr. Rulon W. Rawson, and Dr. Francis D. Moore.

Future trends in this field will be watched with interest by physicians and surgeons alike. It is essentially a collaborative type of investigation and has always involved coöperation at least between the physician and the physicist. Now we must extend this coöperation to the various services in our hospital so that the knowledge and skill of the Medical Service, Pediatric Service, Surgical Service and others can be brought to bear upon problems that concern us all—problems to be solved by the tools of the physicist.

New addresses:—

Dr. Robert H. Barker (*WS* 1937), 57 Upland Road, Brookline, Mass.
Capt. Addison G. Brenizer, Jr., MC, AUS (*WS* 1942), 119th Station Hospital, APO 246, c/o Postmaster, San Francisco, Cal.
Dr. Carl F. Haub, Childrens Hospital, 1740 Bainbridge Ave., Philadelphia, Pa.
Lt. James M. Judd, MC, AUS (*ES* 1944), Surgical Service, Valley Forge General Hospital, Phoenixville, Pa.
Dr. Samuel B. Kirkwood (*WS* 1934), 7 Swan Road, Winchester, Mass.
Lt. George R. Livermore, Jr., MC, AUS (*WS* 1943), Box 143, Brooke General Hospital, Fort Sam Houston, Tex.
Dr. Alfred O. Ludwig (*EM* 1932), 101 Bay State Road, Boston, Mass.
Dr. James G. Miller (*EM* 1943), 504 South Garfield St., Arlington, Va.
Comdr. Joseph C. Placak, Jr., MC (*WS* 1936), Harvard Club, 374 Commonwealth Ave., Boston, Mass.
Dr. Robert G. Snow (*Oto-Lar.* 1940), 202 East South Temple St., Salt Lake City, Utah.
Dr. W. T. S. Thorndike (*a. dir.*), 301 Beacon St., Boston, Mass.
Dr. John L. Ward (*EM* 1935), Box 27, Lake Bluff, Ill.

Brief bits:—

Dr. Frederick S. Bigelow (*EM* 1943) has been separated from the Service and plans to return to Boston soon. "What more could one want?" he writes.

After Dr. John W. Ewell (*WM* 1937) finishes the graduate course at H.M.S. in August, he joins the Staff of the University Department of Health at Yale. Dr. Orville F. Rogers (*WM* 1913) is Director of the Department.

Dr. Francis C. Skilling (*Oph.* 1933) has been released from the Army and expects to begin private practice in ophthalmology at 442 Ingraham Bldg., Miami 36, Fla.

Dr. George F. Sutherland (*a. Psychi.* 1941) left the Army with the rank of Lieutenant Colonel. His address is 2744 West 1st Ave., Vancouver, British Columbia.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Linus A. Sheehan (*Oph.* 1943) has just been discharged from the Army and will open an office for the practice of ophthalmology in Providence. He will attend the Eye Clinic here once a week.

Dr. Julio Quevedo (*Oto-Lar.* 1941) was recently elected President of the Guatemala Medical Association.

Dr. Aram Roopenian (*Oto-Lar.* 1944) is now separated from the armed forces and will soon be on the active Staff of the Ear, Nose and Throat Department of the Infirmary.

Dr. Lyman G. Richards (*Oto-Lar.* 1924) is President-Elect of the American Laryngological, Rhinological and Otological Society.

Dr. George Keleman (*clin. asst. Oto-Lar.*) left on June 28 for a six-weeks' lecture tour of several South American cities, including Rio de Janeiro, Buenos Aires, and Montevideo. He will lecture on pathology of the ear, nose and throat, and will wind up this lecture tour by a two-weeks' rest in Mexico City, returning to Boston on September 1.

After a serious illness, Miss Anita Mangaracine is welcomed back to the Infirmary as bacteriologist.

Dr. Manuel A. Astor, of Santurce, Puerto Rico, spent a week at the Infirmary recently.

Dr. and Mrs. Schall and daughter Nancy leave July 28 for a vacation in Guatemala.

Dr. Lawrence A. Holt and Dr. Warren A. LaPierre entered as Residents on the Ophthalmological Service on July 15.

MASSACHUSETTS GENERAL HOSPITAL 1811

Dr. Faxon has received this letter from Dr. Robert F. Loeb, Chairman of the Board for Coordination of Malarial Studies, 2101 Constitution Avenue, Washington 25, D. C.

> As you know, during the war malaria constituted the most important medical problem of the Armed Forces, and a large number of studies were conducted under the auspices of the Board for Coordination of Malarial Studies and supported by the Committee on Medical Research of the Office of Scientific Research and Development. The results of these researches have proved gratifying beyond expectation, and the ends achieved have been in a large measure due to your cooperation.
>
> At its final meeting on 4 June 1946, the Board unanimously requested me to express to you its profound appreciation for the support and cooperation which you, your administrative officers, and the volunteers have given to this great endeavor. It is our sincere hope that the volunteers may be made to feel that they played an important part in the work of the Board.

Lt. Grant V. Rodkey, MC, AUS (*WS* 1943) is a patient in the same hospital in China where he has been in charge of the Orthopedic Service. He had just been transferred to Nanking when he suffered a cervical spine injury while riding in a jeep. Lieutenant Rodkey would very much appreciate hearing from any of his friends. His address is: China Service Command Station Hospital, APO 906, c/o Postmaster, San Francisco, California.

This is a letter we are very proud to publish. It comes from Capt. William E. Eaton, MC, USN (*D* 1907), from the Navy Department, Washington 25, D. C.

> Upon my detachment, 31 October 1943, from command of the Naval Hospital, Great Lakes, Illinois, where I had been for four and a half years, I reported at the Bureau of Medicine and Surgery, Navy Department (the office of the Surgeon General of the Navy, Admiral McIntire) and took up duty as Chairman of the Post War Planning Board, Member of the American Medical Associations Committee on Post War Medical Service (Dr. Roger I. Lee, Chairman), and also as Head of Washington Office of the Materiel Division of the Bureau.
>
> I was engaged at first with matters of Medical Materiel for the Navy overseas forces; later with property disposition, surplus property, contract termination, and inventory control. About May 1945, Post War Planning became urgent and I dropped my other duties to devote my entire time to the duties as the chairman of the Post War Planning Board, and prepared the demobilization plans and prospective post war plans of the Medical Department of the Navy. This work was more or less developed and completed by February 1946.
>
> On February 25, 1946 I was ordered and reported for duty as a member of the Board to revise Navy Regulations in the Office of the Secretary of the Navy—a work in which I expect to be engaged for some time to come.
>
> On 27 April 1946 I was awarded the Legion of Merit, which was presented by Vice Admiral McIntire, Surgeon General of the Navy.
>
> I continue to go out to Chicago periodically, as Navy and American Medical Association Member, for the meetings of the American Medical Associations Committee on Post War Medical Service.

From 11 Lawn Avenue, Oneonta, N. Y. comes this "first" letter from Dr. James Greenough (*WS* 1920), acquainting us with his war duties.

> I had the rather unique experience of spending my military career of 3 years, 8 months, and 10 days in one spot — with the exception of 3 days at Governors Island, being assigned on the way in, and 3 days at Fort Dix, being "unassigned" on the way out. The one spot was Fort Monmouth, New Jersey. I reported there 23 June 1942 and was assigned as Chief of the Surgical Service at the Station Hospital. In June 1944 the hospital was designated as one of the two regional hospitals in the 2nd Service Command. I was promoted from Major to Lieutenant Colonel 16 September 1944. The hospital was changed back to a station hospital in January 1946, and I left in February, to be discharged to terminal leave in March. Since then I have been (and I might say with some difficulty) procuring an office in Oneonta and resuming a civilian surgical practice. The office address is as above.

My residence is Box 22, Cooperstown, N. Y., which I believe would be the best permanent address.

The work at Fort Monmouth I found to be very interesting. The hospital capacity was raised successively from 350 to 500 to 750 to 1200. The Fort is the home station of the Signal Corps. It expanded during the war from 1200 to about 30,000. With the addition of regional hospital activities it was the recipient of general hospital type cases, from an added strength of about 50,000. All our patients were from troops on the way over and their dependents, with the exception of a few casualties among returning soldiers from North Atlantic storms during the last winter and a large group of "reconditioners" who were sent to us through most of 1945.

Our Surgical Service ran from 200 to 350 daily census. In most respects our work was identical with that of a civilian general hospital. Of course, we saw very few children or aged, and our female practice was, naturally, far below civilian average. However, there were many dependents living in the vicinity — so many that our average number of deliveries per year was well over 400.

As you can see, there was nothing very exciting for me to relate. Nevertheless, the work was interesting and very instructive. I can truthfully say that the three and a half years was as interesting as any I have experienced.

I enjoyed receiving The News and I believe I have every copy to date. I hope that with the cessation of hostilities it will not die. Just because we are all returning to our civilian status seems no reason to discontinue an enterprise which has brought the graduates —at least those not immediately around Boston — in closer touch with the hospital, its activities, and its graduates. [See your News for December 1945, page 3, for assurance of continuance of the paper. *Editor*]

A few months ago we reported Dr. Eugene A. Osius (*WM* 1923) back at his office, 901 David Whitney Building, Detroit 26. A recent note from him says, in part:—

I was released from the Navy last November, and after a short sojourn through the South with my family, resumed my surgical practice in February. It has been very gratifying to see many old patients returning. Our hospitals are quite full and we have been very busy, in spite of the strikes for which Detroit is famous — or infamous, I do not know which.

I always enjoy receiving The News because it puts me in touch with many of my old friends, and I certainly hope it will continue to be published.

I am looking forward to being at the General for Ether Day and its attendant celebrations, and shall undoubtedly see a great many old friends I have not seen for many years.

Dr. Paul E. Spangler (*WS* 1925) is back home and in private practice at 816 Pittock Block, Portland, Oregon. He was already on military duty with the Navy, as Chief of Surgery and Executive Officer of a mobile hospital at Pearl Harbor when the attack came on December 7, 1941. His unit was cited for distinguished service at that time. One of Dr. Spangler's early letters said, "I have the questionable honor of performing the first operation of this war." In a recent letter he writes:—

I am slowly getting used to civilian existence again. Had a nice visit with Frank Balch [*ES* 1925] just after he was separated from the Navy, before he started to drive home.

I certainly enjoy The News and hope it can be made a permanent organ of the hospital so that those of us far away may keep a little more closely in touch with things which are taking place at M.G.H. It is one of the few good things that came out of the war, and I hope nothing will be done to cause it to perish.

From the Children's Hospital, Boston, comes this note from Dr. Thomas H. Lanman (*ES* 1918).

I was separated from the Service last March. I haven't much to say other than that I was decorated, and that is very old news now. I did enjoy getting The News — as we all did —particularly when I was out of the country, and I want to thank you for the fine work in keeping up the morale of the men in the Service.

The Medical School has asked me to edit a diary I kept for three and a half years when I was in the European Theater with the 5th General Hospital. It might be that some extracts from this would be of interest to you.

Dr. Herbert D. Adams (*ES* 1932) reports his return home and gives us an account of his final duties with the Navy.

In August 1945 I left U.S. Naval Hospital, Navy #10, Aica, T. H., for duty aboard the hospital ship *Tranquillity,* AH 14, which was to have covered the invasion of Japan. Fortunately, this did not come off, and I got orders to Chelsea and was finally discharged from the Navy. Received promotion to Commander.

Am back at my old job as general and thoracic surgeon, Lahey Clinic, but remain in the Naval Reserve and have received an appointment as Consultant in Thoracic Surgery at the U.S. Naval Hospital, Chelsea, Mass.

We are so glad to have this letter from Dr. Walter B. Crandell (*r.s. PH* 1941).

It has meant a good deal to me to receive The News — not only while overseas, but in the months since I have been back. To one with a great interest in the M.G.H. and the many friends of my all too brief stay there, The News has been invaluable, particularly with so many men out of the Army and treading new paths. It is satisfying to know which direction they are taking and in what part of the country I might be able to see them again.

As for myself, I have opened an office for the practise of General and Thoracic Surgery at 108 East 81st St., New York City. I have been appointed Instructor in Surgery at New York University College of Medicine, Assistant Visiting Surgeon to the 3rd Surgical Division, and to Chest Surgical Section at Bellevue Hospital, New York.

To swing away from professional news—we have bought a house in Bronxville. Our third daughter, Elizabeth Bain, was born April 24, 1946.

May I express again my gratitude for having received The News, and may it continue to flourish.

This most interesting letter from Capt. Lytt I. Gardner, MC, AUS (*CM* 1944) carries us on from where the last one left off.

When our Evacuation Hospital (the 170th) landed at Manila after a 54-day boat trip from Leghorn, Italy, through the Panama Canal, we found the Pacific war ended and our usefulness as an evacuation hospital over. Fortunately, most of us found plenty of professional work on detached service to the 248th General Hospital, which at that time was taking care of British, Australian, and Canadian patients who had been POW's of the Japs on Formosa and Japan itself. These fellows had every parasite in the books, combined with multiple deficiency diseases, of which beriberi was the most prominent. A formidable therapeutic problem with these patients was generalized edema which developed when they were put on adequate diets. A few developed true beriberi heart failure.

While in Manila I had one long chat with Steve Madey (*CM* 1944), whose letters in The News I have read with much interest.

Recently I arrived back in the States and am in the replacement pool at Brooke General Hospital, Fort Sam Houston, Texas. I was pleased to find Fred Alston (*P* 1944) in the Laboratory at Brooke, which is a Histopathological Center. Fred is doing most of the pathology here, and is turning out a fine job of it. John Seed (*EM* 1946) is running the Blood Bank, and George Livermore (*WS* 1943) is on the Surgical Service.

Best regards to all at the M.G.H.

Another "first"—and how good it is to get them! This one is from Col. Ernest E. Myers, MC (*Or.* 1933), headed Letterman General Hospital, Presidio, San Francisco.

I am still in the Army, but expect to return to Lexington, Kentucky, soon. As a matter of fact, my un-"freezing" letter came today. As you may know, certain of us doctors were "frozen" in the Service after we were eligible for separation — since December, for me. This was necessary in certain fields, particularly plastic surgery and amputation work, because of a dearth of trained doctors.

From September 1942 I was Chief of the Orthopedic Section, and of the Amputation Center started in April 1943, at Bushnell General Hospital. In May of this year I was transferred here to Letterman, to make ready for the transfer of the Amputation Center from Bushnell to this hospital — Bushnell closing June 30.

A new shop for limb-making has been made and equipped here by transfer of our machines and supplies and personnel from Bushnell, and about 130 patients were sent here. To care for them, two ward officers were also transferred, plus three physiotherapists; two amputee instructors in driving and the use of prostheses came also. All have been trained particularly in the care of the amputee. This has meant a reorganization job for me, but it will be finished soon.

Having celebrated my fourth anniversary in the Army, I shall be very glad to return to Lexington and try my hand at private practice again. My job as Chief Surgeon at the Shriners' Hospital for Crippled Children there will be mine again, so I shall keep busy while scrambling for office space and a home to live in.

My short stay at Letterman has been pleasant, and I have enjoyed renewing friendship with Capt. Fred Rhinelander [*ES* 1937 & *Or.* 1938]. He is now Chief of the Orthopedic Section at Letterman.

This letter from Lt. George L. Nardi, MC, USNR (*ES* 1945)—his "first"—tells us what he's been up to and gives us information about several other MGH-ers.

I left the General last summer with Hank Moorman [*WS* 1943] in his old Ford. We made it down to New York in record time but got lost out on Long Island, and it had been dark for quite a few hours before we managed to find our destination. Hank and I had a compartment from New York to Chicago and had a great time all the way. We then went out to Aurora (which is Hank's home) and had a party as only Moorman can give. Tom Wrisley and Mrs. Wrisley were there. Tom was with the Army and stationed at Vaughn Hospital at the time.

After this our ways parted. Hank went to Norfolk to sun himself at Virginia Beach, and I did my sunning and indoctrination at USNH in Memphis. After three weeks down in the land of cotton, I received orders to San Francisco to pick up the *U.S.S. Picking* DD 685. Duty aboard a tin can was a pleasant one. The only surgery I did was suturing a cut tendon which one of the men incurred one day while loading ammunition. I'm afraid I'm a poor sailor because when the anchor came up the doctor went down, and it took a few days after we got out of the Golden Gate before my stomach settled down. We cruised around and had pleasant times playing with the new radar gear aboard, and were on our way to Okinawa when we received orders to come into San Diego for decommissioning.

I left the *Picking* in October and went up to Great Lakes Naval Hospital, where I was joined by Terry Lilly [*ES* 1943]. The two of us were on the neurosurgical service. Both of us were permitted to do a good bit of work and the six months at Great Lakes were profitable ones surgically. We did tantalum cranioplasties, peripheral nerve surgery, and opened quite a few backs for discs and tumors. Lilly was made Chief of the Neurosurgery Department.

Not long ago I received orders down here at U.S. Naval Air Facility, Columbus, Ohio. This is a large Naval Reserve Station for flight training. Ex-pilots come in whenever they can and are checked out in the latest aircraft so that the nation will have a large group of pilots who are competent to fly and fly well.

I hope to be out soon, and plan to return to the General in the fall. Moorman writes he is going back to Boston this summer. Bill Richardson [*WS* 1945] has been floating about in the Pacific for many moons. John Tannheimer [*r.p. P* 1944] is supposed to be aboard the *U.S.S. Solace* in Shanghai harbor. Emerson Drake [*a.r.s.* 1945] called me on the phone a month or so ago. He had left the *U.S.S. Refuge* in San Francisco, and he and Mrs. Drake were driving across the country to USNH, Sampson, where he is now stationed.

I hope this letter gives you a little information about myself and some of the other MGH alumni. [It does, indeed. We wish more of you would write this same kind of letter. *Editor*] I must say that in my travels and contacts I have found the M.G.H. has a very enviable reputation and I'm proud to have been a House Officer there.

In a letter to Dr. Faxon, Lt. Raymond V. Randall, MC, AUS (*WM* 1946) says:

At present I am at the Medical Service School in Texas. The address is Co. D, 4th Basic Officers' Class, Army Medical Department Schools, Fort Sam Houston.

There are quite a few fellows from M.G.H. down here. In the past two weeks I have run across Joseph Gardella (Med.), John Seed (Med.), Carl Gottschalk (Med.), Phil Wilson (Surg.), Sterling Edwards (Surg.), Huntington Porter (Neuro.), and Richmond Holder (Psy.) [all of whom finished at M.G.H. this last spring]. Undoubtedly there will be others in the classes to follow.

For a short time I was stationed at the Separation Center at Fort Dix, where I saw Edward Doisy [*M* 1945] several times. He is in a Post Dispensary and is enjoying his tour of duty.

The weather here is very, very hot and not infrequently it makes me wish for several days at Steele Hill Farm with four or five feet of snow on the ground.

Over two years ago we published a delightful letter from Dr. (then Major) Edward A. Gall (*r.p. P* 1937), in which he told of finding himself, because of an interim of waiting, "well versed in such exotic fields as pipe-laying, steam-fitting, and house-painting". Nothing but changes of address and a report of his promotion to Lieutenant Colonel had come from him since, until this letter.

I feel, frankly, not too newsworthy, but here you have it.

The metamorphosis from O.D. to mufti occurred with little to do in January of this year. The wrench of transition was of such intensity that it took all of five days to move from the excitement of the Separation Center to the "peace and quiet" of my civilian laboratory. My military record was most unpretentious: 45 months; 2 promotions; reasonably fortunate assignments and duties, all at fixed Zone of the Interior institutions. Intermittently there were opportunities to carry out a miscellaneity of studies in mumps, meningococcemia, malaria, infectious mononucleosis, and the ubiquitous hepatitis. Some have emerged in print, some will, and some simply served to fill the larder of experience.

I have returned to my prewar haunts as Pathologist to the Bethesda Hospital, and in addition as Assistant Professor of Pathology at the University of Cincinnati Medical School. Currently, I have also become Surgical Pathologist at the Cincinnati General Hospital.

Having been a civilian for the past few months, I can sum up my reactions succinctly. I like being one!

Both my wife (a one-time supervisor of Ward 4 and an MGH graduate) and I look forward to each issue of THE NEWS.

As far as we know, Dr. Louis A. Goldstein (*r.s. Or.* 1937) spent most of his time overseas with the 19th General Hospital. This short note, from 501 Professional Building, Rochester, N. Y., reports his return home.

I returned home from the European Theatre of Operations in October 1945 and was separated from the Service several weeks later, somewhat to my surprise. I am now back in the old groove in Rochester, having resumed my prewar associations and activities.

Capt. William K. Livingston, MC, USNR (*WS* 1922) sends this "first" from U.S. Naval Hospital, Oakland, California. The letter reveals the kind of work Captain Livingston has been doing during the war and since.

I have had but one assignment for the whole of the war. I have had no sea duty and no front area experiences to report. My work at this hospital has been confined to peripheral nerve casualties. A very fine clinic gradually evolved, which was at its best in the few months before the war ended. It is disappointing now to see it disintegrating. My son, Ken, has been associated with me for the past 18 months, and is now leaving the Navy to join the neurosurgical unit of the Lahey Clinic. He has done fine work here on both our peripheral nerve wards and on the brain service. We have had several other fine young men working with us, and they have accomplished a lot for our patients, not only in repairing war damage to nerves, but in reconstruction of hands, tendon transplants, and the like.

Nerves take a long time to grow, but we have had a splendid group of patients and they have kept up a fine morale. They have the best indoor baseball team on the compound, in spite of their physical handicaps. They call themselves the "Limp Gimps". It has been a pleasure working with these lads. Some 1200 men have been studied and treated here, and we still have about 300 under our care, although they are going out at the rate of four or five each day now.

My only battles have been with directives and red tape. I wish I might have seen more action, yet I don't regret my assignment a bit. It has been a grand experience.

I have enjoyed reading each issue of THE NEWS, and always find items about friends with whom I have lost touch.

Best wishes to all at M.G.H.

All of us remember the several interesting letters which came from Dr. R. Earle Glendy (*r.p.* 1934) while he was serving with the 16th General Hospital in England, France, and Belgium. Last winter we reported the new address in Roanoke, Virginia, for the Doctors Glendy. A recent letter from there reads, in part:—

After I was separated from the service, I spent a very happy two months in Boston, renewing old friendships and acquaintances at the Massachusetts General while preparing to move my family to Virginia. I am now engaged in the private practice of internal medicine and cardiology in this city, and am associated with all the local hospitals.

Dr. Margaret Glendy, my wife, who was on the staff of the Children's Service at the General for many years, is no longer in practice but is well occupied with plenty of pediatrics at home, including a recent siege of the mumps in which both she and I were unwilling victims.

We miss our associations at the General and look forward to visitors from Boston, to whom we extend a cordial invitation whenever they come this way.

We knew that Dr. Alexander M. Waldron (*EM* 1938) had returned from the Southwest Pacific, but this letter from him tells us what he has been doing since his release from the Army.

I returned from thirty months overseas in October 1944 and then spent one year at the Regional Hospital at Fort Knox, Kentucky, as Chief of the Medical Section. I finished my terminal leave last March as a Lieutenant Colonel.

After taking a month's vacation in Florida, I came back to Ann Arbor where I renewed my practice of internal medicine and have been taking some review work at the University Hospital. Two former residents from M.G.H. gave quite a few excellent lectures in their respective fields during this time — Dr. Frederick A. Coller [*WS* 1914] and Dr. Louis H. Newburgh [*WM* 1909]. Recently Dr. Chester Jones spent three days in Ann Arbor, conducting clinics at the University Hospital, and made a tremendous hit. Dr. Tom Ballantine [*WS* 1939] is on the Neurological Service under Dr. Max Peet, and is doing very well.

I am going to try to get down for the Ether Day celebration but am afraid it may interfere with my examinations for the Board of Internal Medicine.

Dr. Marshall deG. Ruffin (*P* 1939) writes, from Suite 916, 1835 Eye Street, N.W., Washington 6, D. C.:—

I am no longer in the Army. I have been in the practice of medicine and psychiatry for the past two months. While returning to civilian life from four years of Army regimentation is a grand experience, it, nonetheless, is not without its confusion, frustration, and almost bewilderment.

This "first" letter from Capt. Addison G. Brenizer, Jr., MC, AUS (*WS* 1942) tells of much traveling about and a promotion in rank.

The "tickler" letter from your office has prompted this note.

My Army career has been checkered, even if routinely dull and lacking in glamour. After six weeks at Carlisle, I went successively to Brooke, Birmingham, and Madigan General Hospitals, and had a bit of "camping out" at Fort Lewis prior to sailing for Guam with a small surgical team. During nine months there I served on the orthopedic, thoracic, and general surgical sections in the 204th General Hospital and had a short period of processing returned prisoners of the Japs. After the veterans were returned to the U.S. or had dropped in the traces I became Chief of the General Surgical Section and settled down to our routine of treating appendicitis and jeep casualties.

In February 1946 I was sent to Saipan to replace Robert K. Brown (*WS* 1939) as Chief of Surgical Service at the 22nd (then 369th) Station Hospital. By the time you receive this note I shall have been sent back to Guam to the 119th Station Hospital (formerly 204th GH), where I shall probably remain until the Army reduces the criteria for my discharge from 39 months' service. The Army apparently expects me to pay rather dearly for the pleasant years in which I got my training at M.G.H.

Since I came to the Marianas late last spring I've seen only a few MGH men — Lt. Col. E. J. Ottenheimer, Comdr. John Wilson, Major Max Chamberlain, and Lt. Henry Moorman.

I hope THE NEWS will continue to come. It

LÆ PULSATIO AMOR
HOSPITAL
HUSETTS
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·1846·

THE CHAIRMAN'S BELL
ITS HISTORY IS TOLD IN THIS ISSUE; ANOTHER ACCOUNT APPEARED LAST MAY. MR. WITHEE, OF OUR PHOTOGRAPHIC LABORATORY, IS RESPONSIBLE FOR THIS LOVELY PICTURE.

has been a valuable and much appreciated link with home.

I'm looking forward to my return to Boston, to see old MGH friends and to meet my second daughter (now 14 months old) for the first time.

No longer a "silent one" is Capt. Robinson L. Bidwell, 2nd, MC, AUS (*ES* 1943). From the 98th Field Hospital, Yao, Honshu, Japan, came this interesting account of his various assignments and comments on general conditions out there. It was written six months ago.

My conscience has been telling me for some time that I should write to thank you for the pleasure I have derived from each and every copy of THE NEWS. To read the published letters from friends, acquaintances, and one's past instructors is a real touch from home—and, believe me, from out here, the M.G.H. really looks like home.

My own war record has been most dull and uninteresting, which is one good reason for my not having written before. Leaving M.G.H. in January of '44, I went through the usual Army medical basic at Carlisle. From there to Thayer General Hospital for a brief six weeks of surgery.

I was next stuck in Stark General Hospital in Charleston, S. C., for some three months. This was, at the time, a very large Debarkation Hospital. Tremendous numbers of patients came in to us by hospital ship, stayed about three days, and left for other hospitals via hospital train and planes. This gave you just about time enough to start licking your lips over a really good case before it was yanked out from under your nose. It also meant that for some three weeks you would have absolutely nothing but empty wards to look at—then two or three ships would arrive at once, a couple of thousand patients would pour into the hospital, and the resulting chaos would ruin the temper of an angel.

Just as I was beginning to consider ordering a strait-jacket tailor-made, a kind fate moved me to Lawson General Hospital, in Atlanta, Ga. Here I spent a most enjoyable and personally very profitable six months on the Neurosurgical Service. We had a large section—1,000 beds at the time I left—and a very fine Chief, who ran the section on teaching-hospital lines. The staff was young, the hospital pleasant, and a most enjoyable time was had by all.

From there, War Department orders alerted me for overseas service in February 1945, and sent me to Fort Lewis, Wash., to join what was called the 894th Medical Professional Service Detachment. This was, I found out on arrival, a collection of mobile surgical teams gathered under one headquarters. There were General, Orthopedic, Neurosurgical, Chest, and Maxillofacial teams in the outfit, and a very fine group of men. Unfortunately, like so many opium dreams, this one did not last. The outfit broke up, and in April I moved to Camp Beale, Calif., to join the 98th Field Hospital, with which I have remained to the present.

The 98th embarked from Seattle for Hawaii in June, on one of the most unusual Army transports going—the luxury liner *Matsonia*, ex of the San Francisco to Honolulu run. What with very comfortable cabins, fine meals served by skilled Matson Line waiters, and steward service for late snacks, the five-day crossing passed very rapidly and pleasantly. We did not function as a hospital on Oahu, but spent a little time on detached service in some of the long-established General Hospitals in Honolulu. The rest of the time was spent in sun-bathing, swimming, exploring coral reefs, and cursing at the heat. (Don't let anyone tell you Honolulu doesn't get hot!)

We were originally scheduled to take part in the invasion of the Japanese home islands—to go ashore, in fact, on the first day of the invasion of Honshu. The coming of peace, of course, changed that, and I am still thanking a merciful fate, for many of us would have been a bit shopworn if the invasion plans had gone into effect.

With the coming of peace, we were named to be part of the occupation troops, with the 6th Army. We were attached to the 98th Division, which had previously been on guard duty in the Territory of Hawaii, and embarked for Nippon in early September. (May I remark at this point that there is one heck of a lot of blazing hot and uninhabitable ocean between here and home.) Landing was made at Wakayama, Honshu, on September 27, since the harbor of Osaka, our destination, was, and still is, unsafe due to mines. From Wakayama we moved by one of the very modern Jap railways to this little town of Yao, a suburb of Osaka, and the base of action of the 98th Division.

At present, we still do not have our complete hospital set up. We are running a purely temporary and entirely medical unit of 75 beds, in the office buildings of a gelatine factory. This is to take care of all the URI's and other such crockery for the time being. In the meantime, we are evicting the Japs from a seven-story office building in what is left of the city of Osaka.

I say "what is left" advisedly, for our Air Corps really earned its salt around this section of the country. Riding through and around Osaka, which was a heavy industrial city of 3,000,000 population, one sees not blocks, but miles of the city absolutely laid flat. The only buildings left standing are a very few in the center of the city, and these were not war factories. Gas, water, and electrical services are badly disrupted. Public transportation is in very poor condition, and there are few trucks or busses, and fewer passenger cars on the road. Those that are in use run, not on gasoline, but on gas from a charcoal burning device built on to them, and the odor they leave behind is far stronger than the vehicle itself.

Speaking of odors—this is a land of stenches. Either all Japanese have complete paralysis of the olfactory nerve at birth, or it sets in within the first year of life. For an American to ride the twelve or so miles between Yao and Osaka is, the first time, a new adventure in smells. After that, it is a definite ordeal. The travelogues which speak of the smell of cherry blossoms have obviously never been here, or they could never lie like that in print. Sanitation and living conditions are unbelievable, and indescribable until one sees them. One can best say that sanitation neither appears as a word in the Japaness language nor as a fact in the Japanese life, and that decent living conditions are rare. Conditions of bare existence are much more common.

As for some of the famed products of Japan—only a few are evident, and frequently those are of high price and dubious quality. Silk is very expensive and not too common, due to the fact that the extensive silk industry was demoralized years ago in favor of the war effort. Lacquerware is to be seen everywhere, but still rather expensive and much of it not very good. Almost all metalwork is at tourist prices.

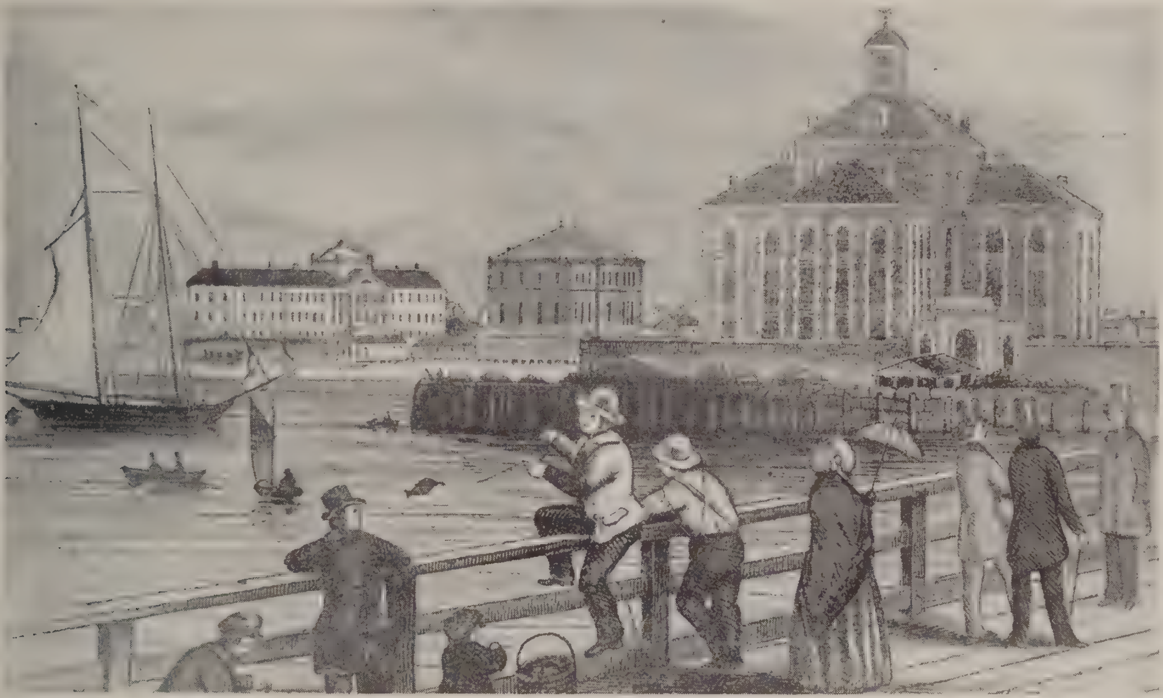
THE NEWS

1811

No. 48 Boston, Mass. September 1946

ETHER DAY
1846-1946

An Announcement Of The Program For The One-Hundredth Anniversary Of The First Public Demonstration Of Ether Anesthesia



CIRCA 1846

SCIENTIFIC SYMPOSIA

Monday, October 14
6:30 P.M.
Copley Plaza

Massachusetts General Hospital House Pupils Alumni Dinner

Advance reservations

Monday, October 14
10:00 A.M.
SURGERY
E. D. Churchill, Chm.
M. E. DeBakey
C. B. Huggins
M. N. Smith-Petersen
R. H. Smithwick

2:00 P.M.
PROGRESS IN THE STUDY OF DEGENERATIVE DISEASES
J. C. Aub, Chm.
F. Albright
W. Bauer
P. D. White
J. J. Bittner
E. V. Cowdry

Tuesday, October 15
10:00 A.M.
ON THE FUNDAMENTAL NATURE OF THE ANESTHESIA PROCESS
F. O. Schmitt, Chm.
D. W. Bronk
R. Lorente de Nó
R. W. Gerard
I. Langmuir

2:00 P.M.
SOME BASIC PROBLEMS OF ANESTHESIA
H. K. Beecher, Chm.
R. D. Dripps, Jr.
B. H. Robbins
J. C. White
J. G. Arrowood and S. J. Sarnoff
E. I. Evans
C. A. Moyer
H. K. Beecher

Wednesday, October 16
10:00 A.M.
PHYSIOLOGIC EFFECTS OF WOUNDS
T. B. Mallory, Chm.
H. K. Beecher
F. A. Simeone
S. Shapiro
E. R. Sullivan
C. H. Burnett
T. B. Mallory

2:00 P.M.
THE HOSPITAL IN THE COMMUNITY
J. H. Means, Chm.
R. Fitz
N. W. Faxon
Ida M. Cannon
W. Carlton
A. M. Butler
G. R. Minot

Wednesday, Oct. 16
8:15 P.M.
Sanders Theater

Ether Centenary Exercises

Rt. Rev. Henry K. Sherrill
Raymond B. Fosdick
Evarts A. Graham
Henry K. Beecher
Karl T. Compton

Admission by card only

Monday	Tuesday	Wednesday
Wives: Sightseeing, Dinner (Somerset) 6:30	Wives: Tea, Gardner Museum 2:00-5:00	Wives: MGH Luncheon for Wives and Alumni
Luncheon: Bulfinch Lawn	Luncheon: Bulfinch Lawn	Luncheon: Same
Evening: House Pupils Alumni Dinner	Evening: MGH Theater Night	Evening: Sanders Theater Exercises, 8:15

Unveiling of the Daniel Fiske Jones Memorial, Wednesday, October 16, 5:00 P.M.

OFFICIAL NOTICE

The Electroencephalographic Laboratory plans to conduct an investigation to determine the *absolute* value of the electroencephalogram as interpreted entirely on its own wave form without reference to the clinical history or findings of the patient and as compared with a *correlated* interpretation in which the complete clinical history and findings of all laboratory procedures and the course in the hospital would be included and a review of the electrical tracing at that time.

In order to do this, all members of the Staff who would be interested in coöperating in this investigation are requested to send the patient's clinical record up to the Brain Wave Laboratory, when the clinical data is all in, for the second interpretation of the electroencephalogram. There will, of course, be no additional charge for this second correlative interpretation.

Robert S. Schwab, M.D.
John A. Abbott, M.D.

At the meeting of the Board of Trustees held on July 12, it was voted:

To promote Dr. James P. Whittemore to the position of Assistant Resident on the Children's Medical Service for one year, to date retroactively from April 1, 1946 to April 1, 1947;

That Dr. William A. Law, Assistant Resident on the Orthopedic Service be allowed to terminate his service on June 30, 1946 and that Dr. Haukur Kristjansson be reappointed Assistant Resident on the Orthopedic Service for the term July 1 to December 31;

To reappoint Dr. David G. Freiman as Assistant Pathologist;

To grant leave of absence to Dr. Isaac M. Taylor, Assistant Resident in Medicine, from July 1 to October 1, and to appoint Dr. Robert E. Barkin as Substitute to cover Dr. Taylor's duties.

The Trustees also voted to appoint:

Dr. Francis T. Gephart as First Assistant Resident in Surgery, beginning August 1;

Dr. Robert S. Grier as Assistant in Medicine;

Dr. William N. Jones as Intern on the Orthopedic Service for one year, beginning July 1:

Dr. Gustav G. Kaufmann as Assistant in Medicine;

Dr. Peter H. Knapp as Assistant Resident in Psychiatry, beginning January 1, 1947;

Dr. Raymond F. Kuhlmann as Assistant Resident on the Orthopedic Service for one year, beginning October 1;

Dr. John B. McKittrick as Assistant in Surgery Pro Tem during Dr. Leland S. McKittrick's absence;

Dr. Edwin H. Mulford as Assistant Resident in Neurosurgery;

Dr. Benson B. Roe as Second Assistant Resident in Surgery, beginning July 1;

Dr. John E. Stewart as Assistant Resident on the Orthopedic Service, beginning January 1, 1947;

Dr. Elenore C. Zaudy as Assistant to the Children's Medical Service, beginning September 1;

As Interns for the term of one year, beginning July 1, 1947:

Medical

Warren Bennett
Robert J. Brockhurst
Hugh Chaplin, Jr.
Amos I. Chernoff
Lincoln D. Clark
Carol C. Dickson
Anthony Thomas Licciardello
John W. Littlefield
Maurice P. G. St. Aubin
Myron G. Sandifer, Jr.
Morton N. Swartz
Howard P. Wood

Surgical

James McC. Davis, Jr.
Hermes C. Grillo
Robert W. Hopkins
William P. J. Peete
James M. Shannon
Weldon W. West
John A. Williams
Edward H. Wilson, Jr.

The General Executive Committee, at their July meetings, voted:

That Dr. Lane's request that Dr. Clito R Damiani's appointment as Resident in Dermatology be extended to October 1 be granted;

To approve the appointment of Dr. Frances E. Jones (Bonner) as Graduate Assistant in Psychiatry for one year, beginning in September;

To appoint Dr. Vincent P. Dole, Jr. as Clinical Fellow in Medicine;

To appoint Dr. Henri L. M. LeBrigand as Research Fellow in Surgery.

The General Executive Committee appointed the following Graduate Assistants:

Dr. Charles B. Burbank, in Surgery
Dr. Brown Dobyns, in Surgery
Dr. John J. D'Urso, in Dermatology
Dr. William H. Timberlake, in Neurology

The following Graduate Assistants were reappointed for the term July 1 through December 31:

Medicine

Herbert Barry, Jr.
Winifred Chase (Pulmonary)
James H. Currens (Cardiac)
Anne P. Forbes
Isadore H. Jaffee (Allergy)
Carl J. Josephson (Cardiac)
Marian W. Perry (Pulmonary)
Eda A. Polcari (Allergy)
Raymond J. Savignac (Allergy)
Woodrow W. Schier
John B. Tompkins
Edwin O. Wheeler (Cardiac)
Paul R. Withington (Allergy)

Dermatology

William E. Flood
Alan P. Freedberg
Hugh MacDonald
Harry B. Miller
James L. Spencer

Neurology

Rudolph Neustadt

Psychiatry

Martin A. Berezin
Daniel C. Dawes
Henry W. Miles
Jackson Thomas

Surgery

W. Benjamin Bacon (Gynecology)
John Bandeian (Gynecology)
Martin Bellinger
Nicholas A. Brose (to work with Dr. Smithwick)
Gerald Garcelon (Tumor)
Irad B. Hardy, Jr.
Edward R. Hubbard
Douglas Krumbhaar (Tumor)
Knowles Lawrence (Tumor)
John B. McKittrick
Clarke Staples
Kenneth W. Thompson
Norman Wilson

Urology

Emil J. Ganem

Radiology

William C. Coles
Alexander O. Haff (until Oct. 1)
Toufic H. Kalil
John H. Walker
Stanley Wyman (until Sept. 1)

Dental

Frank B. Greene
George M. Noss
Frederick K. Poulin
Herman B. F. Seyfarth

Orthopedic Surgery

Eugene Record
Carter Rowe

* * *

LOUIS HERBERT BURLINGHAM

Doctor Louis H. Burlingham (*WM* 1907) died on June 24, 1946. To his fellow interns, his associates in hospital administration, and many other friends his loss is a heavy blow.

He was born in Willimantic, Connecticut, in 1880, was graduated from Yale University in 1902, and received his M.D. at Johns Hopkins in 1906. He was a House Officer at Massachusetts General Hospital from 1906 to 1907 and Assistant Director from 1907 to 1912, when he was appointed First Assistant Superintendent at Peter Bent Brigham Hospital. He remained there until 1917, when he left to become Administrator of the St. Louis Children's Hospital and Superintendent of the Barnes Hospital in that same city. In 1937 he was forced to resign because of failing health.

Doctor Burlingham was a Trustee of the American Hospital Association from 1919 to 1921, and was elected its President in 1928. Besides belonging to many other professional and social organizations, he was a Member of the Medical Superintendents' Club.

A man of high character, and a lovable and faithful friend has left us.

F. A. W.

* * *

Dr. Paul D. White and Dr. Robert L. King, a prominent Seattle surgeon, are planning to send an expedition to the North Pacific very soon to study the heartbeat of a whale. Dr. White has taken the heartbeats of other great mammals, and his interest in the whale began several years ago. Governor Gruening of Alaska has arranged with the U. S. Wildlife Service for their coöperation in the undertaking.

* * *

In addition to the citations already mentioned in The News, the following have been received:—

Col. Thomas H. Lanman, MC (*ES* 1918)—Commendation . . . I commend you for the superior manner in which you have performed your duties as Commanding Officer of the Convalescent Hospital [Waringfield, Northern Ireland] from 29 July 1942 to the present date [19 November 1942]. You have had the difficult task of blending personnel from several different organizations into one highly efficient, harmonious unit. It was through your utmost loyalty, devotion to duty, and zeal that the many perplexing problems arising during this time were solved in such a superior manner.

It is desired to commend you also for the outstanding results achieved in the successful treatment of the hundreds of jaundice patients in your hospital, making possible the return to duty of a large percentage of the cases.

Your accomplishments and reputation in the service of your country are comparable to the enviable reputation you enjoy as an outstanding teacher in civil life in one of our leading American Medical Schools.

(signed) Leroy P. Collins
Brigadier General, U.S.A.,
Commanding

This communication is forwarded with pleasure and is completely concurred in.

(signed) M. G. Keeler
Colonel, M.D.,
Commanding

26 June 1945

Commendation . . . It is my desire to commend you for your exceptionally meritorious performance of duty as Surgical Service Coordinator and Surgical Consultant for the 12th Hospital Center from 6 June 1944 to 6 June 1945. The record of but 71 deaths among 79,046 battle casualties treated in the hospitals of this Center is a magnificent tribute to your capabilities.

Your skillful guidance of younger surgeons and your understanding judgments of their problems contributed immeasurably to the successful integration of the units. Your loyalty and devotion to duty was an inspiration and challenge to all officers with whom you served. Your sound surgical advice unquestionably saved many lives. Your contribution to the over-all highly successful mission of the 12th Hospital Center is inestimable.

For a job well and faithfully done there remains for you a great sense of personal satisfaction. I wish to add to it my heartfelt appreciation of your fine service to the sick and wounded of the Armed Forces of the United States Army.

(signed) Asa M. Lehman
Colonel, Medical Corps
Commanding

Legion of Merit . . . For exceptionally meritorious conduct in the performance of outstanding services as Surgical Consultant, 12th Hospital Center, from 6 June 1944 to 8 May 1945. Colonel Lanman displayed outstanding judgment, zeal and devotion to duty in directing the surgical policies for the care of thousands of battle casualties. His exceptional services have resulted in the saving of life, the prevention of serious complications, in shortening the time of incapacity, and conservation of manpower. The superior services performed by Colonel Lanman reflect great credit upon himself and the armed forces of the United States. [Dated 2 October 1945]

Two very important honors have been conferred upon Dr. Marius N. Smith-Petersen, our Chief of Orthopedic Surgery, by his native country, Norway. THE NEWS takes great pride in publishing extracts from two letters received by Dr. Smith-Petersen.

March 18, 1946

. . . On the 7th of May, 1946, the University of Oslo will hold a Ceremonial Graduation of all those who have proceeded to the Degree of Doctor since 1938. On the same occasion there will be a creation of Doctores Honoris Causa, and the Senate has decided to confer upon you the Degree of Doctor Honoris Causa, as you have previously been informed by telegram. The Senate has the honor to invite you to be present on this day.

(signed) Otto Lous Mohr, Rector
University of Oslo

June 13, 1946

. . . I have the honor to inform you that according to a letter just received from the Foreign Ministry in Oslo, it has pleased H.M. the King of Norway to appoint you Commander of the Royal Order of St. Olav for your valuable service to Norwegian interests through many years. I wish to convey to you my heartiest congratulations, together with the expression of my gratitude for your great service to my compatriots.

(signed) R. Christensen
Consul General

We are told that this is the highest honor or decoration that is awarded by the King of Norway.

Lost and *not* found department: Mail sent to the following people has been returned to the office of THE NEWS, and all attempts to reach them through last known home addresses have failed. We are trying to bring our military records up to date. If you know the whereabouts of any of the persons listed, we would appreciate your sending that information to the editor of THE NEWS. In each instance, the military rank is the last we knew.

Capt. A. Merton Bassett, MC, AUS (*res. fel. M* 1942)
Lt. Comdr. H. Stanley Bennett, MC (*res. fel. An.* 1942)
Capt. Robert K. Brown, MC, AUS (*WS* 1939)
Major Francis H. Chafee, MC (*gr. asst. M* 1942)
Major J. Maxwell Chamberlain, MC (*NS* 1934 & *WS* 1937)
Major Roy B. Cohn, MC (*P* 1933, *ES* 1936, *r.s. NS* 1934, *WS* 1937)
Lt. Col. Kendall A. Elsom, MC (*res. fel. M*)
Major Russell V. Fuldner, MC (*Or.* 1939)
Major Phillip H. Gates, MC (*McLean Staff*)
Capt. Arnold M. Gordon, MC, AUS (*CM* 1929)
Capt. Thorolf E. Gundersen, MC, AUS (*r.p. N* 1941)
Capt. Henry M. Hills, Jr., MC, AUS (*Or.* 1942)
Lt. Wayne Hobbs, MC, USNR (*a. M* 1921-42)
Major William R. Hockwalt, MC (*Or.* 1931)
Major T. Wiley Hodges, MC (*Or.* 1941)
Lt. William L. Holt, Jr., MC, USNR (*r.p. N* 1937)
Major Ernest B. Howard, MC (*a. M*)
Lt. Col. Gilbert T. Hyatt, MC (*WS* 1931 & *Or.* 1934)
Major Frederic W. Ilfeld, MC (*Or.* 1937)
Lt. Gordon E. Jones, MC, USNR (*ES* 1939)
Lt. Albert W. Kitts, MC, USNR (*CM* 1941)
Capt. John T. Lambert, MC, AUS (*WM* 1942)
Capt. Pembroke N. MacDermot, MC, RCA (*CM* 1930)
Major James S. Mansfield, MC (*gr. asst. M* 1942-43)
Capt. Robert E. Mason, MC, AUS (*M* 1943)
Flight Lt. Donald Murnaghan, MC, RCAF (*res. fel. & gr. asst. M* 1940-42)
Capt. Louis Nathan, MC, AUS (*Or.* 1930)
Lt. Gardiner Pier, MC, AUS (*WS* 1943)
Lt. Col. Reno R. Porter, MC (*res. fel. M* 1939-41)
Lt. Comdr. J. Maurice Robinson, MC (*r.p. R* 1936)
Lt. Henry N. Russell, Jr., MC, AUS (*CM* 1939)
Capt. James D. Schuler, MC, AUS (*CM* 1939)
Lt. Arthur S. Spangler, (*r.p. D* 1945)
Lt. Col. John D. Stewart, MC (*ES* 1930)
Capt. Guy R. Sweeney, MC, AUS (*gr. asst. M* 1942-43)
Lt. Marian A. Wenger, MC, USNR (*res. fel. Psychi.* 1941-42)
Capt. George M. Wyatt, MC, AUS (*a. R* 1942-46)

MASSACHUSETTS EYE & EAR INFIRMARY

The Howe Laboratory of Ophthalmology at the Massachusetts Eye and Ear Infirmary is setting up experiments to use radioactive isotopes in studying intraocular fluid formation and glaucoma. The research project, which it is hoped will be under way by September 1, is one of the first in which these substances have been used in work on diseases of the eye.

This research at the Howe Laboratory is not an entirely new undertaking. It was started in 1941 with radioactive forms of sodium, chlorine, and phosphorus obtained from Harvard's cyclotron, but was interrupted by the war. Its resumption will be aided greatly by radioactive carbon which has become available to medicine only recently, and by new methods and equipment for measuring results.

In the eye experiments, which are conducted on rabbits (some of which have glaucoma), radioactive isotopes are used to trace the amount of chemical elements absorbed from the blood stream and secreted in the eye fluid. It is hoped in this way to discover whether an abnormal concentration of one of the substances of the eye fluid accompanies the disease.

Most of the work, which will require considerable special knowledge and special apparatus, will be under the supervision of Dr. V. E. Kinsey. To defray the initial expenses, a gift of $500 has recently been made to the Howe Laboratory by Mrs. Elizabeth Kidder, a patient of Dr. Edwin B. Dunphy, who is herself a sufferer from glaucoma.

At a meeting of the Executive Committee, held at the Infirmary on July 15, the following appointments were made:

Dr. Henry A. Mosher (*Oph.* 1941) Senior Clinical Assistant in Ophthalmology
Dr. Aram Roopenian (*Oto-Lar.* 1944) Clinical Assistant in Oto-Laryngology

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Dr. Virgil G. Casten (*Oph.* 1931) is to resume his duties at the Infirmary as of September 1.

Dr. John H. Thomas completed his service at the Infirmary on July 31 and has begun practice in Ohio. Dr. Thomas served as Oto-Laryngological Resident from August 1, 1943 to October 1, 1944, and as Ophthalmological Resident from December 1, 1944 to July 31, 1946.

Dr. John Thomas Rambo will start service as Resident in Oto-Laryngology on September 1.

Dr. Wendell C. Irvine (*Oph.* 1941) has written us this most interesting and cordial letter.

It has been a pleasure to receive THE NEWS regularly, particularly during the time I was in the Service. Without exception, each copy revealed something of particular interest to me, even if it was only the mention of some old friend or the amusing and often plaintive contributions of fellow doctors who, for the most part, echoed far more vividly than I could have done the complaints and yearnings common to us all.

It was always a source of regret during my four and one-half years of Army Service that I did not have the opportunity to meet more of my friends from the Eye and Ear and M.G.H.; but during my sojourn in the ETO (England) I was happy to have had a visit with Garrett Sullivan, and also was disappointed in being just a little too late to see Doctors Edwin Dunphy, Tom Cavanaugh, Henry Mosher, and Bob Mattis.

I cannot recall any experiences that were not of the nondescript Army type. My combat experience was confined to two minor skirmishes, one with a V-1 and one with a V-2 in London. My only regret is that I could not frighten them as much as they frightened me.

Since leaving the Service ten months ago I have been practising with my uncle and my cousin — the latter Dr. S. Rodman Irvine, also a devout Eye and Ear alumnus. My pleasure at being back in civilian life needs no further comment, and I trust that any and all of my friends who are or have been at the Eye and Ear or M.G.H. will not fail to pay me a visit at 727 West Seventh Street, Los Angeles, California, when they come west.

We can always count on something interesting when we open a letter from Capt. Daniel J. Reagan, MC, AUS (*Oph.* 1943 & *Oto-Lar.* 1944). This one was written from the Station Hospital, Newfoundland Base Command, ATLD-ATC, APO 862 c/o Postmaster, New York, N. Y.

I wrote a letter to Dr. Cogan which was published in THE NEWS last December. Since that time I have had a somewhat varied and peculiar Army life. In December I was made Commanding Officer of the 188th Station Hospital at Narsarssuak, Greenland, and during the succeeding four months lived a hectic administrative life, interspersed with trips to Eskimo villages and other places of interest in Greenland. Although I nearly succeeded in breaking my neck becoming a Greenland mountaineer, I lived through my detention in that garden spot of the universe. My last month there was very interesting, being occupied in collaborating on a dental and ocular survey of the Eskimo villages in southern Greenland, the results of which may be published some day. The survey was subject to all the difficulties inherent in traveling in Greenland, requiring that we proceed by small boat and walk over mountains, carrying our own food, in order to reach the various villages. For the past two months I have been stationed at Fort Pepperell, Newfoundland — a beautiful post, and actually civilized. I hope to be back in the States very soon.

From an eye and ear, nose and throat point of view, my life overseas has been quite sterile There has not been enough specialized work to keep me really busy. However, my life has been interesting sociologically, beneficial physically, and sometimes trying climatically.

Hope to see the Hospital, the Infirmary, and many of my friends soon. THE NEWS has been a great source of pleasure and interest during my stay in the Army.

New addresses:—

Dr. Richard T. Barton (*Oto-Lar.* 1945), 405 North Bedford Drive, Beverly Hills, Cal.

Dr. Raymond M. P. Donaghy (*NS* 1939), Mary Fletcher Hospital, Burlington, Vt.

Capt. Lytt I. Gardner, MC, AUS (*CM* 1944), Fitzsimons General Hospital, Denver, Col.

Dr. Hannibal Hamlin (*r.s. NS* 1942), 1101 Beacon St., Brookline 46, Mass.

Dr. Paul Scott Hansen (*EM* 1939), 1421 State St., Santa Barbara, Cal.

Dr. E. Porter Jewett (*Oph.* 1945), 575 Park St., Attleboro, Mass.

Dr. Edward C. Lambert (*EM* 1943), Children's Hospital, 219 Bryant St., Buffalo, N. Y.

Lt. John H. Peters, MC, USNR (*WM* 1943), 123 Marvel Road, New Haven 15, Conn.

Dr. Carter R. Rowe (*Or.* 1939), 262 Beacon St., Boston, Mass.

Dr. John H. Talbott (*past a.p.*), Buffalo General Hospital, 100 High St., Buffalo 3, N. Y.

Lt. Col. Milton S. Thompson, MC (*Or.* 1934). Annex IV, Brooke General Hospital, Fort Sam Houston, Tex.

Dr. Arthur M. Walker (*EM* 1925), Department of Medicine and Surgery, Veterans Administration, Washington, D. C.

Brief bits:—

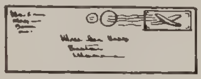
Dr. Staige D. Blackford (*EM* 1927) left the Army with the rank of Colonel. He is now at University Hospital, Charlottesville, Va.

Dr. M. Morris Pinckney (*WM* 1932) is back in private practice at Medical Arts Bldg., Richmond, Va. He was advanced to Lieutenant Colonel before his release from the Army.

Dr. Ralph F. Traver (*ES* 1930) is now Chief Surgeon at Veterans Administration Hospital, Bath, N. Y.

Dr. Lewis A. Vance (*P* 1937 & *r.p. R* 1939), who was a Commander during the war, has resumed private practice at 262 Beacon St., Boston, Mass.

Dr. Arthur T. Willetts (*r. U* 1941) has joined the Summit Medical Group, 129 Summit Ave., Summit, N. J. He says, "I am busy, and this keeps me out of trouble."



It is always good to hear from our 1946 alumni who are now in military service. This letter from Lt. Robert S. Shaw, MC, AUS, from 5th Basic Class, Army Medical Department School, Fort Sam Houston, San Antonio, Texas, brings us news about several of them.

My class of interns is quite well represented here. We have Jim Stewart, John Seed, Ray Randall, Albert Stunkard, Dwight Fowler, and Carl Gottschalk. Joe Gardella is also in the school here, and appears to be bearing up remarkably well.

I saw P. D. Wilson, Jr. the other evening. He is quite content, and is assigned to permanent duty on the Orthopedic Service of Brooke General Hospital here in San Antonio.

All of his friends will be glad to know that Dr. Dana L. Farnsworth (*WM* 1935) will soon be permanently located near Boston. This letter from him explains why.

I was released from active duty in the Navy in October 1945, following three and a half months at a new hospital in Palm Beach and nearly two years at the National Naval Medical Center, Bethesda, Maryland. Since that time I have been back in my old position as Director of Health at Williams College, but in September I am moving back to the Boston area, since I have been appointed Director of the Medical Department at Massachusetts Institute of Technology. After September 20 our new address will be 52 Old Concord Road, Belmont.

This is the first letter in over two years from Dr. Lloyd E. Hawes (*EM* 1939, *CM* 1940, *a.r.p. R* 1942). His address is 7 Newbury Street, West Somerville 44, Mass.

My career in the Army was entirely in the United States. I started at Halloran General Hospital, Staten Island, and then was transferred to Rhodes General Hospital in Utica, where I remained in charge of the X-ray Department for two and one-half years. Promotion to the grade of Major occurred in July 1945. The life at Rhodes was very similar to that in a civilian hospital, although the pressure of work was very great.

With the closing of Rhodes in May I filled out my 45 months of duty, as required of a specialist in Radiology, as Chief of the X-ray Service at Halloran General Hospital. Separation occurred on July 1.

Although the Army career was filled with work and the X-ray films of about 80,000 patients were seen by myself, I should like to say that the position of Radiologist in the Army Medical Corps was very pleasant and profitable. The mass production of X-ray films, the expediting of technique, and the numerous types of filing which were constantly demanded should prove of benefit in civilian practice.

Lt. Terry E. Lilly, Jr., MC, USNR (*ES* 1943) will probably be out of the Navy and into his canoe before this letter from him can be published. It was written July 4.

There has been little of a newsy nature from this sector except for the final wind up of my Navy career. George Nardi (*ES* 1945), who had kept me company here at Great Lakes since my arrival in December, was transferred to Columbus, Ohio. This took the spirit out of our MGH surgical team, leaving only a job to be done.

I go to the separation center to strip off the blue and gold on July 15 — with no regrets. This is a late date, considering the comparatively short service of many of my fellow companions making this last stand for the Naval Reserve. It also puts one on the back row in the veterans' rush for the bottleneck of postgraduate training.

Feeling my freedom, however, I shall be in the vast lake country and wooded regions of northern Ontario. My wife and I are going to the Timagimi Forest preserve for a summer of canoe-tripping.

For your file on MGH men in the Service, I am enclosing a chronological summary. I was most fortunate, you will see, in first-assisting two excellent surgeons for the major portion of my active duty.

Best regards to all. I hope to be at M.G.H. on Ether Day, but not with the north woods beard as pictured in Miss Meehan's file — as far as I know, the only picture I left behind at the General. That one I could not retrieve.

A "first" from Dr. Benjamin V. White (*res. fel. Psychi.* 1937-38) says:—

My naval career was never tinged with a degree of excitement which would make particularly interesting news — two years on the staff of the Naval Medical School in Bethesda, and a little better than a year attached to the air-conditioned hospital ship *Benevolence*. We were in Tokyo Bay at the time of the surrender and had the privilege of screening the first American prisoners of war who were liberated.

I was released from active duty on May 8 and have been spending the past three months making preparations to resume practice, limited to gastroenterology, here in Hartford.

Capt. James J. McCort, MC, AUS (*r.p. R* 1944) is Chief of the X-ray Service at McCornack General Hospital, Pasadena 2, California. A "first" letter from him says:—

My Army experience has been noteworthy for its lack of excitement. All twenty-two months of it have been spent in the Zone of Interior — the first part as Chief of X-ray

Therapy at Lawson General Hospital until its recent closing, and now as Radiologist in this institution, a plastic and eye center.

The last letter we had from Dr. John B. McKittrick (*An.* 1938 & *WS* 1939), published in September 1945, told us a little about what must have been exciting experiences in North Africa, Italy, and with the 7th Army in Southern France. In reply to a recent request for information, to bring him up to date, he writes:—

> I feel very ungrateful at having to be prodded for a little news about myself, especially when it is the MGH News that asks for information. I thoroughly enjoyed The News overseas and continue to do so.
>
> Since I have been back in the States, which is now almost a year and a half, I have been variously employed — first at Walter Reed, which period terminated with my discharge from the Army, and subsequently as assistant to my brother in surgery here in Boston. Aside from generally keeping Leland out of trouble, I have done a little work on the side at the Massachusetts General in the Out-Patient Department and teaching surgical technique to the third year students. Just by the way, the Palmer Memorial Out-Patient Department has also occupied a certain portion of my time.
>
> There really isn't much more to say except that my wife has had another son, making it three of a kind — a pretty good poker hand in any man's language.
>
> I hope it won't be too long before all letters from all the MGH men will have civilian postmarks. The Army seems a long way behind me now, so you see the human organism is very adaptable — or, should I say, forgetful.

It is good to hear again from Dr. Milton L. Miller (*EM* 1932), after more than two years of silence except for changes of address. A note from him says:—

> After forty-two months in the Medical Corps of the AAF, I was released from Service with the grade of Lieutenant Colonel. I worked at my specialty (psychiatry) in the Army, and had a good deal of experience with war neuroses, on which I published several papers for medical and psychiatric journals.
>
> Prior to the war, I was for some years on the Staff of the Chicago Institute for Psychoanalysis. Now I am remaining in California, and have begun the practice of psychoanalysis and psychiatry at 337 South Beverly Drive, Beverly Hills.

We are always especially appreciative of letters from those of you who write, without being nudged, to tell their friends what they are doing. Such a one is Dr. Harold I. Meyer (*WS* 1925).

> I always enjoy getting The News and reading about my many friends. I thought some of you might be interested to know of my promotion last July to Senior Attending Surgeon of St. Lukes Hospital here in Chicago. I am also a Senior Attending Surgeon at Cook County Hospital, and Assistant Professor of Surgery at the University of Illinois College of Medicine.
>
> I shall make every effort to be back for the Ether Centenary in October.

To report his return to private practice and to do his best to make us Bostonians uncomfortable and envious, come winter, Dr. Edward Parnall (*Or.* 1932) writes, from 702 East Central Avenue, Albuquerque, New Mexico:—

> I was separated from the Army in April 1946 and have been located in this beautiful city since May.
>
> If anyone out in cold, damp Boston gets tired of the climate there, I would like him to see this place. Here we have *climate;* you folks have *weather!*

A report on what Dr. Joseph Stokes, Jr. (*WM* 1921) was doing for the Army appeared way back in the second issue of The News. Since then—silence. Now this welcome reply to our query as to his present activities.

> I have read the copies of The News with such great interest as to warrant a reply to your plea for a few data.
>
> I am still working with the Army Epidemiological Board, as Consultant to the Secretary of War, despite the fact that it has had a reconversion streamlining. While in the Mediterranean Theatre during the final winter of the war, to study methods of preventing epidemic hepatitis for the Epidemiological Board, I had the great pleasure of seeing many members of the 6th General Hospital and other old House Officers from the M.G.H., including many surgeons who developed the successful surgical teams operating close to the line of combat.
>
> I hope very much to get back for the Ether Day celebration with [Isaac] Starr [*WM* 1922] who is now Dean of the School of Medicine, University of Pennsylvania.

Dr. Stokes is Professor of Pediatrics at the same School of Medicine.

We are so glad we wrote Dr. Wilbur A. Sawyer (*WM* 1908) for an account of himself, for everyone is going to find this letter, which came in reply, one of the most interesting we have ever received. His letter is headed 3927 Idaho Ave. NW., Washington 8, D. C.

> It is stimulating to get your letter suggesting that an account of my present activities might be of interest to readers of The News. I must put some words on paper before the reaction subsides.
>
> Your reference to military service reminds me that I have become one of the ancients among the graduates of the West Medical Service, and that my active Army service was really in World War I, in which I was Major in the Medical Corps. So, in the recent conflict I have had to content myself with civilian duties as Consultant to the Secretary of War and Director of the Commission on Tropical Diseases of the Army Epidemiological Board, Honorary Consultant to the Medical Department of the Navy (again with regard to tropical diseases), Member and onetime Chairman of the Subcommittee on Tropical Diseases of the Medical Division of the National Research Council, and Member of the Ethnogeographic Board.
>
> While my duties with these organizations required frequent attendance at meetings in Washington and a tour of investigation on the west coast, my main activity was as Director of the International Health Division of the Rockefeller Foundation in New York and Director of the related war organization, the Rockefeller Foundation Health Commission. My part of all this war work came to an end when I retired from the International Health Division and resigned my several war relationships. This left me free to join up with the United Nations Relief and Rehabilitation Administration on June 1, 1944, as Director of Health and head of the Health Division. Since then I have been entirely occupied with emergency efforts in the health field to repair the unprecedented widespread destruction resulting from the war, to help governmental health authorities to get quickly on their feet, and to insure against the expected widespread epidemics. My quarter-century of public health experience with the International Health Division and the previous years with the State Board of Health of California and the Army stood me in good stead in facing this new responsibility.
>
> The liberated countries in need of assistance have received the most attention. At the peak of operations the health staff of UNRRA included about 1200 professional persons. There are now over a thousand of them, including 456 doctors, 527 nurses, 29 dentists, and about 30 sanitary engineers. The largest numbers are assigned to the care of displaced persons in Germany, but many are serving with UNRRA's country missions.
>
> In connection with the organization and supervision of this work I have visited many countries, to confer with UNRRA's health officials and the national health authorities with whom they are coöperating. This has given me occasion to visit Poland, Germany, Greece, Italy, and China, and the opportunity to view the unspeakable damage, destruction, and destitution which this war has inflicted. My interest was, of course, to anticipate the resulting threat to the health of millions and prepare to give advice and assistance in corrective and preventive measures.
>
> On the brighter side of the picture is the fact that we have not had sweeping epidemics in the liberated countries to the degree expected. The march of medical science since the first World War and the increase of trained public health personnel have made it possible to keep even typhus in check. I was astonished in Poland to find that typhoid fever was a much greater and more difficult problem than typhus, which seemed well in hand. Diphtheria is one of the most prevalent of epidemic diseases in the northern part of continental Europe. Tuberculosis and venereal disease have greatly increased, as would be expected. The main problems are more those of familiar diseases than those of the exotic. Yellow fever, on which my associates and I worked for so many years in Africa, Brazil, and New York was completely controlled in the armed forces through the method of immunization devised by us in the Laboratories of the International Health Division. Cholera was entirely absent from Europe, though moderately prevalent in China, and plague made only a very brief European appearance in Italy.
>
> It will not be long now before the Health Division of UNRRA will be handing over its responsibilities to the health departments of the several governments and the expected World Health Organization of the United Nations. These responsibilities will include the administration of the International Sanitary Conventions of 1944. It will then be possible, I hope, to take some long-deferred vacations and visit the scenes of my early professional life, including the good old M.G.H.

Constance H. Smith (*MGH* 1943) is on duty at U. S. Naval Hospital, Oakland, California. This letter from her shows how closely she is following MGH affairs.

> During the past year one of the best means of my keeping in contact with many friends and acquaintances has been The News. I have read the many letters with interest, and the long ones dealing with medical topics have been quite as interesting and informative as those of a more personal nature. Each month I have passed my copy on to other MGH-ers who have read it from cover to cover, I know.
>
> My travels in the Navy haven't taken me outside the continental limits, although I have been far from my former associates. Before many months I hope to be back in "Bean Town", to visit old friends and familiar places.

A "first" has come from Lt. Jesse E. Thompson, MC, AUS (*ES* 1943). He writes:—

> This is to inform you of a change of address. With the closing of Ashford General Hospital I was transferred to Walter Reed, to continue work started on the surgical treatment of hypertension. This is the Army's vascular center, and there is a great deal of most interesting pathology to be studied. But it will certainly be good to get back to M.G.H., where I hope to be before too many more months elapse.

I want to tell you what a pleasure it has been to receive The News regularly and to be able to keep up with the goings on at the General.

We hadn't heard from Dr. Thomas V. Urmy (*EM* 1928) for a long time and were very glad to receive this letter from him telling about his plans for the future.

I left Camp Chaffee in August 1945 on overseas orders which were canceled after I reached Camp Beale, California, the staging area. After several months' delay I was assigned to Madigan General Hospital at Fort Lewis, Washington, where I served from December 1945 to March 1946 as an Assistant Chief of the Medical Service, and from then until I went to the separation center in May as Chief of the Medical Service.

Since returning to Boston I have not resumed my former practice, and will go to Williams College as Director of Health in September.

From 2328 Fernwood, Pittsfield Village, Ann Arbor, Michigan, comes this note from Dr. A. Burgess Vial (*ES* 1943).

We have just got a place we can call our own for about two months. Prior to this I have had no real address to give you with any certainty it would apply by the time you got the letter. Living space here in Ann Arbor is pretty scarce.

I finished my job with the 94th Division last December, did a few days' service with the 71st, with Bob Holden (*HMS* '43), got a ticket home, played with my family for a few days, and then started here in the University of Michigan Medical School, reviewing my basic sciences and waiting for a place in surgery.

Please keep my News coming. I thoroughly enjoy hearing about the Hospital and the men who were there when I was.

A long time ago we had a letter from Capt. Royal S. Schaaf, MC, AUS (*WM* 1943) all set up in print and ready for publication. It was at a time when things were happening fast, and before the letter could appear in The News the information it contained was past history and misleading. Now comes another, which reads quite as much like a letter to the "family" as did the previous one.

The best news I have to write is that on 7 July I was separated from the Army and am soon to begin an Assistant Residency on the Medical Service of our M.G.H. During the intervening time my wife and little girl and I are traveling the country, seeing the friends and family so long distant from us.

From England General Hospital I progressed to Fort Dix for three months with the Post Surgeon's Office, behind which imposing facade lurks the daily sick call. My Captaincy limped through the last of April, followed shortly by the welcome word of separation.

While at Fort Dix I was able to re-establish rapport with George Carter (*M* 1943) and to meet his fiancee. He has since been separated himself, and was married in July. Have received a letter from Bob Spencer (*EM* 1943) telling of his getting a three-years' fellowship in Surgery at the Mayo Clinic; he has been separated from the Navy and is in Denver. John Peters (*WM* 1943) is Assistant Resident in New Haven.

Dr. Samuel B. Beaser (*gr. asst. M* 1942) writes briefly, from 636 Beacon St., Boston:—

Returned from the Caribbean a few months ago. After a short sojourn at Lovell General Hospital I was released to civilian practice—a transformation which I heartily enjoy.

Dr. Otto D. Sahler (*r.p. R* 1942) was in Ireland, the last we heard about him, way back in 1944. This letter from him is most welcome. It is headed 501 Grand Avenue, Asbury Park, N. J.

After leaving the 160th Station Hospital, the offspring of the 6th General, I was transferred to the 90th General as Chief of the X-ray Service. We went to France in August 1944, and there from time to time I saw some of the men in the 5th General — especially Howard Suby who had been with us in the 160th. After V-E Day I began a series of transfers that took me to the 305th, 48th, and 117th General Hospitals, then the 150th, 168th, and 121st Station Hospitals. I came home with the last named, landing in New York in October 1945. Was discharged at Fort Monmouth. After loafing around for a while I started practice in Radiology here in Asbury Park, and am Assistant Radiologist at Monmouth Memorial Hospital, Long Branch, N. J., Fitkin Memorial Hospital, Neptune, N. J., and Riverview Hospital, Red Bank, N. J.

It seems a bit peculiar to be working harder than usual at this time of the year, but since we are a seashore resort community this is our busiest season. A new race track opened recently in this county and we can expect to be even busier, for there will be a big influx of people from New York. So far as I know, I am about the only MGH man here, but there are several Harvard men who are among the outstanding surgeons in this county.

My wife and I were in Boston last November for a visit and at that time we held a get-together at the home of Ed Thorp for some of the 160th group. Howard Ulfelder was there, and it was nice to see the old familiar faces once again. It was the first time I had seen Ed Thorp since a very nasty rainy day in Normandy when I found him extricating his long frame from his pup tent. I was able to recognize the tent by a pair of bright blue pajamas he had out front on the wash line.

If all goes well, I hope to get up to Boston for Ether Day and see some of the old gang again. If anyone from Boston gets down to the North Jersey Shore it would be a pleasure to have them drop in.

I had the pleasure of listening to Dr. Linton and Dr. Smithwick at the New Jersey State Medical Society meeting in Atlantic City last May.

Capt. Thomas S. Risley, MC, AUS (*ES* 1942) has written a "first". It is headed 424 Elgin Avenue, Forest Park, Illinois. He says, briefly:—

I have refrained until now from communicating my experiences in the Service to you, for they have not been adventuresome nor as interesting as most communications you receive.

Upon leaving the M.G.H. in October 1944 I was assigned to Hines Hospital in Illinois and have had an extremely interesting and profitable time doing vascular surgery. At present I am on a general surgical service, working under the new Chief of Surgery at Hines.

We are glad to report that Dr. Jack Spencer (*r.p. R* 1934) is back from overseas. A recent note from him says:—

After finishing my terminal leave the first of the year, being discharged as a Colonel, I came back and am now associated with Dr. Langdon T. Thaxter [*D* 1915, *EM* 1916, & *r.p. R* 1928] here at 31 Deering Street, Portland 3, Maine.

Dr. Means has passed on to us this very interesting letter from Lt. Henry J. Kowalski, MC, AUS (*M* 1945), headed Seoul, Korea. It is the first word we have had directly from Lieutenant Kowalski.

A short time ago I joined that vast trek of fighting men destined for the Orient, who bear the dubious honor of being called "Occupation Troops", and I now find myself in that ancient land, Korea.

On March 23 I was one among many at Camp Beale, California, waiting to be processed for overseas service. By some quirk of fate six of us were suddenly picked up from some line or other (there were always many lines made up at Camp Beale) and rushed post haste to the harbor at San Francisco where a huge ship, the *Admiral Sims,* was ready to go to sea. It happened that some 3,000 men were being sent to Korea on this mighty vessel, and just before sailing time somebody had the temerity to discover and report that everybody had forgotten all about the doctors. We were they.

Our task was to run the dispensary. We had a hard time finding it but finally did. Our little place proved to be a paint storehouse far aft. It was not very clean and was plethoric with many half-empty cans of battleship gray, many of which were not lashed fast. The first few days of the voyage were stormy indeed, and consequently the dispensary was surprisingly popular. A lot of paint broke loose and spilled and mingled with some merthiolate similarly spilled, and with each toss and pitch and roll little orange and gray rivers worked their tireless way from port to starboard and back again, coating everything they touched with a tenacious dirty gray slime. Among these conditions we diagnosed NCA.

Korea is the end of the line in name as well as in fact. Until just recently there had been no rotation policy as far as MC's were concerned and bitterness had reached an all-time high. Gradually, out of the chaos, some organization seems to be making its presence felt, but things are still indefinite.

Enteric fevers, parasitic infestations, bubonic plague, hemorrhagic smallpox, typhus—all these afflict the natives. But the more serious ravages seem to be fairly well controlled by the American Military Government.

I have a fairly good assignment, being on the Medical Service of the only General Hospital in all of Korea. The classification officer was Major J. Maxwell Chamberlain [NS 1934 & WS 1937]. An excellent thoracic surgeon, he did nothing but paper work in Korea. This is the first time since leaving you and being in the Army that I have been on the Medical Service, and it feels like living again.

The Koreans are called "Gooks" by GI Joe. I have discovered that they are not quite as clean as the pictures in the *National Geographic* would have you think. As soon as I acquire a suitable assortment, I shall send you some pictures of native Koreans, and I think you will find them interesting.

Dr. Faxon has received a letter from Lt. Nathan D. Munro, MC, USNR (*ES* 1942). The address is 1203 South West Avenue, Jackson, Michigan. The letter says:—

I will soon be out of the Navy and am now thinking about opening up an office.

My thanks and congratulations for The News, which was mighty nice to get when I was in the Service. It enabled me to see a few of the fellows.

With good luck, I shall attend the Ether Day meetings.

This letter from Dr. George E. Heels (*a. obst.*) should have been directed to all of you who, by your letters and articles so generously contributed, have made The News what it is.

Since we are all back again, I think it is appropriate to express my sincere thanks for The News. To receive it was a real pleasure and an event to be looked forward to. Two copies reached our Unit in England—Al Englebach's and mine—and they were both very well thumbed to gather news of mutual friends.

It is good to be back; and, in spite of Labor, no butter or sugar, etc., it's still the land of "Milk and Honey".

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 49 Boston, Mass. October 1946

NEUROLOGICAL SERVICE AFFAIRS

Dr. James B. Ayer's retirement as Chief of the Neurological Service, after almost 20 years as Head of the Department, has already been announced in the August issue of THE NEWS. Various members of the Staff have felt that a short history of the Service and its growth would be of general interest at this time.

The Department of Neurology had its beginning in 1872, when the Board of Trustees created the office of Electrician and specified that his "duties shall be to take charge and proper care of all magnetic and electrical apparatus . . . , and administer magnetism and electricity to patients, whenever called upon by the Physicians and Surgeons". Dr. James Jackson Putnam was given the appointment, but the next year his title was changed to Physician to Out-Patients with Diseases of the Nervous System. From the very first Dr. Putnam urged the advisability of a house service for neurology. In 1907 he wrote, "All large hospitals have 'special' out-patient services, ... Looking at the matter in a large way there is surely no reason for discriminating sharply between out-patient departments and wards." But he was ahead of his time and his arguments failed to obtain a house service. In 1903 neurology had been assigned two beds.

In 1911 the Staff consisted of: Chief of Service, James J. Putnam; Neurologists, Henry C. Baldwin and E. Wyllys Taylor; Assistant Neurologists, Walter E. Paul, Joseph H. Pratt, and George A. Waterman; Assistants, James B. Ayer and George Clymer.

Dr. Clymer is still an active member of the Staff. One may see him almost any day in the out-patient clinic, and during the war he was more than ever generous of his time. He is our representative on the Social Service Advisory Committee.

Dr. Charles A. McDonald was appointed to the Staff in 1916 and has been actively connected with the department ever since. He has been particularly stimulating in the staff conferences and in his work with patients and students in the Nerve Clinic.

In 1912 Dr. Putnam retired. Dr. E. W. Taylor was appointed in his place.

In a hospital report for 1912 it was stated that investigation of the effects of salvarsan on syphilitic disorders of the nervous system was being carried out, and added that the work was seriously handicapped by a lack of beds. The work referred to was largely in the hands of Dr. Ayer, who in 1914 reported on the use of salvarsanized serum (Swift-Ellis treatment) in neurosyphilis.

Under Dr. Taylor's administration the activities of the Service continued to increase. Emphasis was placed on the teaching of clinical neurology and neuropathology, and on correlation between symptoms and post-mortem findings. In 1920 a spinal fluid laboratory was started by Dr. Ayer, who early in his career as a neurologist became interested in the cerebrospinal fluid. His development of the cistern puncture in the human, which he reported in 1920, was an outstanding contribution in the field of neurology. This and his later studies concerned with the dynamics and chemistry of the spinal fluid have been of great value in the diagnosis and localization of spinal tumors.

In 1926 Dr. Taylor reached the retiring age, and in the same year a neurological and neurosurgical ward was finally opened on the first floor of the Bulfinch Building (Ward 22 — male, and Ward 26 — female). Dr. C. S. Marshall was the first resident. In 1927 Dr. Ayer was appointed Chief of Service. During his administration and largely through his efforts and support, great progress in the department was made. The neurological and neurosurgical wards were moved in 1934 to temporary quarters in the Baker Memorial, and in 1940 were assigned to their present location on the 11th floor of the new White Building.

Early in the course of the house service a weekly staff conference was established. For a time the meetings were held in the examining room situated between the male and female wards, but after a short time were moved from these rather narrow quarters to the old medical staff room and eventually to the Ether Dome, where they are still held every Thursday morning. Interesting cases of the neurological, neurosurgical, and psychiatric services are demonstrated and discussed. The meetings are largely attended by members of the department, medical students, visiting physicians, and members of other departments of the hospital. Since 1930 mimeographed summaries, indexed and bound, of all the cases shown during the year, with follow-up notes, have been distributed to staff members and a small group of outsiders.

Contacts with other services, originally stressed by Dr. Putnam and Dr. Taylor, have been maintained and enlarged. Medical house officers are assigned to neurology for a part of their training. There is also a representative from the eye department, and once a month a combined neuro-ophthalmological staff conference takes the place of the regular Thursday morning meeting. Dr. Madelaine R. Brown and Dr. John A. Abbott are attached to the South Medical Department as representatives from our Service.

Since 1927 a number of special clinics and laboratories have been established.

Dr. Ayer always had in mind the need for checking clinical diagnoses and for utilizing every possible opportunity for correlating symptoms and anatomical findings, in order to improve our general knowledge and diagnostic ability. He was instrumental, in 1928, in having a neuropathologist added to the staff of the pathology department.

In 1934 the Language Clinic was started under the direction of Dr. Edwin M. Cole (*r.p. N* 1932). This clinic is working with reading disabilities, stammering, aphasia, and other language difficulties. A laboratory for testing cortical function by psychometric methods was started by Dr. Cole in 1944 as an adjunct to the study of language disorders and organic brain disease.

An outstanding achievement has been the work on myasthenia gravis. The Myasthenia Gravis Clinic was begun in 1935 under the direction of Dr. Henry R. Veits and Dr. Robert S. Schwab. They have devised systematic and precise methods of diagnosis and treatment of myasthenia gravis, and have now had a total of almost 200 patients whom they have studied with meticulous care and whose treatment with prostigmine and accessory measures they have supervised. A movie film, made by them, on the history, diagnosis and treatment of myasthenia gravis, has been shown in many parts of the country.

The Electroencephalographic (E.E.G. or Brain Wave) and Electromyographic Laboratory, which belongs both to psychiatry and to neurology, was established in March 1937, and from the beginning has been under the direction of Dr. R. S. Schwab (*r.p. N* 1935) who, since 1940, has been assisted by Dr. M. A. B. Brazier and Dr. J. A. Abbott. In addition to routine electroencephalography and electromyography, this laboratory has studied many special problems and is now engaged in extensive research in the field of psychiatry, and on infantile paralysis, myasthenia gravis, and other neuro-muscular diseases.

Dr. M. R. Brown has been especially interested in vertigo and has organized a Vertigo Clinic.

Dr. J. A. Abbott is in charge of our large Epileptic Clinic.

Physical therapy, which in a way was the earliest designated function of neurology, when Dr. Putnam was appointed Electrician, was carried on for many years in the Nerve Out-Patient Clinic by Mr. Frederick Jackson, Miss Ruth Dupee, and Miss Mary Lynch. In 1939, with greatly increased and modernized facilities, physical therapy was installed in the Domestic Building. Since this change, it has been under the direction of Dr. Arthur L. Watkins (*r.p. N* 1938). Aside from routine physical therapy and muscle testing, special problems in infantile paralysis, nerve regeneration, and fatigue are being studied. Dr. Watkins and his associates give a course of instruction and training for technicians in physical therapy.

This, I am afraid, is an inadequate account of the growth of neurology both before and during Dr. Ayer's term of office. I am pleased to report that Dr. Ayer has been attending our staff meetings, and I trust we may continue to have the pleasure of his company and the benefit of his counsel.

Other news items from the department:

It's how you take it, by Dr. G. C. Caner, was published in the spring of 1946. This is a concise book on mental hygiene, intended primarily for late teen-agers, but equally interesting to adults, and particularly to parents, teachers, and physicians.

Dr. Schwab and Dr. Cole have been appointed Consultants in the Veterans Administration — Dr. Schwab in Neurology, and Dr. Cole in Aphasia.

Dr. Viets is playing an active part in the work of the National Foundation for Infantile Paralysis.

Dr. A. S. Rose has had an active part in the research work on malaria which was carried on under Dr. Allan M. Butler, and is also working on the treatment of neurosyphilis with penicillin.

Charles S. Kubik,
Chief of Service

There is still a shortage of microscopes and those that are available are very expensive. The hospital is in need of microscopes and would appreciate it very much if any alumnus who is not using his microscope currently would lend it, until the scarcity is over, or perhaps sell it to the hospital. Obviously, microscopes of recent vintage would be preferred. Please address all inquiries or information to:

Dr. Benjamin Castleman, Pathology Laboratory.

Dr. Faxon received a post card from Dr. Paul D. White, who headed the group of fourteen American doctors who were on a 3-months' teaching mission in Czechoslovakia. The card is dated August 3, and says:—

> Joe [Aub] and I wish you could see us housed in medieval splendor (with some of the comforts of home) in this land of castles, churches, historic events, and rich farms. Bouzov, the castle shown in the picture, is a very fine one — selected for his summer holidays by Himmler, but now Moravian once more. It belonged to the Teutonic knights and was on the route of the Crusaders.

It is interesting to compare the present manner of appeal for funds for continued research at Massachusetts General Hospital with the way in which money was raised in the early 1800's to start the construction of "a hospital for insane and other sick people".

In our Archives collection is a copy of the *Columbian Centinel,* a Boston newspaper, dated October 14, 1815. It contains a long article, the heading of which reads:

> The Editor of the Columbian Centinel is requested by the Trustees of the Fund for a GENERAL HOSPITAL to give the inclosed address, with the caption, insertion in his paper, as soon as convenient.
>
> MASSACHUSETTS GENERAL HOSPITAL
>
> In February 1811 the Legislature created a corporation by the name of the Massachusetts General Hospital and endowed it with the estate called the Old Province House, valued at the time of the grant, at *forty thousand dollars.*
>
> This donation was accompanied with the condition that a further sum, not less than *a hundred thousand dollars* should be acquired by private subscription or donation within five years (since extended to ten) from the date of the Act of Incorporation. . . .
>
> It became the duty of the Trustees of the Fund, under the powers confided to them by the Corporation, to open a subscription to raise the sum of *one hundred thousand dollars.* Circumstances put it out of their power to offer the subscription books to the public before the month of March 1814. Notwithstanding the pressure of the times, there was subscribed within six weeks no less a sum than *forty-eight thousand dollars.* The Trustees thought it inexpedient to press the generosity of their fellow citizens further at that time.
>
> They have it now in view, in the republication of their Address on the nature, objects and necessity of a General Hospital, to induce the opulent and benevolent of every class to remember this institution among the objects of their charity, in the hope that it will soon be in the power of the corporation to remove the reproach which the want of a respectable hospital now so justly attaches to this prosperous and wealthy community.
>
> It is not intended to solicit donations by private application to individuals. All good citizens who shall read the address, will feel it their duty to contribute in proportion to their ability and will require no further solicitation. The public attention is earnestly called to the facts contained in the Address.

Then follows a transcription of the entire address, dated January 8, 1814 and signed by the eleven members of the Fund Committee. We are quoting a few paragraphs, because of their unique style of expression and statement of facts, and their applicability to our present drive for funds.

> The undersigned . . . find themselves compelled, not less by a sense of duty to the Institution committed to their care than by the most imperious obligations of humanity, to appeal, in behalf of both, to the virtue, the pride and sentiment of a generous and highly privileged people.
>
> . . . Certain we are, that could the number of individuals which, in consequence of the want of such an establishment have fallen victims to disease and neglect; could the nature of their sufferings be realized, in all the aggravation of their circumstances, there would be no need of solicitation or appeal. The charity of our fellow citizens would anticipate all our desires. Their benefactions would flow in upon us like water.

After exposing, in detail, the conditions which prevailed in the Almshouse, where the indigent and those sick in mind or body were all housed together under one roof, the address continues:

> . . . The undersigned are also deeply impressed with the belief that it would be better the proposed Institution should wholly fail, than that it should be commenced upon a cramped and niggardly scale. Much of the utility of such an establishment depends upon its *reputation.* If, through the deficiency of funds . . . it cannot afford the comforts which it presupposes; if it cannot give to the sick the retirement and repose their situation demands . . . it will soon sink in their estimation and in that of the public. In such an event, the real benefits of the Institution cannot be realized. And it is obvious that the general interests of charity must suffer from defects really resulting from the inadequacy of the funds, but which will be apt to be attributed to the supposed inadequacy of such establishments to their purposes.
>
> Besides, the undersigned are willing to confess that they are not ambitious of being the guardians of a charity *merely nominal*; they are satisfied that the sum, affixed by the Legislature as the condition of its grant, is so small, when compared with the wealth of individuals and the greatness of the State, that no plea, arising from "the hardship of the times", "the general embarrassment of affairs", or "the claims of other charities", can, or ought avail the community. If such a proposal as this fail, it will be in the judgment of the undersigned, decisive of the fate of the establishment. It will then be apparent that *the will is wanting* in the public to patronize such an undertaking; and that the honor of laying the foundation of a fabric of charity, so noble and majestic, must be left for times when a higher cast of character predominates, and to a more enlightened and sympathetic race of men.

So ends the address, dated 1814.

And now again, in 1946, M.G.H. is seeking funds for an equally worthy purpose.

Contrary to general public opinion, this hospital is not a state owned institution, nor is it supported by state funds. Rather, it is a private hospital supported by private contributions. That is why it is turning to the public in its quest for funds to erect and maintain its Institute of Medical Science and for the Massachusetts General Hospital Research Fund which will finance the essential research work to be carried on within the institute.

The past war gave tremendous impetus to medical research. At Massachusetts General Hospital many research projects were undertaken at government request and with government funds. Those completed during the war now benefit all men. But many, many other projects started at M.G.H. still remain uncompleted. Work on these must be carried on. With the war ended, government funds were suspended, and Massachusetts General Hospital must receive private contributions if it is to carry on these vital projects.

That is why we have just launched a fund raising program. Contributions to Massachusetts General Hospital's Institute of Medical Science Fund will be devoted to erecting and maintaining the institute's building in which to integrate the major research laboratories now scattered throughout the hospital. Donations to the Massachusetts General Hospital Research Fund will provide the personnel and equipment essential for the carrying on of the research within the building.

Today's research is tomorrow's treatment. The techniques and apparatus developed through research today will be those used for curing human ills and alleviating human suffering tomorrow. The research needed to develop better apparatus and techniques for this treatment obviously requires further money.

At their meetings held on August 9 and September 6, the Board of Trustees voted:

To accept with regret the resignation of Dr. Richard Collins, Jr. from the position of Assistant in Surgery;
To accept with regret the resignation of Dr. Emory O. Lewis as Radiologist, effective September 1;
To accept with regret the resignation of Dr. Edward C. Reifenstein, Jr. as Clinical Fellow in Medicine, effective September 15;
To accept with regret the resignation of Dr. John H. Talbott from the position of Assistant Physician, effective August 1;
To grant leave of absence to Dr. Ira T. Nathanson so that he may go with a commission to Japan to study cancer;
That Dr. Benjamin Tenney's title be changed from Associate Obstetrician to Assistant Obstetrician;
To extend the appointment of Dr. Beverly T. Towery as Assistant Resident in Medicine to December 31.

The Trustees also voted to appoint:

Dr. Frederick S. Bigelow as demobilization extra Assistant Resident in Medicine for a period of nine months, beginning September 1;
Dr. Harry A. Bliss as Assistant Resident in Medicine for nine months, beginning September 1;
Dr. Charles B. Burbank as an Assistant in Surgery pro tem;
Dr. George H. Carter as Assistant Resident in Medicine for nine months, beginning October 1;
Dr. Ernest Craige as Assistant Resident in Medicine for nine months, beginning October 1;
Dr. Charles H. DuToit as demobilization extra Resident in Medicine for one year, beginning January 1, 1947;
Dr. Harold E. Elrick as Assistant Resident in Medicine for nine months, beginning October 1;
Dr. Chester W. Fairlie as demobilization extra Resident in Medicine for one year, beginning January 1, 1947;
Dr. Allan L. Friedlich as Assistant Resident in Medicine for nine months, beginning October 1;
Dr. Robert D. Griesemer as Resident on the Dermatological Service, beginning October 1;
Dr. Charles W. Robertson as First Assistant Resident in Surgery, beginning September 1;
Dr. Royal S. Schaaf as Assistant Resident in Medicine for nine months, beginning August 15;
Dr. Donald P. Todd as Assistant Resident in Anesthesia, beginning September 1;
Dr. Stanley M. Wyman to the position of Radiologist, beginning September 1.

The General Executive Committee, at meetings held during August and on September 4, voted:

That Dr. Stewart P. Seigle, Assistant Resident in Medicine, be allowed to terminate his service on September 30 rather than December 31, and that Dr. Chester W. Fairlie, Assistant Resident in Medicine, who was to have completed his service on August 31, be allowed to substitute for Dr. Seigle from October 1 to December 31;
That Dr. Harrison J. Shull, recently appointed Clinical Fellow in Medicine, is to report for service on September 16 and will remain here for one year.

To appoint:

Dr. Robert W. Butler as Graduate Assistant in Surgery, to work in the Rectal Clinic under the direction of Dr. Hayden;
Dr. Thomas L. DeLorme as Graduate Assistant in Neurology, beginning October 1;
Commander Richard W. Garrity as Clinical Fellow in Neurosurgery, to work under the direction of Dr. James C. White;
Dr. John B. Hamblet as Clinical Fellow on the Children's Medical Service, beginning August 15;
Dr. Rodolfo E. Herrera as Clinical Fellow in Surgery, beginning August 1;
Dr. Howard Hoffman as Graduate Assistant in Urology;
Dr. John A. Isherwood as Graduate Assistant in Radiology, beginning October 1;
Dr. Henry D. Moorman, Jr. as Graduate Assistant in Pathology, beginning September 1;
Dr. William L. Palazzo as Graduate Assistant in Radiology, beginning January 1, 1947;
Dr. Nils B. Skanse as Research Fellow in Medicine;
Dr. Joseph B. Stull as Graduate Assistant in Radiology, beginning January 1, 1947;
Dr. John G. Wiswell as Clinical Fellow in Medicine (Allergy), beginning August 31.

In addition to the citations already mentioned in THE NEWS, the following have been received:—

Josephine C. Barbour, American Civilian, American Red Cross (*Chief of Social Service*) — Medal of Freedom . . . for exceptionally meritorious conduct in the performance of outstanding services in the Mediterranean Theatre of Operations from February 1943 to July 1945. As Director of Hospital Service, Sixth General Hospital, both in North Africa and Italy, Miss Barbour displayed outstanding leadership in the direction of this service. Under her guidance it became one of the major operating departments, serving hospitalized troops with a high degree of efficiency. Her devotion to duty and initiative in handling problems for which no precedent existed was mainly responsible for the success of her mission. The outstanding accomplishments of the Hospital Service reflect great credit upon Miss Barbour and her organization. . . . Awarded by the Commanding General, Mediterranean Theatre of Operations.

Major Howard I. Suby, MC (*r.s. PH* 1937 & *U* 1939) — Bronze Star Medal . . . for meritorious service in direct support of combat operations from 1 January 1945 to 8 May 1945, in France. Major Suby, Chief of the Urological Section and Rehabilitation Officer, performed his duties in a highly commendable manner. As a result of his untiring efforts, the required time of hospitalization was effectively reduced and the maximum number of patients were salvaged for continued military service. His activity on behalf of the sick and wounded exemplifies the highest traditions of the Medical Department and reflects great credit upon himself and the armed forces. . . .

Major William T. S. Thorndike, MC, (*WS* 1919) — Commendation . . . It is with much pleasure and appreciation of the fine work of Major [later Lt. Col.] Thorndike as Commanding Officer of the 154th Station Hospital that I forward this citation. . . .

(signed) M. C. Stayer
Major General, A.U.S.

Lt. Col. Claude E. Welch, MC (*ES* 1934)— Commendation . . . During World War II the Medical Department carried out its mission with outstanding success. This achievement was made possible only through the combined efforts of all Medical Department personnel. Your service with the Medical Department has been exceptional when compared with others of the same grade of similar position, and I wish to commend you for your oustanding contribution as Chief, General Surgical Section, 6th General Hospital.

(signed) M. C. Stayer
Major General, A.U.S.

Major Lester P. K. Yee, MC (*EM* 1939 & WS 1941) — Commendation . . . for work done after the landing on Luzon. . . .

(signed) Robert L. Gillman II
Lt. Colonel, M.C.
Commanding

While the 6th General Hospital was in Rome, during the war, the nuns of the Order of the Good Shepherd very graciously turned over their building to the Hospital and furnished flowers for the chapel. In appreciation of their kindness, Mr. Joseph A. Chapman, who was Captain in the Laboratory Service of the Sanitary Corps, with the 6th General, suggests that members of the Hospital who are interested in sending donations of money, food, or clothing to these Good Shepherd nuns send their donations direct to Mother Mary Angelique (Hanley), Via Aurelia 168, Rome, Italy, or to Mr. Joseph A. Chapman, 115 East 61st Street, New York, N. Y., and he will forward them.

There have been several unusually interesting cases in Ward G this summer, one of which was severe benzol poisoning accompanied by a skin eruption which suggested a leukemid. During August there were three cases of oral moniliasis in the ward at the same time.

Invitations to the Ether Centenary, sent to the following people, at the addresses given, have been returned. Information regarding the present abode of any of those listed below will be greatly appreciated.

Dr. Grace L. Austin (*r.p. D* 1930), 25 Albert Ct., Kensington SW 7, London, Eng.
Dr. Knox H. Finley (*WM* 1934 & *r.p. N* 1936), 25 Shattuck St., Boston, Mass.
Dr. Elvira Goettsch (*CM* 1931), 3975 Broadway, New York, N. Y.
Dr. Lauren Holmes Goldsmith (*CM* 1923), 384 Peachtree St. NE, Atlanta, Ga.
Dr. Hugh P. Greeley (*WM* 1910), 905 University Ave., Madison, Wis.
Dr. Richard W. Greene (*M* 1945), University Hospital, Syracuse 10, N. Y.
Dr. Marshall G. Hall (*P* 1934), 1171 Canton Ave., Milton, Mass.
Dr. John W. Hammond, Jr. (*CM* 1911 & *WM* 1914), 112 East 74th St., New York, N. Y.
Dr. Eleanor J. Herring (*a.r.p. CM* 1944), Vanderbilt Hospital, Nashville, Tenn.
Dr. Nicholas S. Pickard (*Or.* 1940), 1103 Grand Ave., Kansas City, Mo.
Dr. George B. Pierce (*WS* 1900), address unknown
Dr. Charles R. L. Putnam (*SS* 1895), 333 East 68th St., New York, N. Y.
Dr. Logan H. Roots (*WS* 1933), Hua Chung College, Hsichwo, China.
Dr. Leon Rosenfeld (*res. fel. S* 1945), last address M.G.H.
Dr. Margaret S. Shipley (*EM* 1943), 310 Kenoza Ave., Haverhill, Mass.
Dr. William L. Smith (*WS* 1892), 94 North Main St., Brockton, Mass.
Dr. Clarence A. Splithoff (*Or.* 1942), Children's Hospital, Boston, Mass.
Dr. Daniel V. Troppoli (*N* 1927), 66 Bluff Road, Barrington, R. I.
Dr. Warren E. Wheeler (*CM* 1934), Kellogg Foundation, Battle Creek, Mich.

MASSACHUSETTS EYE & EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary, in collaboration with the Perkins Institution and the Massachusetts School for the Blind, has just conducted for a second time a brief summer school project for a group of babies from two to four years of age, all of whom were born prematurely and were suffering from retrolental fibroplasia. The unusual 12-day program, held early in September at the Perkins Institution, was visited by representatives from organizations interested in blind children from half a dozen surrounding states.

The program was balanced between lectures on child care for the mothers and a model nursery school for the babies. The summer school is a carefully integrated part of the study of this new and baffling threat to the eyesight of premature babies, carried on by Dr. Theodore L. Terry and the Pathological Laboratory at the Infirmary for the past six years.

Again this year the project has resulted in much mutual education. The mothers and babies attending the session have received expert guidance in their adjustment to the child's handicap and to a normal life in the home for the blind child; and the doctors and social workers and nursery school experts have learned new methods of evaluating what is normal development for babies who are both premature and blind, and have gained new insight into the problems of caring for this most appealing group of handicapped children.

An authoritative group of doctors, social workers, and nursery school educators advised on the program and served on the sponsoring committee under Dr. Terry and Dr. Gabriel Farrell, Director of the Perkins Institution. The nursery school was under the direction of Miss Pauline Moor, who has been visiting the children in their homes during the last six months. Miss Frances Marshall, psychiatric social worker at Perkins, was in charge of the project, with Miss Ruth Butler, medical social worker assigned to the research at the Infirmary, and Mrs. Eunice Wilson, Director of the Infirmary's Social Service Department, to assist in carrying out the program.

The next meeting of the New England Oto-Laryngological Society will be held at the Infirmary on Wednesday, November 20. Vice Admiral Ross T. McIntire, Surgeon General, U. S. Navy, will be the guest speaker.

On August 13, Dr. LeRoy A. Schall, Chief of Otology and Laryngology, addressed the Guatemalan Medical Association. Following the address, Dr. Schall was made an Honorary Member of the Association.

On return from his vacation in Guatemala, Dr. Schall reported that both of the Quevedos—Arturo (*Oph.* 1933) and Julio (*Oto-Lar.* 1941) — represent the best in their specialty in their country.

In a recent letter to Dr. Schall, Dr. Mercer G. Lynch (*Oto-Lar.* 1936), who held the rank of Major in charge of the Ear, Nose and Throat Department of the Walter Reed Hospital, Washington, D. C., states he is now out of military service and back in New Orleans where he has recently become associated with the Ochsner Clinic.

Dr. Gaston N. Duclos (*Oto-Lar.* 1943) visited the Infirmary within the past month. He reported that he has been discharged from the Canadian Military Service and is planning to start practice in Montreal, where he is a consultant to the Military Hospital.

Dr. George Kelemen (*clin. asst. Oto-Lar.*) has returned from his lecture tour in South America. He has been made Honorary Member of the Oto-Laryngological Societies of Brazil, Chile, and Peru. He has also been made Corresponding Member of the Oto-Laryngological Club of Buenos Aires, Argentina.

Back after war service, Dr. Linus A. Sheehan (*Oph.* 1943) has resumed his work on the Eye Service.

Dr. Arthur M. Morrissey (*clin. asst. Oph.*) is out of military service and has resumed his practice in Medford.

Lost and *not* found department: We thank those of you who have sent in addresses of some of the people included in this department last month.

In addition to those already listed, mail from the following has been returned to us, and all attempts to reach them through last known addresses have failed. In each instance, the military rank is the last we knew.

Lt. Wallace C. Bedell, MC, USNR (*ES* 1945)
Major Thomas S. Claiborne, MC (*WM* 1934)
Lt. Stewart Clapp, MC, AUS · (*NS* 1939)
Lt. Calvin R. Coggins, MC, AUS (*gr. asst. Dn.* 1942)
Asst. Surg. Harvey S. Collins (*M* 1944)
Major William D. Davidson, MC (*Or.* 1933)
Capt. Harold I. Harvey, MC, AUS (*res. fel. Psychi.* 1941)
Capt. Alfred F. Knoll, MC, AUS (*a.r. NS* 1941)
Lt. Col. Francis D. Pierce, MC (*WM* 1931)
Capt. Henry C. Thacher, MC, AUS (*CM* 1942)
Lt. Col. Henry M. Thomas, Jr., MC (*WM* 1917)
Lt. Comdr. Ernest D. Thompson, MC-V (S) (*a. Or.*)
Capt. Oliver W. Welch, MC, AUS (*EM* 1935)
Capt. John C. Wilcox, MC, AUS (*CM* 1937)

New addresses:—

Dr. James E. Conley (*WS* 1941), 425 East Wisconsin Ave., Milwaukee 2, Wis.
Lt. John D. Crawford, MC, AUS (*CM* 1945), 279th Station Hospital, APO 755, c/o Postmaster, New York, N. Y.
Lt. Joseph A. Elliott, MC, AUS (*M* 1945), Murphy General Hospital, Waltham 54, Mass.
Dr. George F. Emerson (*ES* 1939), 270 Commonwealth Ave., Boston, Mass.
Dr. Norman E. Freeman (*r.s. WS* 1935), 263 Molino Ave., Mill Valley, Cal.
Dr. John E. Goodman (*Dn.* 1944), c/o Dr. Peter A. Dempsey, 56 Melville Ave., Dorchester 24, Mass.
Dr. Joao Cruz Guimaraes (*r. Oto-Lar.* 1946), Rua Alexandre Ferreira 148 (Jardim Botanico), Rio de Janeiro, Brazil, South America.
Capt. S. Grant Holmes, MC, AUS (*CM* 1943), Fort Sheridan Regional Hospital, Fort Sheridan, Ill.
Comdr. Richard D. Nies, MC (*An.* 1941), Fleet Air Command, Naval Air Station, Quonset, R. I.
Dr. George C. Prather (*ES* 1925), 1180 Beacon St., Brookline 46, Mass.
Dr. John A. Reidy (*Or.* 1939), 1101 Beacon St., Brookline, Mass.
Dr. William R. Richardson (*WS* 1945), 2754 Bush Blvd., Birmingham 8, Ala.
Capt. James D. Schuler, MC, AUS (*CM* 1939), Kern County General Hospital, Bakersfield, Cal.

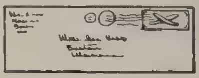
Brief bits:—

Dr. Robert E. Carroll (*ES* 1943) paid us a call the other day. He arrived in the USA in August, after spending 16 months in the Southwest Pacific with a special orthopedic team which expected to participate in the invasion of Japan. He visited China, stopped off at Hawaii, and returned home via Panama. He was promoted to Captain while in the Service. He is now on terminal leave, and his home address is 72 Dudley St., Fall River, Mass.

Dr. George H. Carter (*M* 1943) left the Army with the rank of Captain.

Dr. John R. Mote (*WM* 1937) is now Medical Director of the Armour Laboratories in Chicago. The address is 1425 West 42nd St., Chicago 9, Ill.

Before returning to the States, Dr. Edward P. Richardson, Jr. (*EM* 1943) spent a year in Hawaii doing neuropsychiatric work in a General Hospital.



This most welcome letter has come from Lt. Col. R. Nelson Hatt, MC (*Or.* 1919).

This morning, while clearing my desk preparatory to the closing of Cushing General Hospital, I came upon a memo from your office. I feel very apologetic for not having responded sooner, for of all the mail received both overseas and at home, THE NEWS has always seemed like a personal family letter.

Since returning to the Z.I. I have been occupied as Chief of the Orthopedic Section, first at England General Hospital, and then since August 1945 at Cushing. With the closing of Cushing as an Army hospital, I shall have finished my tour of military duty and shall return to civilian status.

About twenty-three years ago, I left the Massachusetts General Hospital to open the Honolulu unit of the Shriners Hospital for Crippled Children. After a little over two years at that post, I returned to take over the New

England unit at Springfield, where I carried on until entering the Service in 1942. Through the years, the "call of the islands" has never ceased, and upon my release from the Army I am returning to take charge of the Honolulu unit and spend my declining years far removed from the austere New England winters.

In closing, again I must express my gratitude for THE NEWS, and through you to wish all my old friends a fond Aloha.

A very nice letter has come from Dr. William L. Palazzo who has received a future appointment as Graduate Assistant in Radiology. The letter says, in part:—

It will be a privilege and an honor to join the great brotherhood of those who work at Massachusetts General Hospital, when I begin my appointment on January 1, 1947. I have no special problem on which I expect to work, except that I wish to learn Radiology at its best. To that end I shall devote my entire energies.

We suggest that other future appointees write and tell us something about themselves. A good way to get acquainted ahead of time.

Dr. Means has passed on to us this "first" from Lt. Albert J. Stunkard, MC, AUS (*EM* 1946). It brings us news about several of the hospital family.

It's been four months now since I left the General, and I've never thought back more fondly. The more irrelevant things become down here, the more M.G.H. stands out as something with purpose and, well — relevance.

My first assignment was the hospital at Fort Ord, in a beautiful part of California next to the Monterey peninsula. Nice for scenery. The hospital had nearly 200 patients, and a staff of 45 medical officers. During the last month I got charge of the medical ward, about the time they opened it to veterans, and soon had about 30 patients. There were cases of recurrence of several tropical diseases which made for an interesting and responsible month. Then I contracted a long overdue case of measles, and finished my California period in a blaze of macules.

Arriving in Texas there was an MGH reunion. Phil Wilson [*ES* 1946] was installed at Brooke doing orthopedics. Joe Gardella [*M* 1946] and Ray Randall [*WM* 1946] were finishing in a class ahead of us and have left—Ray for a research job with the atom at Oak Ridge, and Joe into the wild blue somewhere. In this class are Jim Stewart [*M* 1946], who has just received orders for the Mediterranean Theatre of Operations, which we tell him means Trieste; John Seed [*EM* 1946] and Earl Gottschalk [*M* 1946], who are as yet unassigned. John, for some unknown reason, is the only one who has a specialist rat-rating— in internal medicine. My orders have just come through for Yokohama.

It does give one a certain satisfaction to feel he is finally a part of our national policy, after some years of lingering guilt. And this is giving us an opportunity to catch up culturally and geographically. Japan will certainly influence me in a way I would not have considered but for the Army.

When this course is finished I hope to get back to Boston for a few days, to which I am really looking forward.

Please give my regards to the people I knew.

From the Medico-Dental Building, Sacramento 14, California, comes this letter from Dr. Carl E. Horn (*Or.* 1940).

My last letter, from Torney General Hospital, was written only a year and a half ago but it seems very much longer off, due to the many changes since then.

I was transferred to Birmingham General Hospital, Van Nuys, California, as Chief of the Orthopedic Section there when Torney closed, soon after the war in the Pacific ceased. Birmingham closed in March 1946, and since I needed a month or a few points to allow my discharge, I was sent to Madigan General Hospital, Fort Lewis, Wisconsin, in the same capacity. The break came in May when I was released from active duty, with my actual termination of Service in August.

My wife and I vacationed on Vancouver Island in British Columbia for several weeks. The fishing on the Campbell River was excellent. Both of us took a number of cutthroat trout that were beauties. The Canadian geese would zoom in to land like B-29's. Grouse and deer were very plentiful but were not in season. Needless to say, we enjoyed the vacation immensely.

Since July I have been in practice here with Dr. Thomas R. Haig [*Or.* 1924]. There is a great deal of orthopedic work to be done in this area and hospital facilities are good. Therefore, I plan to make this my permanent home.

Major William S. McCune, MC (*WS* 1937) gives us an over-all picture of his military activities in this letter which recently arrived from Ward 4, Walter Reed General Hospital, Army Medical Center, Washington 12, D. C.

Entering the Army in 1943, I was fortunate enough to be included in a class which was studying neurosurgery at Columbia University under Dr. Tracy Putnam [*ES* 1923]. Following this course, we studied the practical aspects of neurosurgery at Walter Reed General Hospital and I was then assigned as the Neurosurgeon at Woodrow Wilson General Hospital in Staunton, Virginia. In December 1943 I was sent to Halloran General Hospital to study penicillin under Major Champ Lyons [*WS* 1933] and spent a very profitable month with him. In January 1944, being transferred back to Walter Reed General Hospital, I served on the Neurosurgical Service for one year, and in February 1945 I was transferred to the General Surgical Service. There I had the pleasure of being associated with John McKittrick [*An.* 1938 & *WS* 1939] whom I followed as Chief of the General Surgical Section in August 1945. In March 1946, after separation from the Service, I was appointed Attending Surgeon at the Veterans Hospital in Washington and Assistant Professor of Surgery at the George Washington University School of Medicine.

Because of an attack of acute hepatitis, I have recently been returned to active duty for purposes of hospitalization and have been spending the past two months in a rather unusual type of active military duty in a recumbent position as a patient at Walter Reed.

THE NEWS has been reaching me regularly for the past three years, and I have never missed a word in reading accounts of MGH friends throughout the world.

Dr. Foster L. Matchett (*Or.* 1934) is out of the Army and in private practice at 1727 Gilpin Street, Denver 6, Colorado.

Since you last heard from me, I was very suddenly discharged home on 98 points, after having moved up from New Caledonia, where I spent 21 months with the 29th General Hospital. We were moved on to Okinawa, where I remained for a period of 11 weeks, after which I was transferred on an LST (1075) over to Korea, where we set up the 29th General Hospital at Seoul to carry on general hospital facilities for the entire peninsula. After being there only a few weeks, such a hullabaloo had gone up in Washington about releasing doctors with high points that my 98 got me on the first plane headed for the U.S.A. I was flown home over the southern end of the peninsula in a C-46; and after a very enjoyable, rather low flying journey over the Japanese Sea, the southern portion of Honshu, and over the Inland Sea, I passed Fujiyama and then had the pleasure of flying at an elevation of 2000 feet over the Imperial Palace before I landed at Atsuki air field. After spending 18 hours in Tokyo, I boarded a C-54 on the night of October 16, 1945 and flew over Iwo Jima to Guam, Kwajalein, Johnston Island, Hickham Field, and then on home to Hamilton Field in California.

The entire 9000-mile trip took less than 48 hours of actual flying time, and from the time I started from Korea to the time I was in California only 79 hours elapsed. It took me longer to go from Hamilton Field to Denver and Fort Logan, where I was mustered out, than it took me to come from Seoul to the U.S.A.

I was released from the Army on October 26, and after a trip with my wife to Cleveland, Philadelphia, and New York, I returned to the practice of orthopedics in Denver. I, like many others, was unable to get back my original office in one of the downtown office buildings and spent two months sharing rooms with a very good friend of mine. During this period, three of us purchased a house and are now living in the lap of luxury. It is a rather suburban portion of Denver, in an area similar to where those offices are occupied by the aristocrats of the orthopedic services of Boston. We like it very much and will probably never wish to go downtown into the big office buildings again.

After working my head off for the first six months after my return, I was fortunate in acquiring an associate in the person of Dr. William F. Stanek, an American Board Orthopedic Surgeon, a graduate of Harvard in 1934. He also has had 44 months in the Army as the Chief of several orthopedic services in three different hospitals in the United States. The two of us now have a partnership in orthopedic surgery known as Drs. Matchett and Stanek.

Any of our old friends from the East or from the Army who may chance to come to the Mile High City will surely be welcome here. We would like to see you again and visit and talk over some of our old war experiences.

I want you to know that THE NEWS has been just like a letter from home.

Three years ago, when the allies were closing in on Benito, THE NEWS published a letter from Dr. Churchill in which Capt. Alfred Yankauer, Jr., MC, AUS (*CM* 1941) was mentioned as being in the Mediterranean Theatre. A recent letter from Dr. Yankauer places him at 33 Riverside Drive, New York, and tells us what he is doing.

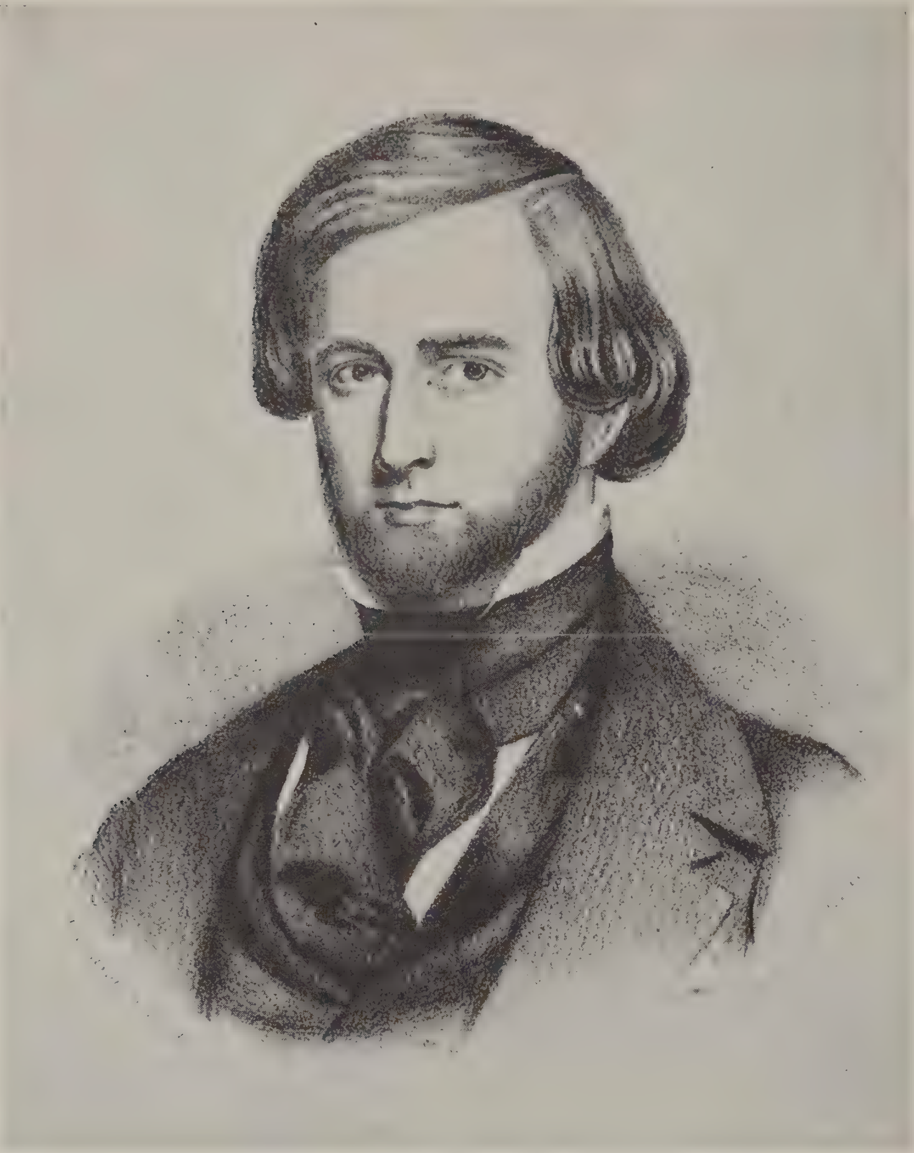
I am at present preparing myself for work in the field of Public Health and Preventive Medicine under the aegis of the New York City Department of Health. I plan to pursue graduate studies in this realm at Columbia University this fall. Prior to my present experience I had spent a few months on a research project in New York City public schools, which was a great relief after four years in the Army — three of them in the MTO. My Army functions were largely administrative, but involved a wide variety of experience and change of locale. I find the present work fresh and interesting and am constantly amazed by perspectives which I had seen only dimly, if at all, in the past.

THE NEWS has been a continuous source of pleasure, and I am glad it is to continue its mission.

Dr. Thornton Scott (*r.p.* 1939) reports his return to private practice at 200 West Second Street, Lexington, Kentucky. He writes:—

This is a quite belated letter to tell you how much I enjoyed THE NEWS while I was in Service and at the present time.

After serving twenty months aboard the *U.S.S. Missouri* I was separated from the Service with the rank of Commander on Decem-



William T. G. Morton, M.D.
Copy of a lithograph print made by J. H. Peirce from a portrait painted by William Hudson, Jr. in 1844 — two years before Morton's first demonstration of the use of ether at M.G.H. Morton was 24 years old when the portrait was painted.

ber 3, 1945, and am now back in the practice of internal medicine in Lexington, Kentucky. There was little in the way of news which I would have been allowed to disclose while aboard ship; and now that the war is over, the memory of many things which seemed exciting and interesting has been greatly dimmed by the passage of time. I might say that The News was not only of great interest to me, but to many of my shipmates.

We are always disturbed when our records show that, as far as direct word to the contrary from any one of our men is concerned, he is still stranded on some Pacific island or pacing the floor at some Replacement Depot in Europe awaiting transportation home. It is, therefore, with much relief that this communication from Dr. Sedgwick Mead (*EM* 1940, *P* 1941, & *a.r.p. N* 1942) was received.

Since my last letter to Dr. Means, from Manila, there are only brief and happy endings. I am afraid of only two things in the Army — replacement depots and hospitals. But my experience in the Replacement Depot at Manila was a delightful surprise. Among other things, we had the best food I encountered in the Army.

On 8 November 1945 I arrived by ship at San Pedro and was soon flown home. Terminal leave expired March 11.

Since December I have been a Baruch Fellow in Physical Medicine and Research Fellow in Physiology at Harvard Medical School.

Dr. Mead's home is in Littleton, Mass.

Dr. Robert H. Talkov (*res. fel. M* 1942) is back in private practice at 375 Commonwealth Avenue, Boston. A note from him says:—

I wish I had something of interest to tell you concerning my military service. I had a very peaceful time of it, working in hospitals in the country and a twenty-two-month quiet interlude in the Caribbean area. The most exciting aspect of it all was my return to civilian life, effective May 31, 1946.

At present I am in private practice, doing internal medicine with special interest in arthritis. I shall be associated with the Arthritis Group under Dr. Bauer at M.G.H.—also the Arthritis Clinic at the Beth Israel Hospital.

A "first" has come from Lt. J. Robert Spencer, MC, USNR (*EM* 1943)—and glad we are to receive it. The letter reads:—

My failure to notify you of a change of address resulted from not having one — that is, for more than three months at a time since I left the *U.S.S. Bradford* last November. I have, however, continued to receive The News, which is most welcome, I assure you.

After returning to the States last November, I was assigned to the medical service of the Naval Convalescent Hospital, Glenwood Springs, Colorado, in charge of the Physical Medical Department — an entirely new experience for me, but a profitable one (the patients, of course, excepted). The hospital was decommissioned in February, and I was sent to Denver for recruiting duty. Finally, I received my separation from the Navy in August, and will drift about until I begin a 3-year surgical appointment at Mayo.

Please allow me to add my expression of gratitude for The News. I shall continue to follow it with much interest.

Everyone will be interested in this letter from Dr. Vernon Cantlon (*ES* 1935)—another of the kind we like to receive, telling us our men are back and what they're doing and where.

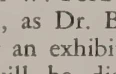
I can give you two new addresses, for Edwin Cantlon [*ES* 1938]—my little brother—is in the same office with me at 130 North Virginia St., Reno, Nevada. We are practising surgery together, and I assure you it is a great pleasure to work as a team. Hardly a day passes that we don't have an occasion to pass some remark in reminiscence of our work at the General, such as "Remember the time Beth Vincent said 'Blow, blow, for —— sake blow' ", or "the time Dr. Allen commented on the beauty of Kodachrome pictures of the intestinal contents as seen at the Mayo Clinic."

We have the nucleus of a small MGH group here—Dr. Edwin representing the West Service, Dr. Sam Clarke [*Oph.* 1939] representing the Infirmary, while I represent the East Service. We all three wish you would send us a Medical Resident or a Pediatrics Resident to help round out the group. Dr. Fred Anderson, who was a contemporary student at the M.G.H. but who unfortunately got mixed up with the Peter Bent Brigham, is also here. We all manage to help each other out.

Since I last wrote you, I continued aboard the *U.S.S. Cook Inlet*, a small seaplane tender involved in air sea rescue operations. At the end of the war we went to Okinawa, Korea, and Sasebo, Japan. I was finally discharged on April 18th, and after 15 or 20 minutes of rehabilitation resumed work. A short time ago I completed my American Board Examination in Surgery.

Haven't seen any other MGH men in Reno recently, but I did get a phone call from Bob Brown as he was going through Reno *en route* to Colorado. I also spent some time with Roy Cohn, who is on the Stanford Lane Staff in San Francisco. I am looking forward to return visits from Ed Hamlin, Butch Donaldson, and others who have visited with me previously in Reno.

Thank you again for sending me The News. I agree with all the others that it has been a most pleasurable publication.



Mrs. William W. Ford is doing a real "yeoman's job", as Dr. Beecher has put it, in arranging an exhibition of letheon items which will be displayed in the Brick Corridor, in the Archives Room, and in other places about the hospital during the Ether Celebration. Mrs. Ford is also helping on an exhibit which will show the contrast between methods used in 1846 and 1946 in administering anesthetics.

Probably no one knows more about the history of anesthesia than does Mrs. Ford, and we are very fortunate to have her help and advice at this time.

THE NEWS

No. 50 Boston, Mass. November 1946

ETHER DAY

In the year 2046, in the month of April or May, the Ether Day Committee will doubtless be holding a meeting in the historic private dining room of the one-hundred-year-old George Robert White Building. In this dining room were held the meetings at which the one hundredth anniversary of the first public demonstration of ether anesthesia was planned in 1946, and it would be only fitting to adjourn from the new restaurant in the office building to this old spot to discuss the two hundredth anniversary.

At this meeting the programs and notes from the one hundredth anniversary celebration will be taken from the Archives and discussed in detail. The many newspaper articles and clippings concerning the 1946 celebration, as well as the reactions of various members of the Staff, are perused with interest. On the basis of these experiences of one hundred years before, the new celebration can be planned.

The scientific symposia, it will be said, were a great success. A tent was placed on the Bulfinch lawn — a lawn still preserved in 2046 — and here about one thousand people heard interesting discussions of Surgery, Degenerative Joint Disease, Anesthesia, War Wounds, and Social Problems of the Hospital. The symposia were not only well attended, but were enthusiastically received. The details of the program were arranged by Dr. Henry K. Beecher, the first Dorr Professor of Anesthesia. The programs were designed to describe the state of knowledge at that time, and outlined some of the future developments in these fields. Dr. DeBakey's forewarning of the civilian wounds to be encountered in an atomic war was not borne out in war, as conflict was narrowly averted in the crisis of 1958. The Oak Ridge disaster of 1970, however, showed many of his prophecies to be true. Since that time, however, peace has reigned and the subject of war wounds and the medical care of the wounded has waned. The topic of Degenerative Diseases, so ably discussed in the program of which Dr. Aub was chairman, is still a burning question in 2046. Various medical treatments and surgical maneuvers have been greatly perfected; people still grow old, however, and it has long since become accepted that it is one of the blessings of nature that man is not afflicted with immortality. Interest in this subject has, however, been maintained.

The symposia on Anesthesia were generally regarded, at the time they were given, as among the most outstanding in the program — especially the morning program on Tuesday when various prominent investigators in the fundamental sciences outlined their thoughts and discoveries relating to the basic problems of anesthesia, nerve conduction, and the levels of consciousness. In the one hundred years since that date, developments in science have gone forward in this field more than in any other field discussed at the symposia in 1946. It will be important again in the two hundredth anniversary to bring up to date and summarize the tremendous strides in these sciences lying at the borderline between biology and psychology.

The symposia on the Physiologic Changes Incident to War Wounds, conducted on Wednesday morning, consisted of a connected account of the researches done by a group from this hospital in the second World War. Their special effort was concentrated on an attempt to find the underlying causes of the anuria of severe wounds, and a working explanation was evolved by Dr. Tracy Mallory which seemed to fit the facts of the case and jibe with experimental evidence from other sources. The social position of the hospital in the community, discussed Wednesday afternoon, was then an important question and the fifty years which followed were to see many revolutionary changes which, however, left an intact Massachusetts General Hospital, free of government controls and run by a competent administrative and professional staff.

The committee in 2046 will have to give serious consideration to the evening festivities, because in 1946 they were so much enjoyed and so well attended. On Monday evening the House Pupils' Alumni Association dinner at the Copley Plaza was attended by over five hundred people. The discussions after dinner by Drs. Churchill and Snyder were of great interest, and the motion pictures shown by Dr. Stafford Warren of the explosions of the atomic bombs at Bikini were of interest and were a macabre prophecy of things to come.

Tuesday evening the Plymouth Theatre was taken by the hospital celebrants, where a light comedy by an outstanding playwright of the period, Noel Coward, was enjoyed as a bit of comic relief from the more serious nature of the other proceedings.

Wednesday evening at Sanders Theatre a dignified and impressive ceremony was held, at which the chairman of the Board of Trustees of the hospital, the Right Reverend Henry K. Sherrill, presided, and speeches were given by Dr. Beecher, Dr. Fosdick of the Rockefeller Foundation, Dr. Evarts Graham, Professor of Surgery at St. Louis, and Dr. Karl T. Compton, President of Massachusetts Institute of Technology. The impression of the multitude there was one of great appreciation of the thoughts expressed by the speakers.

Taken in all, the celebration in 1946 was fitting and impressive as an anniversary of America's outstanding contribution to medical science. In 2046 the committee will indeed have to spend time and thought to equal it. F. D. M.

The three letters which follow should mean much to any of you who have been associated with M.G.H. within the last hundred years.

The first one is addressed to Bishop Henry Knox Sherrill, Chairman of our Board of Trustees, and reads:

THE WHITE HOUSE
Washington
September 21, 1946

Dear Bishop Sherrill:

It gives me great pleasure to extend to you greetings on the one hundredth anniversary of the first public demonstration of the use of ether which took place at the Massachusetts General Hospital on October 16, 1846. It is a significant occasion not only for the immediate results of the demonstration which took place in your Bulfinch Building on that date, but also as it was the opening event in one hundred years of research at the Massachusetts General Hospital.

The Surgeon General of the Army and the Director of the Office of Scientific Research and Development have both congratulated the Massachusetts General Hospital on the effective assistance which you gave in the war effort. As in war, so in peace, the people of this country can count on institutions like the Massachusetts General Hospital to pioneer to achieve results in curing the ills of mortal flesh.

Again let me extend my heartiest congratulations to you and the other members of the Board of Trustees, the Staff of the Hospital, and the whole hospital community.

Very sincerely yours,
HARRY TRUMAN

The second letter, of the same date, reads:

War Department
THE CHIEF OF STAFF
Washington

Dear Dr. Faxon:

I welcome this opportunity to extend greetings to the Massachusetts General Hospital on the occasion of the 100th Anniversary of the first public ether operation. That significant advancement in the field of surgery established a great tradition of medical research which has continued with remarkable results throughout the century.

The Sixth General Hospital, which served with distinction under my command in North Africa and Sicily, was staffed by the Massachusetts General Hospital. I am sure the comradeship, born in the war years, will be a source of lasting satisfaction to the men and women of your famous hospital and will perpetuate a feeling of unity and forward the advancement of your great profession.

Sincerely,
DWIGHT D. EISENHOWER

The third is from Field Marshal Viscount R.A.L.G. Alexander, the Supreme Allied Commander, addressed to Bishop Sherrill.

> It is indeed a great pleasure to salute the Massachusetts General Hospital on the occasion of this outstanding anniversary of the first public demonstration of the use of ether in surgery which took place at your hospital one hundred years ago this time. Many of the staff of the hospital served under my command of A.F.H.Q. in Italy with distinction. The work of the Sixth General Hospital in World War II in the cause of relieving suffering and assisting in the war effort reminds us all of the past, of the Massachusetts General Hospital in World War I, when previously the Sixth Base Hospital did such splendid work on the Western Front.
>
> It gives me great pleasure to send the heartiest greetings and to wish all my friends who are now back at their peacetime jobs best wishes and congratulations.
>
> Sincerely yours,
>
> Alexander of Tunis,
> F.M.

An album of photographs, which apparently belonged to Dr. William T. G. Morton, has been presented to the Archives Department by Mrs. Ellen Morton, widow of Dr. Morton's son. The album contains many interesting photographs of well known people. It is on display in the Archives Room. Its pages will be turned from time to time, so that the entire collection will finally have been exhibited.

The Board of Trustees, at their meetings on September 20 and October 4, voted:

To rescind the vote accepting the resignation of Dr. Thomas A. Warthin, as Assistant in Medicine;

To create the position of Resident in Neuropathology and to appoint Dr. Mary Lorraine ~~Canon~~ Gannon to this position;

To terminate the appointment of Dr. Claud E. McGahey as Resident in Surgery, as of October 1;

To promote Dr. Alan P. Freedberg to the position of Assistant in Dermatology;

To promote Dr. John M. Morris to the position of First Assistant Resident in Surgery, beginning October 1.

The Trustees also voted to appoint:

Dr. Thornton Brown as Assistant Resident on the Orthopedic Service for one year, beginning October 1, 1947;

Dr. David W. Compton as Assistant Anesthetist, beginning November 1;

Dr. George E. Donaghy as Assistant Anesthetist, beginning October 1;

Dr. Dana L. Farnsworth as Assistant Physician;

Dr. Elmer M. Franz as Assistant Resident on the Orthopedic Service for one year, beginning July 1, 1947;

Dr. Gerald S. Greene as Assistant Resident on the Orthopedic Service for one year, beginning April 1, 1947;

Dr. Arthur R. Hartwig as Assistant Resident on the Orthopedic Service for one year, beginning January 1, 1948;

Dr. George L. Nardi as Third Assistant Resident in Surgery, beginning October 1;

Dr. Thomas S. Risley as First Assistant Resident in Surgery, beginning October 1;

Dr. Charles W. Robertson as Resident in Surgery, as of October 1;

Dr. Charles E. Rounds as Dental Intern for the period September 23, 1946 to June 30, 1947.

In addition to the above, the following notices have been received from the Director's Office:

Dr. Andre Monsaingeon has resigned his position as Research Fellow in Surgery, as of September 11;

Dr. Richard S. Rodgers became Resident on the Urological Service on October 1;

The following have completed service:

Dr. Alexander O. Haff, as Graduate Assistant in Radiology

Dr. John Homans, Jr., as Assistant Resident in Medicine

Dr. Stewart P. Seigle, as Assistant Resident in Medicine

Dr. Tetsuo Sugiyama, as Resident on the Urological Service

Dr. Adney K. Sutphin, as Assistant Resident in Medicine

Dr. Philip P. Thompson, Jr., as Assistant Resident in Medicine

Dr. William D. Shorey will be assigned to the Salem Hospital for six months, beginning October 1, where he will hold the title of Surgical Resident;

Dr. William C. Quinby, Jr. will be assigned to the House of Mercy Hospital, Pittsfield, Mass. for a period of six months;

Dr. Thomas Rutter, who has been at the Salem Hospital for the past six months, will return to the Massachusetts General Hospital as Third Assistant Resident in Surgery.

At their meetings during September and on October 2 and 9, the General Executive Committee voted:

To accept the resignation of Dr. Alexander Albert from the position of Research Fellow in Medicine, effective as of September 15;

To reappoint Dr. Fred Alexander as Graduate Assistant in Medicine, as of September 1;

To appoint as Graduate Assistants:

Dr. Clito R. Damiani, in Dermatology

Dr. George F. Emerson, in Surgery

Dr. John G. Flynn, in the Children's Medical Out-Patient Department

Dr. John W. Irwin, in Medicine (assigned to the Allergy Clinic)

Dr. Theodore M. Leary, in Surgery

Dr. Raymond E. Militzer, in Surgery (assigned to the Tumor Clinic)

Dr. Benjamin Riggs, in Psychiatry

Dr. James P. Robb, in Neurology

Dr. Philip P. Thompson, Jr., in Medicine

Dr. Chiu-an Wang, in Surgery

To appoint as Clinical Fellows:

Dr. Henry H. Brewster, in Psychiatry

Dr. Walter Pick, on the Children's Medical Service

Dr. William P. Rogers, Jr., in Anesthesia

Dr. Hans H. Wandall, in Surgery

Dr. Joseph E. Warren, in Medicine

To appoint as Research Fellows:

Dr. Frederic C. Bartter, in Medicine (to work with Dr. Albright)

Dr. Ching T. Liu, in Neurosurgery

Dr. Kurt H. Thoma, Oral Surgeon and Chief of our Dental Service, has been appointed Lecturer in Oral Surgery at the Graduate School of Medicine, University of Pennsylvania.

The Institute of Pastoral Care has completed another successful summer of clinical training for theological students and clergy. There were three sessions of six weeks each, two of which were given at M.G.H., and the third held at the University Hospital, Ann Arbor, Michigan. A total of 51 men were enrolled, including 7 Course Assistants. Eleven different denominations and 16 states and provinces were represented. It has been proposed that the training program next year be extended to include women who are professional religious workers.

OFFICIAL NOTICES

It has been felt to be advisable to caution both the Visiting and House Staffs of the Hospital against the use of plasma except in those instances wherein its use is an absolute necessity, because of the danger of transmitting homologous serum jaundice through its use. Present knowledge indicates that this disease follows about 2/10 of 1% of all cases of plasma administration. The incubation period is from 60 to 160 days. The outcome is fatal in a variable percentage of cases. Some writers report as high as 10 to 15%. Plasma is more dangerous than whole blood because it is ordinarily pooled. In the past year and a half in this Hospital there have been three patients on whom the diagnosis was made at autopsy who had previously received plasma. It is probably advisable not to use plasma as a substitute for whole blood unless the latter is unobtainable, as it is not an adequate substitute. Plasma is most useful in cases of hemoconcentration without blood loss, as in burns. The use of plasma for these cases, however, should be controlled by frequent hemoconcentration determinations or with the advice of someone well versed in this form of therapy.

The use of plasma in nutritional disorders is very rarely justified. Although protein nutrition can be maintained by plasma, large amounts are required, from 4 to 6 plasma transfusion units per day, and would cost the patient from $100 to $150 per day, except in cases where Red Cross plasma is available.

Although the Hospital does not want to take a stand prohibiting or governing the use of plasma, it would like to strongly recommend that the doctor who orders it be perfectly certain that the indications are clear and that the necessity for its administration outweighs the hazard of its use.

General Executive Committee
N. W. Faxon, M.D., Secretary

All members of the Staff desiring to prescribe Streptomycin in the General Hospital will consult Dr. Charles H. Burnett. If Dr. Burnett leaves the hospital he will designate the medical resident on duty, who will act as his deputy.

There are three factors which should be considered in the use of Streptomycin:

1. The supply is likely to be inadequate for the total demand for some period of time.

2. Streptomycin is not as effective in the treatment of many infections for which it will be requested as is penicillin for most of the infections for which it is used.

3. The readiness with which organisms develop a resistance to Streptomycin demands the institution of adequate therapy at the inception of treatment and the continuation of such therapy until the maximum effect has been attained.

To facilitate the effective use of the limited supply under these difficult circumstances, it should be clearly understood that no Streptomycin will be dispensed until (a) a specific organism has been isolated; (b) the sensitivity of the organism to Streptomycin has been determined, except that in cases of tularemia and H. influenzae infections permission for the use of the drug may be granted pending determination of the streptomycin sensitivity. Inasmuch as this puts a heavy strain on the bacteriological laboratory, everyone is urged to keep the number at a minimum. At present the bacteriological laboratory cannot do more than four examinations per week. The charge for examinations will be

General Hospital	$5.00
Baker Memorial	7.50
Phillips House	10.00

N. W. Faxon, M.D.,
Director

New addresses:—

Capt. A. Merton Bassett, MC, AUS (*res. fel. M* 1941-42), Pine St., Los Gatos, Cal.

Dr. H. Stanley Bennett (*res. fel. An.* 1942), Department of Biology, Massachusetts Institute of Technology, Cambridge, Mass.

Dr. Francis H. Chafee (*gr. asst. M* 1942), 454 Angell St., Providence, R.I.

Col. Richard Collins, Jr., GSC (*ES* 1933), 3812 South 9th St., Arlington, Va.

Lt. Gordon M. Freeman, DC, AUS (*Dn.* 1946), Brooke Army Medical Center, Fort Sam Houston, Tex.

Dr. Russell V. Fuldner (*Or.* 1939), 165 Dwight St., New Haven, Conn.

Dr. R. Nelson Hatt (*Or.* 1919), Shriners Hospital for Crippled Children, Honolulu, T.H.

Lt. Gordon E. Jones, MC, USNR (*ES* 1939), 317 West 10th St., Winfield, Kan.

Major James S. Mansfield, MC (*gr. asst. M* 1942-43), c/o R. M. Lawton, Jaffrey, N.H.

Dr. Donald Murnaghan (*res. fel & gr. asst. M* 1940-42), 206 Oakwood Ave., Toronto, Canada.

Dr. George M. Noss (*gr. asst. Dn.* 1939-43), 31 Bay State Road, Boston, Mass.

Dr. William R. Richardson (*WS* 1945), 2754 Bush Blvd., Birmingham 8, Ala.

Dr. John C. Snyder (*WM* 1939), Department of Public Health (Bacteriology), 695 Huntington Ave., Boston 15, Mass.

Dr. Guy R. Sweeney (*gr. asst. M* 1942-43), 10 Turrell Road, Medford, Mass.

Dr. Howard G. Weiler (*Or.* 1932), 409-10-11 Central Union Bldg., Wheeling, W. Va.

Brief bits:—

The engagement of Martha Merrill Robinson, daughter of Dr. and Mrs. Carl M. Robinson of Waites Landing, Falmouth, Maine, and Dr. William C. Burrage (*EM* 1941), son of Dr. and Mrs. Thomas J. Burrage of Chadwick Street, Portland, Maine, was announced on September 28.

Dr. Ephraim P. Engleman (*res. fel. M* 1941-42) has been relieved of active military duty and has gone into the practice of internal medicine at 450 Sutter St., San Francisco 8, Cal.

Dr. Lawrence K. Lunt (*WM* 1916) is moving to Colorado, where he is "tentatively planning to practise in Denver". His new address is Box 110, Route 3, Littleton, Col.

Dr. Ian Paley Rak (*a. Psychiat.*) announces his return to the practice of psychiatry and neurology at 422 Beacon St., Boston, Mass.

Lt. John W. Ratcliffe, MC, USNR (*WS* 1946) was in Boston recently on a special assignment, viz: to attend his own wedding. His new address is Staff LSM (R) Squadron 4, Annex 2, USNAB, Little Creek, Va.

Dr. Stanley W. Stanulonis (*gr. asst. M* 1941-42) is out of military service and is taking a graduate refresher course at Harvard.

Dr. David W. Wallwork (*ES* 1932) writes that he has used up his terminal leave and is now a full-fledged civilian again. His address is 5 Third St., North Andover, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Theodore L. Terry (*Oph.* 1928), nationally known eye surgeon, who died suddenly at his office on September 28, had had a long and distinguished career in ophthalmology. He was Ophthalmic Surgeon on the Staff of the Massachusetts Eye and Ear Infirmary and, until recently, Assistant Professor in charge of postgraduate teaching in ophthalmology at the Harvard Medical School.

Dr. Terry was a member of the American Board of Ophthalmology and a past president of the New England Ophthalmological Society. He was also trustee of the Association for Research of Ophthalmology, a member of the American Ophthalmology Society, the American Academy of Ophthalmology and Otolaryngology, and the American Association for the Advancement of Science. He served as a Diplomate of both the National Board of Medical Examiners and the American Board of Ophthalmology.

He received his M.D. at the University of Texas in 1922. After serving as house officer at the Massachusetts Eye and Ear Infirmary, he joined the Staff here in 1928, and in 1933 was appointed hospital pathologist, a position which he held at the time of his death.

Perhaps Dr. Terry's best known work has been his research into the increasing incidence of blindness among premature babies. For the past six years he had been carrying on a study at the Infirmary pathological laboratory with a large group of these premature babies who are blind. The disease has come to be known as retrolental fibroplasia, the name given to it by Dr. Terry. This study in which he has done so much valuable pioneer work will be continued at the Infirmary during the next year with Dr. V. Everett Kinsey, also on the Staff of the Howe Laboratory, in charge of the medical research.

Dr. Harry M. Nicholson (*Oto-Lar.* 1913), on a recent visit to the Infirmary from Canada, reported that he is now located at 515 Medical Arts Building, Hamilton, Ontario.

Another recent visitor, still on leave of absence with the Army, was Dr. Daniel J. Reagan (*Oph.* 1943 *& Oto-Lar.* 1944) who is now stationed at Westover Field, after having been in Greenland and Newfoundland.

Dr. Mercer G. Lynch (*Oto-Lar.* 1936) is now associated with the Department of Otolaryngology of the Ochsner Clinic and is Assistant Professor in the Department of Otolaryngology at Tulane University. He is also a member of the American Academy of Ophthalmology and Otolaryngology, the American Medical Association, and the Southern Medical Association. He served with the rank of Lieutenant Colonel as a member of Base Hospital No. 24, and later was in charge of Otolaryngology at the Walter Reed General Hospital.

On October 1, Dr. Alfred Kant and Dr. Mayo J. Poppen started service as Ophthalmic residents, and Dr. William Stone, Jr. as Ophthalmic extern.

A talk describing the corneal graft operation was given by Dr. Edwin B. Dunphy, Chief of Ophthalmology, at the first fall meeting of the Ladies' Visiting Committee on October 9.

A note from Dr. Richard T. Barton (*Oto-Lar.* 1945), saying he would be unhappy to miss a single issue of The News and asking that his name never be crossed off the list of subscribers, bears the address 405 North Bedford Drive, Beverly Hills, California.

Dr. Schall has received this most interesting letter from Lt. Horst J. Heinicke.

Greetings from Northern Italy!

My assignment in Venice, after having come to Europe last November, was comparatively short. I had the good fortune to be transferred from my Aid Station in Venice to the 15th Field Hospital here in Udine early in the year and have been stationed here ever since. Despite my rather meagre training at the Infirmary, they put me in charge of the EENT Department here. As you may imagine, I ventured very little in the way of eye surgery, in spite of having received the order to act as Ophthalmologist — among other things!

The hospital has since been renamed the 391st Station Hospital. It serves the occupation forces in the Venezia-Guilia area and Trieste. Everything is fairly quiet here. Of course, if one is so inclined it is possible to watch a demonstration and (its usual consequences) a riot in Trieste and thereabouts every week or so. The inhabitants get very excited about it all, but as a rule no one is seriously injured. The people stand about in the streets talking and getting in the way of our vehicles. It has often seemed to me that they start these demonstrations and street fights out of sheer boredom.

One thing that impressed me a great deal while visiting Trieste recently was a long, long train, said to leave daily, carrying UNRRA supplies from our ships into Jugoslavia — great coils of wire, vehicles, food, etc. The train crosses "main street", and in passing blocked me from getting to my jeep in the parking space for fully half an hour.

Naturally, I have been looking forward eagerly to the time when my sentence in the Army would be completed, allowing me to return to Boston. Whatever the experience of others in this regard, the doctors of the 88th Division have been poorly oriented as to the date of their release. In fact, the Division Surgeon advised us several weeks ago that we might be held here 60 to 90 days beyond the time we should be eligible for discharge. This, coupled with the fact that doctors in the ETO with equivalent length of service were already on the way home a month ago, has aroused a good deal of resentment.

However, according to the latest directive, I shall be home in November. Replacements from the States persistently recite dire tales concerning living conditions and monetary inflation in the U.S. I can report that most of us would rather "suffer" in the U.S. than live a life of "luxury" overseas.

Mail will reach me through my home address: 31 Tottenham Road, Rochester 9, New York.

In our September issue of THE NEWS we told you about the high honors that had been awarded Dr. Marius N. Smith-Petersen, Chief of our Orthopedic Surgery, by the King of Norway and the University of Oslo.

Dr. Milton H. Clifford has brought us copies of two Norwegian newspapers which contain articles regarding Dr. Smith-Petersen's work in Norway during his recent visit there. Dr. Carroll B. Larson (*Or.* 1938) accompanied Dr. Smith-Petersen on the journey.

We are indebted to the Clifford family for this translation of one of the newspaper accounts.

Professor Smith-Petersen has performed 25 major hip operations at Ulleval Hospital, Oslo, and has taught his methods to surgeons from many countries.

On their two-months' holiday, Dr. Smith-Petersen, formerly a native of Grimstad, Norway, came from the Massachusetts General Hospital with his assistant, Dr. Carroll B. Larson, to perform gratis a series of complex operations. This work was a gift and favor to Free Norway. The Professor, with his wife and Dr. Larson, returned to America on the *Stavangerfjord.*

A brilliant feast was given them, prior to their departure, by the Surgical Staff and patients of Ulleval. With a warm and deep-felt speech of thanks, one of the patients presented both the Professor and his assistant with beautiful silver plaques. The 25 donors were thankful patients whom the surgeons, through their operations, had saved from pain and invalidism. Some of them had been chained to the sickbed from childhood, some could move only on crutches, while others had a greatly reduced capacity for work because of their hip sufferings.

Dr. Carl Semb, Chief Surgeon at Ulleval Hospital, on whose service the operations were performed in the presence of Danish, English, Swedish, and Norwegian surgeons, says, "Professor Smith-Petersen is one of the world's leading orthopedists. He has taught us his own methods. He has worked out his own method of treating hip sufferings and makes by this method a whole new joint. He has demonstrated this every day before a large gathering of surgeons; and to me personally he has presented his own instruments.

"The arthroplasty method will be possible to perform at Ulleval Hospital and other Norwegian hospitals from now on. . . . We have also had great joy in other fields of surgery here at Ulleval by Professor Smith-Petersen, and now Norwegian surgeons go regularly to Massachusetts General Hospital to see and learn. . . .

"Both Professor Smith-Petersen and Dr. Larson did their work without compensation. Professor Smith-Petersen refused a sum of money we wished to give him from a trust fund to cover some of his expenses during his stay here. That money will now be used for the benefit of one of our Norwegian doctors."

* * *

DERMATOLOGY DEPARTMENT

The first Staff Meeting of the fall season was held on September 27 in the Out-Patient Department. Three cases were exhibited. The first was pemphigus of the mucous membranes with probable secondary monilial infection. The second was lichen planus simulating psoriasis. Last were a mother and daughter with a pigmentary disturbance. The diagnoses suggested were incontinentia pigmenti and livido reticularis. Several members of the Staff spoke on their experiences while in military service. Dr. Tolman showed lantern slides of atipical cases of lichen planus due to atabrine. Dr. Damiani spoke on his experiences in Iceland. Dr. Perley discussed dermatology in the Pacific Theatre. Dr. Wainger and Dr. D'Urso also related some of their experiences. It was announced by Dr. Lane that a study of vitamin A in skin diseases will be carried on by Dr. Wainger and suitable cases should be referred to him.

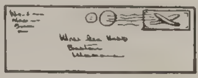
The first Quarterly Meeting of the New England Dermatological Society was held in the Out-Patient Department on Wednesday, October 9.

Word has been received that Dr. William E. Flood (*a.r.p. D* 1942) has started practice in Fort Worth, associated with Dr. Porter Brown. The address is 1106 Medical Arts Building, Fort Worth, Texas.

Dr. Ralph H. Luikart, Jr. (*M* 1944) writes that he will be discharged from military service in the near future and contemplates returning to M.G.H. to further his training in dermatology.

Dr. Damiani has completed his term as our senior resident and will open an office for the practice of dermatology at 16 Norwich Street, Worcester. Dr. Perley succeeds as senior resident. Dr. Hugh MacDonald has completed a year's postgraduate training and plans to start practice in Illinois. Dr. Harry Miller has finished a year, but will stay on for another month. He has already reopened his office in Connecticut.

Dr. John J. D'Urso and Dr. J. L. Spencer will continue for a second year of postgraduate work. Comdr. John H. Cox, MC, and Dr. Basil C. Gray began the graduate course in October. Commander Cox was transferred here from the Norfolk Naval Air Station. Dr. Gray practised in upper New York state before entering military service.



Since last June this letter to Dr. Barney from Lt. Robert H. Hepburn, MC, USNR (*r. s. U* 1943) has been set up in print, awaiting space for publication. It is too interesting to be forfeited, even though Dr. Hepburn is now back home.

My early wanderings seem remote and hard to recall in the face of this Shanghai impact. I went to the Naval Hospital at Newport, R. I. when I left you in January '44. Thence to Quoddy Village, Eastport, Maine, in April '44, where I and 3,000 Seabees plodded around in mud. I'll bet you know Eastport. In spring, its cold muck is remembered forever on a brief few weeks' acquaintance.

On the way across to Seattle, as our first stopping point *en route* to Pt. Barrow, Alaska—where we were going oil prospecting in the 4th Naval Petroleum Reserve—I came down, luckily, with catarrhal jaundice. This resulted in a delightful summer at Bremerton Naval Hospital, in all the warm brilliance of our northwest. I remember your once saying how nice it would be to live in Seattle. I tried it (Bremerton, just across the bay) and it was beautiful. My wife and I lived in a tiny apartment off a garage, and had chickens and enormous tomato plants right outside the window. I loved even the chickens. After Sue had worked all day on a drawing we'd often say, "Wouldn't Dr. B. love to do that one, and if he were only here to show us how!"

In October we drove back across the country—going around Mt. Rainier, across Washington, nicking Oregon, down through Idaho, Wyoming, Nebraska, Iowa, Indiana, Ohio, Pennsylvania, New York, to New London, the Submarine Base. I lost $200 on the ancient Dodge I bought, but it carried us faithfully to a million-dollar memory.

Winter '44-'45 at the Sub Base was cold and wet; but, with Sue and Hartford right there, it was an unbelievable reward for catching catarrhal jaundice.

April of '45 we spent in New York while we gathered together the *U.S.S. Repose.* After commissioning, May 26, we took our shake down to Norfolk, Va. Sue followed, and after two weeks at Old Point Comfort we parted as the "Posey" shoved off for the Pacific.

After a trip from Pearl Harbor to Frisco we set off for Okinawa, only to have the war end before we got going.

Since September 30 we've been in Shanghai, doing a land office business in V.D. I've had six stone cases (kidney or ureteral), one nephrectomy for a ruptured kidney, one transurethral, and a row of varicoceles, hydroceles, orchidopexies, and the like. The extraordinary amount of chancroid and lymphogranuloma venereum was a complete novelty to me. I'm now quite an expert (if I dare admit it) in these dark subjects.

Points will free me in April, at last; so, my old boss, you may see me again soon, before I become so oriental (or bald) you won't recognize me.

And now, from 179 Allyn Street, Hartford, Connecticut, comes this note:—

A number of your issues of THE NEWS have caught up with me here in Hartford. The astronomical news apparently hasn't reached you that I am reclining, as of three months, in civil life. My practice of urology is somewhat inaccurately and too politely so-called, but I think I can identify its beginning along with my efforts on the lowest rung of the g-u ladder at the Hartford Hospital.

This brief note arrived last June from Capt. Fathollah K. Mostofi, MC, AUS (*a. P*), from Section 5, Madigan General Hospital, Fort Lewis, Washington.

Another transfer—again because the hospital (Dibble General) was inactivated. This being the second time, I have now specialized in what one does in closing an Army General Hospital.

The above has been followed by this letter from Captain Mostofi, headed William Beaumont General Hospital, El Paso, Texas.

A request for discharge from the Army, after 24 months of service, led to transfer to this hospital in August. The laboratory is the largest and best equipped that I have had. The climate is certainly a great contrast to that in the state of Washington.

We are conducting an extensive postgraduate teaching and training program for RA Medical Officers who were forced to do administrative work during the war and who are presently expected to take over all the professional work. I am not convinced that this is the right approach to the problem of teaching these men and certainly feel that this is very inadequate, unless supplemented with additional training.

We have as little formality as one could have and still be in the Army, and no one could ask for more congenial and less formal RA Colonels and Lieutenant Colonels to work with than are in this group.

Since my last note, I have been certified by the American Board of Pathology (Anatomical Path. Section), and had an eight-day visit with my family who are still in Southern California.

Asst. Surg. John W. Smillie (*ES* 1944) gives as his new address Communicable Disease Center, USPHS, 605 Volunteer Building, Atlanta 3, Georgia, and adds:—

In August I was reassigned here as Epidemiologist, and spent August in South Central Mississippi working on an epidemic of dysentery.

I note that mail sent Harvey S. Collins (*M* 1944) is being returned. Last June I heard he had left the Nutrition Clinic of the Hillman Hospital and had gone to Europe to do nutritional field work.

While this letter from Lt. Robert A. Broome, Jr., MC, AUS (*M* 1944) was addressed to Dr. Means, a postscript asks that it be passed on to The News. It is Lieutenant Broome's "first", and is headed 279th Station Hospital, APO 755, c/o Postmaster, New York, N.Y.

After my momentary but refreshing visit to the M.G.H. last April, I returned to Fort Dix and then went to Camp Kilmer for shipment overseas. I was lucky enough to be sent to the European Theatre. We sailed from New York on 20 May — many of us, myself included, very anxious to come; others, chiefly those with families, not so anxious. There were over a hundred MC's on the *General Brooke*, along with a shipment of between two and three thousand German prisoners of war being repatriated.

One of my medical school classmates and I were put in charge of one of the holds full of prisoners, and then it was that I first realized how little of my college German I remembered. We got along somehow, though, and since I've been here I've been able to refresh my memory at least enough to converse and understand, however imperfectly.

We landed at Le Havre, came through Paris (only 5 hours there) and Frankfurt to the replacement depot at Marburg. Marburg is a beautiful and very old town of about 40,000 inhabitants. It has rough cobblestone streets, steep hills, and some beautiful buildings dating from medieval times. The medical school of the University of Marburg is in operation now.

Lucky again, I was sent to Berlin, where I'd hoped from the first to go. I arrived here in the middle of June, and am working on the Medical Service in the 279th Station Hospital — a 500-bed hospital (formerly 750) and the only American hospital in Berlin. Food and quarters are good; and, as Army medical work goes, one can't complain. Believe it or not, only yesterday a patient was admitted to my ward with frank hypothyroidism. I haven't seen any thyrotoxicosis here yet, although with young female dependents arriving constantly, there will probably be some before long. We see a moderate amount of rheumatic fever, nephritis, malaria, and post-diphtheritic neuropathy and myocarditis. As you doubtless know, the brand of diphtheria here in the E T is severe, and these complications are common. Interesting to me was a recent case of Reiter's disease — if it can be called a disease rather than a syndrome. It occurred in a middle-aged male civilian, and seeing the patient certainly made me long for my reprints and the other easily available literature which we take for granted in the States.

Berlin is, of course, an interesting city — what remains of it. Two weeks ago I went to Potsdam, which is practically totally destroyed by one night's bombing, except for the buildings in the Park Sans Souci, where are located the old and new palaces of Frederick the Great and his descendants. These palaces are, of course, very beautiful.

A few days ago several of us went to the Robert Koch Institute to see some of the research that still goes on there, and to see the tomb of Koch. While there we met Dr. Kleine, who used to work with Koch, and who used to be the Chief of a South African institute for the study of trypanosomiasis. Soon I plan to go and meet Dr. Warburg, who is still the head of the Warburg Institute for research in cellular physiology. That will probably be more than usually interesting, for I understand that Dr. Warburg is far more a master of our language than I am of his.

The statements with regard to our discharge from the Army are still not entirely clear; but when that time does come, I hope very strongly to be able to come back and work at the M.G. H. again.

From 422 Beacon Street, Boston 16, comes this note from Dr. Donald T. Chamberlin (*P* 1931 *&* *NS* 1931).

I returned from England last December in command of the 187th General Hospital. After getting through the maze of transferring the command and inactivating the unit, I went to Canada where I had a teaching position at McGill. Very quickly it became apparent that I could never live happily outside my native land, so I came back. On 16 September I opened my office at this address for the practice of Gastroenterology.

My terminal leave was over in April and I reverted to inactive reserve status with the rank of Colonel. It is great to be a civilian again after five years, and even greater to be back in Boston.

In our September issue we reported that Dr. M. Morris Pinckney (*WM* 1932) is back home and in private practice. This letter from him to Dr. Faxon gives us our first clue as to where he was stationed during the war.

I am thoroughly ashamed of myself for not having written to The News in so many years. I greatly enjoyed each issue and, needless to say, read every word. However, since our Unit was at all times so near the Sixth General and since we so often saw our friends there, we did not write separate letters to The News for fear of duplicating their information. There were four or five MGH alumni in our Unit and we had many pleasant visits with your group.

I am looking forward to future issues of The News.

While men are supposed to be exasperatingly inefficient as correspondents, our experience has been that letters from our nurses in the Service have been sharply in the minority. This letter to Dr. Faxon from Lt. Col. Kathleen H. Atto (*MGH* 1922) will be read with great interest by all of Colonel Atto's friends. Her address is 97th General Hospital, APO 757, c/o Postmaster, New York, N.Y.

After almost twenty-five years in nursing and almost four and a half in Service, I am having a new and interesting experience — that of being for the first time a patient. It is amazing how much one can be around hospitals and yet not appreciate what actually happens to the patient and how radically treatments can change.

I was operated upon about a week ago and after three hours in the operating room (they tell me), a transfusion and an intravenous, I dangled that evening and got up twice the next day. Since the third day I have been up practically all the time and on regular diet; and now, with sutures out, I feel as if nothing had happened. Are they doing that sort of thing at M.G.H. or is it strictly Army SOP?

What nursing care I have required has been efficiently given by Lt. Leonille Dufault (*MGH* 1936), whom I knew as a very young student. While all the nurses have been fine, it has been a great comfort to have one of our own.

My present position is Director of Nursing CBS — a position similar to the one I held in Second Service Command. Although I was not fortunate enough to get overseas during the active phase of the war, I am enjoying my present experience and trust I will be given the opportunity to complete my overseas tour. The picture changes so completely from day to day one never knows.

Our headquarters are in a beautiful spot, undamaged by the war, about twenty-five miles from Frankfurt. From here my travels take me to all parts of Germany.

I have been told there is an impression at home that we have so much German help in our hospitals that the nurses are not working. I can assure you, from both observation and personal experience, this is not the case. Our numbers are being reduced rapidly by redeployment and our services expanding because of the number of dependents, to the point where it is difficult to cover adequately, but the nurses are doing the nursing.

I have completely devoured each issue of The News that has reached me. I have read with interest accounts of new developments at M.G.H. I know they will meet with success, as all previous ventures have — as all ventures so carefully considered and planned do.

It seems strange to realize that Miss Johnson is no longer there. I trust she is enjoying her well-earned retirement. With Miss Sleeper at the helm she should have no fears about the progress of the School.

Maybe, with the shooting war over and private practice the only concern of the day, more "firsts" will arrive from our alumni. Here is one from Dr. William H. Blodgett (*Or.* 1940).

I have been out of the Army since the first of the year. I spent three years in the ETO, two years in England and one in Paris, as Chief of the Orthopedic Section in the 217th General Hospital and as Seine Section Consultant in Orthopedics.

During all this time The News was received regularly (though sometimes delayed by transportation difficulties) and was a constant pleasure. The whereabouts of many of my friends from the General always seemed to be a surprise, because one had the feeling that everybody else was in the old groove while you were the only one in a pup tent (in which I spent only two weeks, by the way). I must say I have had a constant sense of guilt for not having written you regarding my activities, but they always seemed unimportant to the person in question.

Since January I have been back in the practice of Orthopedics with my father at 603 Kales Building, Detroit 26, Michigan.

Dr. Parker C. Carson (*r. s. Or.* 1940) is out of the Navy and back in private practice at 20 Maple Street, Springfield, Mass. A recent letter says:—

I spent most of my time during the war at the U.S.N. Base Hospital No. 8, located on Oahu near Pearl Harbor. During my stay in Hawaii I had occasion to see many of my MGH friends. I returned to Chelsea about a year ago for a brief stay before separation from the Service.

I reopened my office last January and have been busy ever since. I hope to get down to Boston occasionally for Grand Rounds with Dr. Smith-Petersen.

This nostalgic letter has come, as a "first", from Dr. Richard S. Cosby (*EM* 1940). His office is in the Parkway Building, 117 East Colorado Street, Pasadena 1, California.

I have put off writing until I should become better acquainted with this bewildering,

Luncheon on the Bulfinch lawn, at the Ether Centenary
1946

scrambling, and growing town that is Los Angeles.

After leaving the beloved General on the first of April, 1942, to enter the 105th General Hospital with the good friends you all know, there is little of general interest to describe until the end of January 1946 — a gala day at Dix, when the military elected me to shed the khaki. From there, some unusual "homing" instinct drove me to Southern California via a short stop at Boston. Here, teaching plus private practice is the order of the day — the teaching in association with the University of Southern California, the practice in Pasadena.

Divers other gents, viz: Ed Evans, Bill Shuman, Glen Gummess, and Walter MacLaren — all HMS '38 — have suddenly popped up in this flowering wilderness to lend comfort to one not yet completely "assimilated". But "assimilation" is inevitable (or so the natives imply), and so cardiology will undoubtedly give way soon to swimming, tennis, and skiing. But just to put the record straight, I do miss the General, and let no one tell me otherwise.

A short but welcome note has come from Dr. Wilfrid J. Comeau (*a. in M* 1937-39), from 48 Penobscot Street, Bangor, Maine.

I was separated from the Army in October 1945, after thirty-four months in various general hospitals in England. I resumed private practice as a cardiologist at the above address, and have been quite busy.

I looked forward each month while overseas to receiving The News, and I find that my interest has not diminished since I have returned to civilian life.

A while back we received this letter from Dr. John W. Norcross (*EM* 1937). Much in the way of an interesting story seemed to be hiding behind the words, and we wrote Dr. Norcross asking him if he wouldn't send us something for the "Now it can be told" column. While awaiting his reply we publish the letter in hand so that all his friends may know where he is.

I have returned home again and am back at practice at the Lahey Clinic. I want to apologize for not writing you while still on Okinawa. To be truthful, I was waiting for the war to end so that censorship would be removed and I could write a more interesting letter. Then I just didn't get around to it before the time came for me to return. The experience was most interesting and I was always busy; but after the war, it was hard to stay there practising on gooks when I felt I could do so much more for our own civilians.

My home address is 29 Nod Hill Road, Newton Highlands.

Almost three years ago we reported that the name of Lt. Walter C. Graham, MC, AUS (*r.s. Or.* 1940) had appeared on the staff list at Valley Forge General Hospital. Now a "first letter" has come from him. During this interval he has been promoted to Lieutenant Colonel. He writes:—

I am still in the Army but expect to be released from active duty soon. At the present time I am Chief of Orthopedic and Hand Service at the Valley Forge General Hospital. When I am discharged from the service, I expect to return to Santa Barbara, California, and take up Orthopedics where I left off.

We have greatly enjoyed The News, which has kept us in contact with all our old friends among the alumni and on the staff at M.G.H.

I was recently presented with the Legion of Merit, apparently for work done at the Valley Forge General Hospital.

We had had nothing but changes of address from Capt. Duane H. Mitchel, MC, AUS (*M* 1943) until Dr. Means sent us this letter from him. He is still with the 29th General Hospital, with the APO changed to 1054, c/o Postmaster, San Francisco, California.

You would think that after two years overseas I should have a few war experiences to relate similar to those printed in The News; but, fortunately or unfortunately, I've been assigned to this General Hospital during most of my overseas duty and have not been in combat. While in New Caledonia we were actually farther from hostilities than you were in Boston. We arrived on Okinawa four days after the campaign was officially over, and except for a few light air raids and an occasional night infiltration by a starving Jap trying to find the mess hall, we had no excitement. Now we are located in a Japanese University near Seoul, Korea—becoming more convinced each month that the statement "The winning of the peace is more difficult than the winning of the war" contains an element of truth.

THE NEWS

No.51 Boston, Mass. December 1946

HENRY KNOX SHERRILL

The history of the Massachusetts General Hospital is the biography of the great men who have made it. Henry Knox Sherrill is one of these great men. His association with this hospital began in May 1917 when he became Chaplain of Base Hospital #6. In 1928 he was elected a trustee. From 1934 he has served as Chairman of the Board. In September 1946 he was chosen as Presiding Bishop of the Protestant Episcopal Church of America. Since this will require his residing in New York, on November first he tendered his resignation as trustee, after serving for eighteen years.

Possessing remarkable executive ability, Bishop Sherrill has wisely directed the affairs of this hospital. The erection of the White Building, the successful guiding of the institution through the critical war years, the formulation of comprehensive plans for the future, will long be remembered as the result of his leadership.

His humor, humanity, and honesty, as well as his ability and farsighted vision, have endeared him to everyone in the Massachusetts General Hospital. The high morale and spirit of service, so prominent a feature of this hospital, have been fostered by his presence and his example.

We wish him happiness and success in his new position. We shall miss his cheerful laugh, his stimulating presence, and his wise counsel. We are thankful that he has been one of us for these many years. To him we extend the same message with which he cheered the departure of the 6th General Hospital:

> "We shall miss you
> We are proud of you
> God bless you"

N. W. F.

Miss Morse, Supervisor of our Occupational Therapy Department, is about to leave for Czechoslovakia. Miss Morse will head a unit, sponsored by the Unitarian Service Committee, whose mission is to set up a Physical Medicine program in Czechoslovakia. Miss Morse expects to be gone for almost a year.

Everyone knows about the work done over there this past summer, under the same sponsorship, by the group of fourteen American doctors, headed by Dr. Paul D. White. Dr. Aub and Dr. Krayer also went with the mission. M.G.H. is very proud that once again a member of one of our services should be named to head the new unit.

The Medical Staff meetings were resumed on November 4, when Drs. Joseph C. Aub and Paul D. White gave accounts of their summer in Czechoslovakia. Dr. White showed some very interesting pictures. The News hopes to publish briefs of their talks in an early issue.

The monthly Dental Staff meetings were resumed on November 19, and will be held on the third Tuesday of each month at 7:30 P.M. in the OPD lower amphitheatre. These meetings are open to all hospital members, and many interesting subjects have been scheduled for the winter. The November 19 subject was "Dental implications in cardiac disease".

* * *

Don't miss seeing Dr. Barney's drawings which are being shown at the Art Museum! There are forty-one pieces on exhibition. The painstaking detail and delicate handling of each of his subjects surpasses anything we have ever seen before. The drawings include—but, no, we won't tell you anything more about them. Words would not do them justice. You need to see them for yourself.

The drawings will be on exhibition until December 8, but don't wait till the last minute lest you fail to get there. You'll be eternally sorry if you miss out on them.

At a meeting of the Board of Trustees held on October 18, it was voted:

To accept with regret the resignation of Dr. Robert K. Brown from the position of Assistant in Surgery;

To appoint Dr. Gardner C. Quarton as Assistant Resident in Neurology for one year, beginning October 15;

To appoint Dr. Stanley J. Sarnoff as Third Assistant Resident in Surgery, beginning January 1, 1947.

The General Executive Committee, at their meetings on October 23 and 30 and November 6, voted:

That the appointment of Dr. William W. L. Glenn as First Assistant Resident in Surgery be terminated as of December 1;

That Dr. LeMoyne White be promoted to the position of Resident in Psychiatry for the term January 1 through March 31, 1947 and that Dr. E. Peirson Richardson be promoted to the position of Resident in Psychiatry as of April 1, 1947, when Dr. White will return to his old position as Assistant Resident;

To approve the recommendation that Dr. Ching Tung Liu's appointment and service be considered as that of Resident instead of Assistant Resident on the Neurosurgical Service, and that his diploma read "Resident";

To appoint as Graduate Assistants:

Dr. Rose T. Kronenberg, in Psychiatry
Dr. Leonard T. Kurland, in Medicine
Dr. Roger G. Metcalf, in Medicine
Dr. Richard L. Miner, assigned to the Dental Clinic

To appoint as Research Fellows:

Dr. Edgar H. Norris, in Pathology
Dr. Donald R. Wilson, in Medicine, to work with Dr. Albright
Dr. Masao Yatsuhashi, in Surgery, to carry out investigative work in the hematological problems of the Blood Bank, from October 1 to April 1, 1947

To appoint Dr. John Gardiner as Clinical and Research Fellow in Anesthesia;

To appoint Dr. James A. Grindell as Clinical Fellow in Medicine, to work with Dr. Paul D. White.

* * *

The News is going to publish transcriptions of several of the speeches given during the three-day Ether Celebration. We start off with the address delivered by Dr. Fuller Albright (*WM* 1926), a member of our Medical Staff. Dr. Albright is Associate Professor of Medicine at Harvard University, and is an eminent endocrinologist and a student of the calcium metabolism in renal stones. He was one of the speakers on Dr. Aub's symposium on "Progress in the study of degenerative diseases". The subject of his speech, which was illustrated by fascinating lantern slides showing hand-drawn diagrams, was "The aging of bone and treatment thereof".

You all know what is meant by the expression, "the facts of life"; one might use as the title of our symposium here today, "the facts of old age". My particular part is to discuss the changes in the skeleton in old age and the causes therefor.

Twentieth Century Man

I will start by contrasting certain anatomical findings and physiological processes in a comparatively young individual, with those in an elderly individual. For the young individual, let us take one born at the turn of the century, let us say January 12, 1900, and let us call him "20th Century Man". I will now synthesize 20th Century Man, putting in only those structures which concern the present discussion.

First, I will give him an outside skin, and, to add a little realism, four rudimentary appendages. [This is where the diagrams began—this one showing a vertical rectangle with rectangular appendages. *Editor*]

Secondly, I will put in a gastro-intestinal tract and a kidney with an outlet to the outer world.

Thirdly, I will fill the body with fluid and set aside one compartment of fluid to represent the blood serum. The serum compartment is of importance since it can be sampled with a syringe and thus its chemical constituents can be analyzed. Throughout the body fluids I will put calcium ions represented by black dots and phosphate ions represented by white dots.

I will now introduce into the center of this synthetic man a large black quadrangular area to represent the skeleton. At the two ends of this skeleton I will attach a structure which represents the body musculature. Finally, I will introduce outpocketings of the body surface to represent the teeth.

The synthesis now becomes a little bit more complex and, I might add, controversial. The skeleton is composed of an organic matrix into which is deposited a calcium-phosphate-carbonate salt, called dahlite. Much of the skeleton is in the form of a maze of interlacing trabeculae so that the surface area is tremendous. From a structural point of view there are two types of surface—one where bone is being laid down and one where it is being resorbed. Where bone is being resorbed one sees osteoclasts which are large cells with multiple nuclei. It is my belief, not my conviction, that the levels of calcium and phosphate ions in the body fluids are held at such heights by the kidney, in its role of regulator of homeostasis, that dahlite is being constantly resorbed at bone resorbing surfaces. The black arrows [shown in the slide] indicate the passage of calcium from bone-resorbing surfaces (indicated by osteoclasts), to body fluids, to kidney, to outside world.

But bone formation and bone resorption occur at one and the same time. Obviously, there must be some local factor where bone is being laid down which favors the precipitation of the calcium-phosphate salt, dahlite at this point. Where bone is being laid down one can see osteoblasts laying down uncalcified matrix (i.e. osteoid). It is highly probable that there is a localized increase in phosphate ions at bone forming surfaces due to the action of phosphatase or phosphorylase or both in splitting off inorganic phosphate from organic phosphate compounds.

I will introduce a series of arrows to indicate the movement of calcium in the body; these arrows speak for themselves, by and large. Note that the teeth have only ingoing arrows. One can acalcify a tooth but not decalcify it.

I will introduce in the left lower quadrant of my synthetic man a structure to represent the steroid-producing endocrine glands. These include the male and female gonads and the adrenal cortex. The steroid hormones circulate throughout the body and stimulate various structures. Of these, the most spectacular, if not the most vital, are the structures which constitute the secondary sexual characteristics and which give to the body many of its contours. It will be also noted in the slide that they stimulate production of axillary hair. I would emphasize here, however, their marked somatotrophic action; thus, it will be seen that they stimulate muscle growth, skin growth, and bone growth. One almost gets the impression that they stimulate all tissues. However, there is one interesting exception—the hair on top of one's head. This, as shown by Dr. James Hamilton, is inhibited by one of these steroids. In slide 9 I will introduce a new wing to the structure representing the steroid-producing glands. Here steroid hormones of a different kind are manufactured. These steroids have an action opposite to that of the other steroids on certain of the tissues; thus they inhibit growth of these tissues rather than stimulate growth. Their importance is brought out only in certain diseases and in certain conditions where the body has to mobilize its resources because of danger from without.

This, then is Twentieth Century Man.

Ether Day Man contrasted with Twentieth Century Man

Let us now contrast "Ether Day Man", born October 16, 1846 (making him 100 years old) with Twentieth Century Man.

In examining Ether Day Man one is struck with how many of the changes can be explained on the basis of atrophy. Thus, his skin is thin and when wrinkled forms waves with sharp crests as compared with the waves with rounded crests produced when the skin of 20th Century Man is similarly wrinkled; the muscle mass and the bone mass are likewise decreased. Moreover, the steroid-producing glands are decreased in size and in respect to their production. The axillary hair is scanty; certain secondary sex characteristics are less prominent than previously; etc., etc. The teeth are somewhat of an exception. To be sure, many have fallen out because of atrophy of the structures in which they were imbedded or have been pulled out because of decay. The teeth which remain are not atrophied, albeit riddled with caries perchance.

Now let us examine the bone tissue more closely. It will be seen that the decrease in bone mass is due to a decrease in bone formation in the presence of a continued normal degree of bone destruction; in other words, the osteoblasts are not laying new bone matrix as rapidly as in 20th Century Man. The problem is one of decreased anabolism rather than increased catabolism. It seems probable that this same discrepancy is present in other tissues where we are not so fortunate as to be able to differentiate between decreased formation and increased destruction.

The problem with the skeleton, therefore, is not one of calcium-phosphorus metabolism but one of tissue metabolism; that bone matrix which is laid down is normally calcified; with continued bone destruction and decreased bone formation, the net result is a loss of calcium from the skeleton and hence an increase in calcium excretion in the urine. It must be added, however, that as the skeleton becomes depleted the total amount of bone destruction decreases, although the amount of destruction per unit of bone probably remains unchanged. Therefore, in time the calcium excretion in the urine decreases and finally may even reach a very low level.

In looking for the cause of the atrophy of multiple tissues in Ether Day Man, the question arises whether atrophy of the steroid producing organs occurs first, and leads secondarily to atrophy of other organs, or whether old age *per se* causes atrophy of all tissues. This question can easily be put to the test. If the atrophy is secondary to decrease in steroid production, it should respond to steroid therapy. It does, at least to a certain degree. Thus, from the studies carried out in my laboratory by a multitude of researchers, it has been shown that the atrophy of bone which occurs in old age is offset by the administration of estrogens and/or androgens. It has been further shown that androgens stimulate protoplasmic anabolism with the retention of nitrogen, phosphorus, potassium, and sulphur in the proportions in which they are found in protoplasm.

Times of onset and cessation of production of certain steroids

Since the steroids probably have an important role in the problem at hand, let us examine the production of certain of these in relation to the age of the individual.

In the female the ovarian hormones, estrin and progestin, are first produced in any quantity at puberty (alias menarche). Their production stops rather suddenly at the menopause. Our knowledge concerning these two hormones is facilitated by the fact that their presence is indicated by the menstrual cycle. There is another key steroid hormone about which our knowledge also is quite clear. I speak of the adrenal cortical steroid hormone which has a somatotropic action somewhat similar to the male gonadal hormone, testosterone, and the production of which in the female governs the growth of axillary and pubic hair and the excretion of 17-ketosteroids in the urine. For convenience, I will call this hormone the adrenal-cortical "nitrogen" or "N" hormone. The onset of its production is usually fairly synchronous with the onset of the menarche, but in certain instances the two are dissociated. Dr. Lawson Wilkins of Baltimore has told the speaker that he has seen a group of seven children in which the axillary and pubic hair production started very precociously while the menarche came at the usual time. Then, in the condition, ovarian agenesis, where the ovarian tissue is congenitally lacking, the production of axillary and pubic hair and of 17-ketosteroid precursors, in many instances appears at the normal time for the menarche, albeit in reduced amounts for reasons which need not be discussed now. In short, there is an "adren-arche" with respect to the "N" hormone without a menarche. The production of axillary and pubic hair and of 17-ketosteroid precursors continues after the menopause, from which I infer that the "adrenopause" with respect to the "N" hormone and the menopause are not simultaneous. However, there is an "adrenopause", as very elderly women have very scanty axillary and pubic hair and very low 17-ketosteroid excretions in the urine.

Now let us turn to the male. Since the androgens made by the interstitial cells of the male gonads have an action similar to that of the adrenal cortical "N" hormone, it is impossible as yet to draw a curve differentiating the two hormones. In all probability, the gonadal hormones and the adrenal cortical "N" hormone start at the same time at puberty. They cease, not at the time of the female menopause, but probably at the time of the female "adrenopause".

From the above discussion it is seen that senility is ushered in by a puberty in reverse. It is further seen that there are two steps in the turning-off of steroid production in the female, the menopause and the "adrenopause". Since estrin has a marked effect in stimulating osteoblasts, the first of these steps is followed by osteoporosis. The relatively early onset of the menopause in the female accounts for the fact that osteoporosis is so much more common in females.

Interpretations

When it comes to the interpretations, one must be extremely cautious. I think it can be said with assurance that one of the striking characteristics of old age is the atrophy of multiple tissues; it can also be said that the administration of certain steroids partially overcomes this atrophy. The $64 question is whether the atrophy which occurs is a basic evil of old age or a compensatory blessing in disguise. The increased life expectancy of women over fifty as compared with men of the same age is perhaps an argument in favor of the menopause constituting a compensatory adjustment. The speaker prefers not to take a stand on this important issue.

New addresses:—

Dr. Robert K. Brown (*WS* 1939), 144 Downing St., Denver 3, Col.

Lt. Eileen Glynn (NC) USN (*MGH* 1936), U.S. Naval Hospital, Naval Station, Norfolk, Va.

Dr. Claud E. McGahey (*a.r.s.* 1941), Warren St., Hudson, N.Y.

Dr. J. Robert Spencer (*EM* 1943), 1130 5th Ave. SE, Rochester, Minn.

Dr. Henry C. Thacher (*CM* 1942), 987 Memorial Drive, Cambridge, Mass.

Brief bits:—

Asst. Surgeon (R) Harvey S. Collins (*M* 1944) is on duty with the United Nations Relief and Rehabilitation Administration and is at present stationed in Europe. His address is U.N.R.R.A.—Vienna, APO 777, c/o U.S. Army, Postmaster, New York, N.Y.

We discovered, quite by accident, that Dr. James T. Heyl (*WM* 1939) is out of military service and is on the staff at Peter Bent Brigham Hospital. It would be nice if we might hear from Dr. Heyl himself.

Dr. Floyd H. Jergesen (*Or.* 1942) has announced the opening of his office for the practice of orthopedic surgery at 384 Post St., San Francisco 8, Cal.

Dr. Louis Nathan (*Or.* 1930) is back in private practice. His office is at 276 Commonwealth Ave., Boston, Mass.

Dr. William A. Weiss, Senior Fellow in Anesthesia, completed his service on October 31. His address now is c/o Mr. J. L. Wertzberger, 5013 Walton Ave., Philadelphia 43, Pa.

Lt. Comdr. Herbert C. Moffitt, Jr., MC (*EM* 1942) is back from the Southwest Pacific. He writes:—

I am now on terminal leave. Please change my address to 1818 Broadway, San Francisco.

After several months of terminal leave I expect to be an Assistant Resident in Medicine at the University of California Hospital here in San Francisco.

MASSACHUSETTS EYE & EAR INFIRMARY

An Eye-Bank, to which people in New England may donate their eyes after death for use in the cornea transplant operation, is being opened at the Massachusetts Eye and Ear Infirmary. The Eye-Bank is a branch of the already famous Eye-Bank for Sight Restoration, Inc., New York City, and is the second such affiliated bank to be established in the country, a branch having been started in Chicago in the spring.

The Sponsoring Board of the new Eye-Bank, made up of outstanding ophthalmologists from all over New England together with prominent churchmen and laymen, met at the Infirmary late in October. At the meeting, they appointed as Executive Committee: Dr. Edwin B. Dunphy, Chief of the Eye Service at the Infirmary and one of the first to suggest the establishment of an Eye-Bank for New England; William S. Ballard of the Junior Chamber of Commerce; and Henry Hixon Meyer, Boston attorney and Chairman of the Infirmary's Board of Managers. The Sponsors also voted that the New England Eye-Bank be under the auspices of the Eye and Ear Infirmary.

Mrs. Henry Breckinridge, Executive Director of the Eye-Bank for Sight Restoration in New York, outlined for the meeting the purposes and functioning of the parent Eye-Bank which was established in 1945. She pointed out that a branch bank here will not only insure an easily available supply of corneal tissue for surgeons qualified to perform the operation, but also will help encourage and extend the knowledge and skill required for this comparatively new eye surgery.

Dr. Garrett L. Sullivan, of the Infirmary Staff, has already been to New York for two weeks' intensive study of the latest techniques in the corneal graft operation. The Eye-Bank for Sight Restoration has awarded nine scholarships, donated by individuals, to young eye doctors who have been trained and have then gone to medical centers where previously there had been no one qualified to perform the operation.

Mrs. Breckinridge concluded her talk by saying that the national Eye-Bank has been amazed at the interest shown by the general public in the whole subject of research on blindness. Public response, she said, not only by the donation of eyes but also by financial contributions, was making it possible to do extensive studies in eye pathology and on injuries to the cornea.

A description of the operation itself was given to the Sponsor group by Dr. Brendan D. Leahey of Lowell, the eye surgeon who has performed the most corneal graft operations in New England. Dr. Leahey explained that the operation can restore or improve sight in only one form of blindness—that caused by opacity of the cornea when the rest of the eye and the optic nerve are normal.

Dr. Dunphy then stated that here in Massachusetts there are no legal obstacles to the procedure of eye donation. The donation is made beforehand on a special blank sent by the Eye-Bank on request. The New England bank expects to have such blanks ready to send out shortly.

Donors are asked not to make the gift a part of their wills, as a will is not effective immediately. Eyes must be enucleated by at least one hour after death. Because of such medical technicalities, it is at this time necessary for the donor to die in a hospital. But, for this very reason, it is desirable for a large number of persons to sign the donor blanks so that a sufficient number of eyes will be available at all times.

Almost any eye that has a perfect cornea can be used. The eyes are stored, under proper refrigeration, at the Eye-Bank until they are passed on to the doctors who use them. It has been known to be possible, today, to preserve the tissue for as much as 72 hours.

At the initial meeting of the Sponsor group, full coöperation of a number of leading hospitals in this area was assured by hospital representatives present. The Boston City Hospital was the first to offer the new Eye-Bank an actual eye, on the very day the Bank was founded. Other hospitals will be welcomed to affiliation as fast as the Eye-Bank gets under way.

Mrs. Edward M. Galagher, Jr., Chairman of the Boston Red Cross Motor Corps, was at the meeting in connection with the Corps' coöperation in getting eye material delivered with the necessary promptness, as in New York. A gift of money, sufficient to get the branch here started, was reported by Mrs. Richard C. Curtis, Treasurer of the Ladies' Visiting Committee at the Infirmary.

The New England Ophthalmological Society and the New England Oto-Laryngological Society held conferences at the Massachusetts Eye and Ear Infirmary on November 19 and 20. On the second day, the conferences were held in conjunction with the Eye and Ear Infirmary Alumni Association and were climaxed by the Alumni Association Dinner at the University Club at 6:15, at which Dr. Edwin B. Dunphy, as President of the Association, presided.

On the morning of the 19th, the Ophthalmological Society held a surgical clinic in the Infirmary operating room. The Howe Lecture on "Heredity and variation in clinical ophthalmology", by Dr. W. J. B. Riddell of Glasgow, Scotland, was delivered in the late afternoon at the Harvard Medical School. The regular business meeting of the Society in the evening was concluded with another paper by Dr. Riddell, this time on "Ophthalmological education".

The ophthalmological sessions on Wednesday were under the auspices of the Alumni Association and consisted of a surgical clinic in the morning and papers in the afternoon, with Dr. Frederick H. Verhoeff presiding. The Oto-Laryngological Surgical Clinic on Wednesday morning was also under the Alumni Association, and both groups met at the buffet luncheon given by the Infirmary at 1 P.M.

In the afternoon, the Oto-Laryngological Society, with Dr. John D. Rice presiding, heard a number of papers. The guest speaker of this afternoon session was Ross T. MacIntire, Surgeon General of the United States Navy, who spoke on "Oto-Laryngology in the United States Navy".

Dr. Michael J. O'Connor (*Oph.* 1946) has recently been awarded the Legion of Merit Medal from the War Department for work done while in the Air Surgeon's Office, Headquarters of the Army Air Forces, Washington, D.C.

The following doctors have completed their service at the Infirmary and have gone into private practice:

Dr. Paul E. Floyd (*Oph.* 1946), 102 Main St., Farmington, Maine
Dr. Jose Guimaraes (*Oto-Lar.* 1946), Rio de Janeiro, Brazil
Dr. Bernard Zonderman (*Oto-Lar.* 1946), 29 Bay State Road, Boston, Mass.

The last address we had for Dr. Lyman Richards (*Oto-Lar.* 1924) was Pearl Harbor. A recent note to The News says:—

> I have opened an office at 1101 Beacon Street, Brookline. I am Consultant in Oto-Laryngology at the Cushing Veterans Hospital in Framingham and also at the Chelsea Naval Hospital. I have resumed my former position as Chief of the Bronchoscopic Clinic at the Eye and Ear Infirmary.

The News was very glad to receive a short note from Dr. Harry M. Nicholson (*Aural* 1913), in which he speaks of "the delightful visit" he and Mrs. Nicholson had in Boston. He adds:—

> I feel that I will again be a candidate for space in The News before very long.

Dr. Percy E. Ireland (*Oto-Lar.* 1935), who served with the Canadian Army in England, Africa, and Italy, and as Ear, Nose and Throat Consultant to the Canadian Forces overseas, sent this short letter to The News. Dr. Ireland's office address is Medical Arts Building, Toronto.

> After a long service in the Army (since 1939) I was finally discharged in September 1945. At that time I returned to duty at the University and at the Hospital teaching appointments I previously held. Since that is over a year ago, a few things have happened. I have seen a good many of my friends from the Eye and Ear Infirmary during my two visits at the Medical Meetings. Also, I have been appointed to the chair of Professor of Oto-Laryngology in our own Medical School at the University of Toronto.
>
> I was always very much interested in receiving news of the people I was associated with during my time in Boston. I have made one visit back since returning from abroad, and am planning to attend one of the New England meetings, which are always very stimulating.

Lt. Col. Merrill Moore, MC (*gr. asst. N* 1933-34) has returned home, bearing a decoration and citation for his outstanding work in China. Under Colonel Moore's direction, Nanking was sprayed with DDT, as a result of which the disease rate among our troops dropped to one percent.

Last May we received an interesting letter from Colonel Moore, written after he reached Nanking. Lack of space prevented its publication until now. It serves to fill in the gap in Colonel Moore's military record since the time he was sent home on sick leave from the Southwest Pacific.

I had expected to have more leisure after I returned home last summer from the Philippines, and I did for the few months I spent at Squantum on sick leave; but when I reported in at Bushnell General Hospital at the end of the summer, they sent me right back to full duty. I was ordered first to Fort Oglethorpe, Georgia, then to Fort Devens, Mass., where I served as Chief of the neuropsychiatric section at Lovell General Hospital. It was very pleasant being stationed so close to home.

Although I had enough points to get out of the Army if I wished to (and could understand how anyone would feel who did), I decided not to get out and volunteered to remain on active duty for as long as I am needed. It may be quite a while yet, as the Army still has plenty of work for psychiatrists to do. It is interesting and useful work, from my viewpoint. I have been seeing the cream of clinical psychiatric material for many months now, and I feel I am learning many valuable things from it.

Suddenly, toward the end of January, I received orders to go to China on a special assignment that sounded very exciting. I am much pleased about this, for I have always wanted to see China and will find it especially satisfactory to work here. It begins to look as if this duty will be the most pleasant I have had so far. In fact, it is as if I had been eating bread and spinach for a long time, then suddenly was handed a nice dish of ice cream and cake. I feel that way about it, plus a wish to share my ice cream and cake with others. My family will come over before long—when the families come.

I didn't have time to write a Christmas letter, as I wanted to do. By working hard, the hospital staff at Lovell got nearly all of the 5,000-plus patients home for the holidays (many of them for the first time in two or three years), which was something, and much more gratifying than any Christmas round robin I could have written.

I am still keeping notes, with the aim of writing them up some time. This experience of seeing China will make another chapter. I have already started roughing out my book—that is, to cover as far as I have gone, geographically, in the last four years. Starting with New Zealand, it includes New Caledonia, the New Hebrides, Guadalcanal, New Georgia, Green Island, Bougainville, Treasure Island, New Britain, Mussau, Hollandia, and Leyte—not to mention a lot of smaller places. It is not exactly the sort of thing that goes well into sonnets, but may make interesting prose some day. If it doesn't, it's my fault.

We have Dr. Means to thank, along with a few others of our Staff, for passing on to us many letters received from our men in military service. We wish more members of the Staff would make such letters available for publication in The News. This one came to Dr. Means from Lt. Raymond V. Randall, MC, AUS (*WM* 1946).

After being on temporary duty in Washington, D.C., Fort Dix, New Jersey, and Fort Sam Houston, Texas, I have been assigned to Oak Ridge, Tennessee—the "Home of the Atom Bomb". Just how long I shall be here I do not know. With all the talk of a Civilian Atomic Commission, the situation here is definitely not stable. I hope I shall be here for many months more, however, because there is much here to be learned.

At the Army Medical Field School in Texas I saw many men from the MGH Medical Services. Among those were Drs. Gardella, Seed, Gottschalk, Stunkard, and Stewart. The Surgical Service was also well represented, and there were many classmates from Medical School. John Seed writes that he is now firmly entrenched in the laboratories at Edgewood Arsenal, Maryland. You will be interested to know that Evan Colkins is there also. Several days ago I received a letter from Carl Gottschalk saying he is now at Fort Knox, Kentucky. He is working in a dispensary, but hopes to be transferred to the Armoured Medical Research Laboratories at that same post.

Oak Ridge is a most unique town. The whole area is tucked away between three chains of hills, the middle chain separating the plants from the town proper. The area consists of some 59,000 acres which are miles from the nearest city, Knoxville. My introduction to Oak Ridge was very dramatic. An Army car awaited me at the airport, some forty miles from Oak Ridge, when I landed at two-thirty in the morning. We drove down a super-highway for about twenty miles and then, without warning, turned off on a small side road which slowly but steadily threaded its way up into the hills. After many miles of this dark and winding road, we came upon a deep ravine. The bridge which crossed this ended at a sentry gate, blocking the entrance to the pass between the first chain of hills. All I could think of was the crossing of a moat into a large castle. Beyond the gate we sped along an excellent highway over another, or middle, chain of hills. Suddenly the lights of the town burst into view and there was the mythical city of the Second World War.

Soon after arrival I was very fortunate in being able to get quarters—a small four-room cottage near the ridge of the third chain of hills. It overlooks most of the town and surrounding valley. Priscilla joined me at once, and we are now well settled in our new home.

You would like Oak Ridge very much. And it is a painter's paradise. I doubt if the laurel groves of Elysium are more beautiful! Right now the trees on the hillsides are turning color and each hill is a revelry of red, green, yellow, and orange. Certainly this spot is as beautiful as Thoreau's Walden. However, I imagine when the trees have lost their leaves and the cold comes this country will be somewhat bleak. There are not many evergreens, as in New England, to clothe the hills in winter.

Please give my best regards to everyone around the Hospital. I hope to be back in Boston for a short visit before the turn of the year.

Last September we reported that Capt. Jesse E. Thompson, MC, AUS (*ES* 1943) had been transferred to Walter Reed General Hospital. A more recent letter to Dr. Mixter reveals the above promotion in rank and tells us about the kind of work Captain Thompson is doing.

With the closing of Ashford I was, by a streak of luck, transferred to Walter Reed; and, thanks to your giving me a neurosurgical number, I was placed in the midst of one of the busiest services it has ever been my fortune to be associated with. I have enjoyed the professional part thoroughly.

I have never seen so many ruptured discs before in my life, in both officers and enlisted men. We have been very conservative in operating on them. At the present time we have about come to this: Unless a man is almost incapacitated from pain, we do not even do a myelogram, much less an operation, and we don't operate on the ones we do the myelograms on unless the latter is positive. In other words, we have not been doing myelograms unless we are pretty certain of operating on the patient anyway. We have been having good luck, and have been picking out great loose fragments with dramatic post-op results.

All the other centers are closing, so most of the remaining cases are being transferred here for final disposition. We are rapidly getting rid of them, and hope that the separation criteria will be lowered accordingly for us. At the present time, I can get out next June and hope to go back to Boston and the M.G.H.

We have been withholding a most interesting letter from Lt. Robert H. Brown, MC, USNR (*ES* 1945) until sufficient space would enable us to publish it in its entirety. It was written to Dr. Haase several months ago, and we give it to you now because of its graphic pictures of conditions in the Philippines as they were then.

My orders came on July 26 transferring me from Annapolis to the *U.S.S. LST #23*. I flew across the country to San Diego, took a luxurious sleeper train to 'Frisco, and joined my ship in San Francisco Bay. The LST had 4 Navy docs and 30 Navy pharmacist mates, and was otherwise Coast Guard manned. We were to have participated in the Honshu invasion, but, luckily for all, war's end came while we were at anchor in 'Frisco. We sailed for Pearl Harbor on August 18, arrived on the 28th, and received orders to remove all medical personnel from the LST.

After three weeks of absolute leisure I finally got orders to fly to this present ship to relieve its medical officer. I flew in a C-54, a huge four-engined job, from Honolulu to Guam, and thence to Samar. From there the trip to Luzon was made in a C-47, a cargo variety of the DC-3. We stopped briefly at Manila and then Clark Field. The end of the milk run was at Lingayen Air Strip, a spot near where General MacArthur made his landing. Next, I hitched a ride in the back of a 2 1/2 ton truck to San Fernando, where my ship was alleged to be routed. This rattling ride of 3 1/2 hours was interesting in that it afforded me a more leisurely view of the countryside and of the native villages in particular. North of Lingayen Air Strip it became quite mountainous in comparison with the marshy rice land southward. There were battle-scars all along the way, and I would gather that the Army had it pretty rough against the Japs in this treacherous country.

San Fernando proved to be an oasis in the desert of filth and destruction. The harbor is very beautiful, except for the hulls of sunken Jap ships, which stand pretty far out of the shallow water. Opposite the Navy Section Base is a double range of mountains, the lower of which is nearer than the higher range. They remind me of the tiers of keys on an organ. While we were there the tail end of a typhoon alerted all personnel. Fortunately, nothing worse than seething seas and multiple cloudbursts ensued.

A few days later one of my fellow transient officers saw our ship pull into Lingayen Gulf and head south. Unfortunately, she dropped anchor too far out and for too short a time for us to be able to reach her. So we rode a boxcar from San Fernando to Manila where the *Waukesha* was headed. It took 11 hours to make the 120 miles. The cars made those of the "40 & 8" look like Pullmans. There were no lights, toilets, or drinking water. I slept on my luggage with a Filipino soldier practically on top of me. One of the soldiers had a couple of chickens with him which made no noise until the middle of the night when one of the troops sat on them.

Manila is a destroyed city. Any description you may have read of her damaged buildings could not possibly have been exaggerated.

The sewage disposal is extremely poor. Drinking water is scarce. Endemic there are many diseases to which white military personnel are susceptible, including malaria, amoebic and bacillary dysentery, plus the whole gamut of venereal diseases. Military personnel are advised that prostitutes are 100% infected. Prices are inflationary, and the soldiers and sailors add to the inflation by purchasing all kinds of worthless trinkets at almost fabulous prices. Cigarettes cost anywhere from $5.00 to $7.50 a carton. The old walled city was a bastion of Jap resistance and a bloody one at that. In this area are many truly old buildings, some over 300 years old. Nothing was left standing except for the shells of former buildings. The walls of many of these are in the neighborhood of two feet in thickness.

I spent a day haunting the Port Director for information as to where my ship was to drop anchor. After some first class red tape busting I was able to get transportation to the harbor front and thence to the ship. An LCM (Landing Craft Medium—56 ft.) took me out, the jaunt being about 7 to 8 miles. It took all of an hour to make it. Let me tell you I was sure glad to report aboard for duty.

The ship is a castle compared with the accommodations I'd had since leaving Oahu. The medical department is very well equipped. We have 3 main rooms: a medical office and laboratory, a sick bay which cares for 6 patients, and an operating room-dispensary which has, in addition to an excellent batch of surgical equipment, a small X-ray machine. We have a couple of medical storage rooms, a prophylaxis station, and an X-ray dark room besides the main three spaces. There are 4 pharmacist mates. The medical library is very good as to textbooks—in fact, is a source of joy to me. Unfortunately, we do not rate many journals. However, there is enough reading matter to keep me busy until I get back to the States and can pick up more. We're equipped to do Bacteriology, including Kahn tests, and have a good microscope to boot.

The ship is an AKA (Amphibious Cargo Assault), which means that she carried landing craft (LCM's and LCVP's) with the cargo necessary to maintain a beach party for a while. There is room aboard for a small landing party—about 100 to 150 men and 15 officers. She is about 460 ft. long, makes 16 knots easily, is very spacious and, more important, comfortable except in heavy seas. She was the first AKA to unload in Tokyo, and left Tokyo Bay just as the Missouri and others were arriving. We shall soon be headed for Japan (my first trip) for her third trip.

A recent letter reports Dr. Brown as back home. It says:—

My delay in notifying you of my separation from the Navy and of my new address (5 Garfield St., Foxboro, Mass.) is a poor way to express sincere gratitude for having received THE NEWS so regularly.

An off-the-record addition to the above information is that I am a Surgical Resident at the newly organized Cushing Veterans Administration Hospital at Framingham. There are many MGH people there, as you probably know. Dr. Henry H. Faxon can probably give you a more inclusive impression of the scene there. [How about it, Dr. Henry H.?]

Thank you again for a splendid job of reporting. You have managed to include in your editing a very continuous flow of the spirit which one feels while under the roof of the hospital.

The kind of letter we like to receive—one that tells us at some length what the writer is doing these days—has come from Capt. Ronald C. Bishop, MC, AUS (*M* 1945). It is headed 280th (US) Station Hospital, Lesum, Germany, APO 751, c/o Postmaster, New York, N.Y., and is addressed to "Dear friends at M.G.H."

I'm sure my "first" is way past due. At first I neglected to write because I didn't have much of interest to write about. The past few months I have been so busy it has been difficult to keep up with my correspondence.

My Army career since I left M.G.H. in June 1945 can be roughly divided into three periods. The first period was one of training and assignment; the second was spent in separation centers; the third includes my overseas service. Needless to say, the third period has been the most interesting, but I'm sure I would trade all the experiences for a trip back to the States right now.

I can cover in a very few words the first two periods mentioned above. Two months at Carlisle oriented me in the Army, gave me a few road marches and the infiltration course, and taught me a little bit about motor maintenance. After my tour of duty at Carlisle I had six weeks of temporary duty at Moore General Hospital on the Dermatology and General Medicine wards. I then spent one of those awful months in a replacement pool at Stark General Hospital in Charleston, South Carolina.

After my long wait in Charleston, I finally got orders to the Separation Center at Fort Knox, Kentucky, and the second period was started. From October 1945 to February 1946 I spent doing physical examinations with that mass production method for which the separation centers have become so notorious. This time was spent at the separation centers at Fort Knox and Camp Atterbury, Indiana.

For eight months I hoped long and loud that I would not have to go overseas, but the ax finally fell February 2 and I was off on a POM leave. From there it was Fort Jackson, South Carolina and Camp Kilmer, New Jersey. On March 6, 1946 I boarded the old faithful ATS *George Washington* with about 200 other medical officers. The trip across was interesting and the Atlantic favored us with two days of 30-40-foot waves. We landed at Le Havre March 16 and saw our first evidence of the war which had ceased almost a year before. The harbor still had masts of sunken ships sticking up through the surface. The only stable pier was a temporary one which had been constructed by the Army. The city was in ruins. These ruins were interesting to us at that time, but now it is interesting for us to see a city which has the majority of its buildings intact.

From Le Havre we took a scenic trip across northern France to Saarbrucken, up to Frankfurt, and then to Marburg. This was a three-day trip in third class coaches with wooden seats. I'm sure that the boys had things a lot worse during combat, but we thought this was pretty rough.

At the 3rd Reinforcement Depot in Marburg our shipment was scattered to the four winds. It happened that I was assigned to the 280th Station Hospital which was, at that time, just outside Marburg. This was to be "home" for the next six months.

I was assigned to the Medical Service and drew the ward with upper respiratory infections. I had a fast service—from 2 to 10 admissions per day and carried a census of from 40 to 64 patients. Along with my cases of pharyngitis and tonsilitis, I had an occasional case of pneumonia and even an acute rheumatic fever now and then. I also had several cases of diphtheria.

After two months on this ward I was transferred to the general medical ward. There I had a wide variety of cases including malaria, pneumonia, enteric infections, and rheumatic fever.

About the first of July I went into my present "specialty". I became ward officer on the venereal disease ward and venereal disease control officer. I must admit that my "controls" don't seem to be accomplishing much, but here I am presiding over them.

When the 280th moved up to the Bremen Enclave I again assumed control of the venereal disease ward. There certainly has been a wealth of experience and I have seen a lot of early syphilis. At the present time I have two cases of granuloma inguinale on my ward. I had previously thought this was a disease that existed only in the textbooks and the tropics. I have learned different.

That is enough for now about my professional activities. The real high light in my time in the ET was a week in Switzerland which I had early in July. This took me to Basel, Lucerne, Interlaken, Montreaux, Bern, and back to Basel. Needless to say, the scenery was something to behold. The Rhone valley with its vineyards, the Lake of Geneva, and the Lake of Lucerne were tops. It was wonderful to spend a week in relatively normal cities. The US influences made it seem almost like home. Buicks and Chevrolets were quite common. Store windows were filled and we were able to do quite a bit of shopping. I was very reluctant to go back to work after this trip.

At the present time I am anxiously awaiting that day when I will be sent back to the U.S. This state of anxiousness has only been intensified by the news from home that Nancy and I have become the proud parents of Christine Elizabeth, 7 lb., 7 oz. She was born October 6. I certainly don't want her to be walking and talking before I get a chance to see her.

I received my promotion, effective September 10. I will accept that "demotion" to civilian status as soon as it is offered!

This is a "first" from Capt. Homer D. Peabody, Jr., MC, AUS (*M* 1945). Let's hope it isn't the last. He writes:—

Since leaving the M.G.H. I have been in the Army within the U.S. Have done duty at Indiantown Gap Military Reservation and Gardiner General Hospital in Chicago. At present I am Chief of the Medical Service at Station Hospital, Fort Totten, New York.

I have enjoyed getting THE NEWS very much in the past sixteen months—hearing about the activities at the M.G.H. and of my former associates. Please keep it coming.

The only word we have ever had from Dr. Bruce R. Merrill (*r.p. Psychi.* 1941) was the bare announcement, back in September 1943, that he was a Lieutenant in the Navy. A second "where are you" letter from us resulted in the following, which bears the address 39 Fernwood Drive, San Francisco 16, California. Let's hope we hear more from Dr. Merrill after he gets going again.

I delayed answering your previous note because I was in the midst of moving and didn't know what my address would be.

My wife and I have settled in San Francisco, with the above as our home address. She is the former Lucy M. Vassion, who was a nurse in the Phillips House.

I am going to open an office for the practice of psychiatry at 240 Stockton Street, San Francisco 8—when, as, and if the builders manage to get some work done in it.

I miss the East some, and the General a lot, but it is also pleasant to come back home.

My most sincere regards to all.

Dr. Wilfred Bloomberg (*r.p. N* 1931) has, at our request, sent us an outline of his military activities. He writes:—

I was separated from active duty with the Army on May 1, 1946. My career was comparatively uneventful. I was on duty from July 1942 to October 1943 as Psychiatric Advisor to the First Service Command Recruiting and Induction Headquarters. From October 1943 to August 1945, I was First Service Command Consultant in Neuropsychiatry. From September to November 1945 I went briefly to the Pacific Theatre and served for a short time as Associate Consultant to Headquarters, AFWESPAC, in Manila. I returned then and resumed my old assignment as First Service Command Consultant until May 1, 1946. I was promoted to Lieutenant Colonel in January 1944, and Colonel in March 1946. In December of 1945 I was awarded the Legion of Merit for my activities as Consultant.

I have just recently undertaken my new duties as Chief of the Neuropsychiatric Service at the Cushing Veterans Administration Hospital where I expect to be for the immediate future,

DR. WASHBURN, TALKING WITH DR. FAXON AND LT. COL. STAFFORD L. WARREN, AT THE ETHER CELEBRATION. DR. WASHBURN'S DAUGHTER, MRS. T. STEWART HAMILTON, IS JUST LEAVING THE GROUP.

working in close association with a number of other Massachusetts General Hospital men.

We published several very interesting letters from Dr. Alexander Marble (*r.p. WM* 1930) during the war. This note from him tells us of his present professional activities.

After five years in the Army, I returned to civilian life on January 10, 1946. I have resumed the practice of Internal Medicine at 81 Bay State Road, Boston, and am again engaged in seeing patients, teaching, and research. I have appointments as Instructor in Medicine at the Harvard Medical School and as Physician to the New England Deaconess Hospital. I also have a part time assignment as Consultant in Internal Medicine for the Veterans Administration in New England.

During and since the war, I have enjoyed very much keeping in touch with MGH friends by reading The News.

During the war Dr. Norman E. Freeman (*r.s. WS* 1935) was stationed in India, with the 20th General Hospital, for over two years. This letter, written from 450 Sutter St., San Francisco, California, reports his return to civilian status.

I am enclosing my subscription for The News, with the hope of having the pleasure of still receiving such fine accounts of the activities at the General.

Upon my discharge from the Service in May 1946—with the rank of Lieutenant Colonel—I moved to California, and at present have the appointment of Associate Clinical Professor of Surgery at the University of California Medical School. I am restricting my activities to Vascular Surgery and, in addition to teaching and practice, have started in on some investigative work in the Laboratory of Experimental Surgery on the Physiology of Major Blood Vessels.

With my wife, who was formerly in the Child Guidance Clinic with Miss Evarts, and our four children we are living in Mill Valley, just across the Golden Gate Bridge from San Francisco.

It was a disappointment for me not to have been able to get back for the Ether Day celebrations.

During 1936-42 William V. Consolazio worked here at M.G.H. as a chemist, with Drs. Paul D. White, Cohen, and John Talbott. Perhaps he may be best remembered for his work in making sea water safe for drinking. All of his old friends will be glad to read this letter from him. His address is Naval Medical Research Institute, National Naval Medical Center, Bethesda 14, Maryland.

I was separated from the Navy as a Commander in August 1946, and spent the following 45 days just loafing about. I am now back at the Naval Medical Research Institute as head of the Chemistry Department, picking up where I left off on separation day.

As soon as the civilian complement here at NMRI is complete we expect to resume experimental work on the study of man and his environment—more of the past studies, including heat, cold, altitude, pressure, and whatever happens to be the latest means that man has discovered of polluting the atmosphere.

I enjoy receiving The News and hope it will carry on the good work.

This delightful letter has come from Dr. ("Ex-Major") S. Grant Holmes (*CM* 1943).

Dottie tells me she wrote you of Southern England and the Riviera last Christmas; so only six months as Dermatologist in Southern Bavaria remain to be told of my two grim war-years in the playground of Europe, before the Army forced me to spend the summer on the sunny sands of Lake Michigan.

With the first chill of autumn, we coaxed our two-ton house trailer with our one-ton car toward San Antonio via New Orleans and considerable et cetera. At Fort Sam Houston I "retired" a few days ago, in favor of a residency in dermatology and syphilology with Dr. Chester Frazier at the University of Texas Medical Branch Hospital in Galveston. It proves to be a happy appointment.

Our home is now drawn up on a magnificent stretch of Gulf beach just beyond the tide (we hope), where we are ready to welcome all refugees from a Northeastern winter.

THE NEWS

No. 52 Boston, Mass. January 1947

SURGICAL SERVICE AFFAIRS

The most pleasant happening on the Surgical Services during the past year has been the reassembling of our Visiting and Resident staffs. As of January 1, 1947, there will be twenty-four Assistant Residents and Residents on the Surgical Services. Of these, twenty-two will be surgeons returned from active military duty with the Army, Navy, or Air Forces, and representing all theatres of war. In addition, certain veterans have come and gone during the year, having secured sufficient hospital service to refresh their experience with civilian surgery and afford them time to find an advantageous opening elsewhere. Our great regret has been the inability to provide places for the large number of applicants, many of whom had a brief start in surgery as an intern at the Massachusetts General Hospital during the war period. The number of surgical beds, however, establishes a fixed ceiling for the number of residents who can share profitably the educational material of the service. Despite the fact that the Trustees authorized additional places for veterans, we have been handicapped in making full use of these places by the closure of surgical beds because of the shortage of nurses. Up to now, the Surgical Services have borne the full brunt of this restriction, for sound administrative reasons; but as there is no immediate relief in sight for the shortage of nurses, studies are being made to distribute this loss of beds more equally among the services of the hospital. A direct result of closing 30% of the surgical beds is a change in the educational balance of cases admitted, because the admission of emergency disease and malignant conditions is given priority, to the exclusion, in part, of what may be called routine elective surgery.

During the year a new problem in education which we are in no way prepared to meet has presented itself—the influx of observers and graduate students from foreign countries. There are two groups of these foreign surgeons: the ones that come as observers for a few weeks can be fitted into the schedule of conferences and rounds; another group, however, desires to stay for several months or a year and the resources of the hospital are severely taxed to meet such requests.

American Medicine has grown as a tree with its roots in the Medicine of the Old World. It has received strong nourishment, particularly from the English schools of physiology and the German schools of pathology, and in addition from every other country in the world in which new concepts in medical science were being developed. This tree has been protected from the ravages of war and its fruit is now being sought by doctors from less fortunate parts of the world. It will take skillful planning and organization to make the fruit of American Medicine available to the world without breaking the branches that bear it. There seems little doubt that the crowding of conferences and rounds with visitors is having a deleterious effect on the educational programs of undergraduate students and resident staff. These are strong branches of the tree of Medicine and their integrity must be guarded closely. At the same time, however, this new responsibility must be met, and only the beginning of the pilgrimage is apparent at this time.

During the past few years the writer has had the opportunity of an association with young surgeons from all parts of the country, and has had the privilege of coming to know intimately representative groups from several teaching hospitals by a prolonged overseas association with their affiliated units in Army service. It is a source of real satisfaction to be able to report to the alumni of the Massachusetts General Hospital that the graduate training given here, as judged by its end products, stands out as second to none. The conduct of graduate training by the resident system is a responsibility of the staff that is second only to the care of the patients. Neither of these functions, however, is either static or perfect, and complacency regarding them cannot be accepted. With the prolongation of surgical training period to the length now recommended by Specialty Boards and the College of Surgeons, continuous efforts must be directed toward providing an adequate educational return to the young surgeon who is making such a sacrifice to obtain it. Not only must the educational return be enhanced, but a greater degree of financial support for these young men is imperative. Graduate training started as a projection of undergraduate education, but is now far more than that. It should be envisioned as a temporary period of supervised practice in the life career of the individual, during which he receives remuneration that permits him to start supporting a family and to enjoy living conditions better than those of an undergraduate student dormitory. Just where funds can be obtained for this purpose is not clear. As patients are lifted from the status of recipients of charity to citizens protected by a social security program, the residents who do a major share of the work in the treatment of their illness deserve a just share of any funds that may be provided for their professional care.

There is no doubt that the improved operating facilities provided by the White Building have facilitated surgery to a remarkable degree. With this, however, there has come another development of as great significance, namely, the erection of a professional department of anesthesia, under the direction of Dr. Henry K. Beecher. The development of anesthesia is sometimes taken for granted by the Surgical Staff, but it is an ancillary of Massachusetts General Hospital surgery that constantly receives admiring comment and study by surgeons from other clinics and other countries. The graduate training program of the Department of Anesthesia has been expanded greatly, and applications are received from all parts of the world.

The year 1946 has been a restless and unproductive year in many respects. It has been a year devoted to the study of navigation charts and the taking of soundings. Accumulated deficits in graduate training are being cleared; research programs are concluding lines of work undertaken as special contributions to the war effort. The evidence on which to base decisions regarding the course that the Surgical Services may take in the future is becoming more clear. It should not be regarded as a static year, however, but as an inevitable postwar period during which an inventory of our resources could be taken. The Surgical Department of the hospital is now ready to approach the problems of the postwar world with vigor and, we hope, a sound and forward-looking program.

Edward D. Churchill, M.D.,
Chief of West Surgical Service

We are proud to announce that in the recent Community Fund Campaign, Massachusetts General went over the top in its drive toward the $9,000 quota set for us by the Community Fund. Our contributions amounted to $11,579.77, making our Hospital achievement 128%. This exceeded our figure of last year by $957.

In February 1946, at the Institute for Living, Hartford, Connecticut, the Eastern Association of Electroencephalographers was formed, to have get-togethers four or five times a year of scientists and doctors working in this field in different institutions. Robert S. Schwab, M.D., head of the Brain Wave Laboratory at the Massachusetts General Hospital, was elected the first President. Dr. Herbert Jasper of the Montreal Neurological Institute was made Vice President, and Dr. Charles Stephenson of Hartford, Connecticut, was elected Secretary. Meetings were held in Hartford, New York, and

New Haven. It was decided to have the fifth meeting at the Massachusetts General Hospital on December 4 and 5, 1946 and to arrange to have a distinguished outside speaker.

In the summer of 1945, Dr. Mary A. B. Brazier of the Brain Wave Laboratory at the Massachusetts General and a research physiologist attached to it, made a trip to England, which is her home, and visited the laboratory of Mr. W. Grey Walter at the Burden Neurological Institute, Bristol, England. On her return to our Brain Wave Laboratory, Dr. Brazier's account of the automatic analyzer of brain wave records, perfected by Mr. Walter, were so enthusiastic that after the Eastern Association of Electroencephalographers had been formed, arrangements were made to invite him to this country to address their fifth meeting at the Massachusetts General. In order to finance this trip, a lecture tour was arranged and financial support was obtained from the Rockefeller Institute, the Mayo Clinic, University of Iowa, the Institute for Living in Hartford, Connecticut, and the following societies: the Boston Society of Neurology and Psychiatry, the Association for Research in Nervous and Mental Diseases, and the Epilepsy League. In the course of correspondence with Mr. Walter, it was decided that he should not only plan to talk about his new analyzer but should bring one with him for demonstration purposes, and that the Brain Wave Laboratory of the Massachusetts General Hospital and the Department of Psychiatry, under Dr. Stanley Cobb, who together hold research grants from the Office of Naval Research at Harvard University, should arrange to purchase this machine.

To refresh the reader's mind about the nature of what a brain wave is, the following should be of help. If two small discs of metal are fastened to the scalp of a human being and connected through suitable amplifiers—very similar to radio sets—to a recording pen that writes on moving paper, a wavy line is produced that is called an *electroencephalogram.* Normal people show a pattern of a mixture of 10 per second waves (alpha waves) and 18 per second waves called beta waves, which are about 25 millionths of a volt in height. Abnormal waves are both slower and of higher voltage, and some are faster and of higher voltage. There are also various combinations of abnormal waves found in patients with diseases of the nervous system. Patients with brain tumors have localized abnormal waves and this has been helpful in neurosurgery. Patients with epilepsy, injuries to the brain, encephalitis and other neurological diseases usually have abnormal electroencephalograms. In 1937, the present Electroencephalographic Laboratory was first opened in an abandoned kitchen of the Bulfinch Building on the first floor. For a while it was an extraordinary novelty, but after six months it was accepted by the Hospital as a valuable diagnostic precedure and, from that time on, the electroencephalograms have been made for all departments of the Hospital, including the Out-Patient Department, at the request of the physicians, just as X-rays and other tests are done. In 1939, it was called the Brain Wave Laboratory.

For example, in a recent survey of a hundred consecutive cases, done in the Brain Wave Laboratory, 88 agreed with the final clinical diagnosis. In six, the examination was wrong; and in six others, it was of no diagnostic value at all. In six of the 88 examinations, the electroencephalograph findings were the sole localizing signs in establishing the presence of an intercranial lesion. In the rest, one-half of which were normal, the electroencephalograph confirmed the clinical diagnoses and was not essential. The diagnoses were made by visually inspecting the waves as they appeared on the paper, making some manual wave counts and, through experience over many years, coming to a final conclusion. (About 2500 records are examined each year.)

The present staff consists of Dr. Robert S. Schwab, Director of the Laboratory; Dr. John A. Abbott, Clinical Associate, who has interpreted a large part of the records; and Dr. Mary A. B. Brazier, Ph.D., who is the research physiologist and is most active in the problems under investigation. Miss Margaret Gray has been senior technician since 1937. Miss Theresa Delaney is secretary. There are, in addition, four other technicians and an engineer, Mr. James Casby, as well as another secretary.

About three years ago, during the war, Mr. Walter and his co-workers began to work on a method of mechanically analyzing the electroencephalograph as it came off the machine. The main reason for this was that the visual inspection of the wave lines was unable to pick up certain wave frequencies that are hidden in the wave form and give a more exact analysis of just what waves make up the electroencephalogram. His first machine, two years ago, was found to be practical and began to show in his laboratory that wave analysis by mechanical means gives more information to the electroencephalographer than could be obtained by visual inspection alone. It served as an additional tool to the ordinary inspection of the record that most of us have depended upon. In no sense did Mr. Walter and his workers expect that the wave analysis obtained from this machine would displace the ordinary interpretation of the lines themselves. Since by means of this apparatus it appeared that our knowledge of the physiology of the brain might be increased, it was decided to arrange this meeting in December at the Massachusetts General Hospital around the whole subject of analysis of brain wave records, and invite the workers in this field in this country to meet with Mr. Walter and discuss the whole problem.

Mr. Albert Grass of Quincy, Massachusetts, who has built and designed electroencephalographic apparatus since 1936 and whose machines are most generally used throughout the United States, built an automatic analyzer in 1939. Dr. Frederick Gibbs, who was then at the Boston City Hospital and Harvard Medical School, working with Mr. Grass, published a good deal of material on the use of their analyzer. The main difference between the Grass analyzer and that of Mr. Walter is that the former analyzes small parts of the record after the record has been obtained and requires that the record be photographed on a film. This means that the analysis of the record does not appear on the same paper as the actual tracing itself and is not available at the time the record is taken. Dr. Gibbs and Mr. Grass felt, before the meeting, that the automatic analysis of records was of little clinical value in the interpretation.

The actual meeting and demonstration lasted two days, and was attended by about 60 members of the Eastern Association of Electroencephalographers and 20 to 30 guests. The program included papers on manual analysis of records by Dr. Brazier of this Laboratory and Dr. Engel of Rochester, New York; reports on the new analyzer from the Neurological Institute of New York by Dr. Paul Hoefer; a series of demonstrations of his analyzer by Mr. Walter; and papers and discussions by Dr. Gibbs and Mr. Grass, as well as other contributions. The main difference of opinion between Mr. Walter and Dr. Gibbs was whether the apparatus is really of clinical value to the workers using electroencephalographs. It is fair to say that the majority of the audience felt that the matter would be better decided by giving the analyzer an adequate trial in this Hospital. It was felt, certainly, by the members of the staff of the Brain Wave Laboratory—Dr. Abbott, Dr. Brazier, and Dr. Schwab—that the use of the analyzer was probably of clinical value in certain records and undoubtedly promised very fruitful results in the research programs to which this Laboratory is committed. For example, in one of the Navy contracts being undertaken here, subjects are examined by means of the electroencephalograph while breathing 15% oxygen. The ordinary inspection of these records shows little difference, if any, from the records when normal air was breathed. Careful wave counts, using a distribution curve, as worked out by Dr. Brazier, showed a significant slowing on the lower oxygen mixtures. It is expected that the more accurate electronic analysis of the electroencephalograph as it goes through the record, which can be repeated every ten seconds in order to get an average, will provide more information about the effect of these very mild, low oxygen experiments.

It is quite obvious—as the apparatus is very complicated to run, understand, and interpret—that it will be many months before the staff of this Laboratory are fully familiar with it and its application. For the first part of this coming year, therefore, the apparatus will be used to examine normal and research problems. Until more is known about it, it will not be available as a clinical instrument to the routine patients coming to the Laboratory.

We hope, by the addition of this apparatus, to throw more light on the fundamental physiology of the brain; and, in the future, we may be of greater clinical service to the Hospital.

Robert S. Schwab, M.D.,
Director of the Brain Wave Laboratory

Regular Gastro - Enterological House Rounds are being held in the Ether Dome at 10 A.M. on Wednesday mornings. The purpose of these Rounds is to provide an opportunity for various members of the Staff—Medical, Surgical, Neurosurgical, Psychiatric, and Roentgenological—to review at regular intervals important and interesting gastro-intestinal problems present in the Hospital. Patients presented at these meetings will be chosen primarily from the Medical and Surgical wards. As is the practice in other special House Rounds, consideration will be given to individual cases which present diagnostic or therapeutic difficulties; but in addition, an attempt will be made to evaluate various therapeutic and diagnostic procedures as matters of general Hospital usage.

Members of the Hospital Staff and visitors are cordially invited.

Chester M. Jones, M.D.
Francis D. Moore, M.D.

The following talk on Poliomyelitis was given by Dr. Arthur L. Watkins, Chief of Physical Medicine, at Neurology Grand Rounds on November 14.

The general principles behind the use of physical therapy for patients with poliomyelitis can be briefly stated.

In the acute stage, while the patient is still febrile and there appears to be progressive invasion by the virus, rest is thought to be of utmost importance. The patient is placed flat in a bed with a firm mattress; a footboard and supports including sandbags and pillows are used to maintain neutral position of the extremities. For relief of pain, hot woolen packs are applied to those areas where the muscles are found to be sensitive to pressure and stretching. In the acute stage they may simply be laid on to avoid excessive handling of the patient. The frequency of application is dependent upon the severity of the sensory symptoms and the general condition, varying between every half hour to 3-4 times a day and at night to provide relaxation. Even in this early stage of the disease, some attempts are made to maintain the pattern of normal muscle action. This is done by passive movement of the extremities through that arc of motion which is painless. The patient does not have to assist and should not resist this motion, although he may concentrate on the feeling of movement in the muscles involved. These passive motions may be repeated several times a day, depending on the general condition of the patient, as they usually aid relaxation. During the rest periods, positioning to prevent deformities should always be maintained.

In the convalescent stage, when the patient is afebrile and there is no evidence of progressive paralysis, the aim of physical therapy is to salvage all available motor units and develop coördinated muscular contraction. A careful individual muscle strength examination is done and the plan of muscle re-education is based upon these findings. Wherever limitation of joint motion because of contracture or shortening of muscles is found, hot packs are applied every two hours, or more or less often, depending on the severity of these symptoms. Very little resistive exercise is used during this stage, the emphasis being on developing control of individual muscles which are weakened and avoidance of substitution by stronger muscles. The patient may be said to be in this convalescent stage as long as there is continued significant improvement in muscle strength noted. In general, the period of most rapid recovery has been found to be in the first three months, and at a slower rate thereafter.

In the second six months—or, in the milder cases, earlier—more strenuous exercises are given by increasing resistance to develop muscle strength, and less emphasis is placed upon avoidance of substitution; in fact, it may even be encouraged in some instances. At this time braces and other orthopedic appliances may be used to support weaker muscles and prevent deformities, particularly when weight-bearing is commenced. Surgical procedures are usually reserved until a year or more after the onset of the disease, to allow for maximum improvement of muscle strength.

We have done special studies of the electromyographic findings in the various stages of poliomyelitis. These findings can be briefly summarized as follows: In the early stages partially paralyzed muscles and also those with no paralysis exhibit hyper-irritability upon passive stretching, whereas completely paralyzed muscles exhibit little or no electrical activity upon any stimulus. Another interesting finding is that of disordered innervation. By this we mean simultaneous activity in opposing muscles during motion, instead of normal reciprocal innervation. This is quite striking and includes even synchrony of individual action potentials in the more severely paralyzed extremities. Electromyograms are also used in connection with evaluation of strength and give us a record of improvement by measuring the total amount of electrical discharges during work performance. Other information obtained from these records is the finding of spontaneous electrical discharges from resting muscles. These have been associated most often with clinical appearance of improved muscle strength and have enabled us to make a prognosis of some recovery of muscle power.

In regard to prognosis, we have studied the degree of improvement of muscles and classified it according to the initial strength at time of maximum paralysis. The muscles which were completely paralyzed showed very little improvement at the end of six months, only 10% of them being graded as Poor and none as Fair or better. The muscles originally graded as Trace also showed a rather poor recovery rate, but 20% did reach Fair or Good power. The Poor muscles showed a better percentage of improvement; but the Fair muscles, particularly Fair plus, reached Good or Normal power in six months in over 80% of the cases. These studies indicated a rather striking pattern of recovery in cases of poliomyelitis, particularly in those muscles whose maximum loss of power did not exceed 50%.

NOTICE

People sometimes like to remember their departed friends or relatives by making a memorial gift to a charitable institution rather than a floral offering. To this end, the Massachusetts General Hospital established, a number of years ago, what is known as a Memorial Gifts Fund and suggested that donations could be made in memory of departed friends or relatives. The following form for such a donation was drawn up:

I am enclosing $.................. to be added to the
Massachusetts General Hospital Memorial Fund
in memory of ....

Please send a card of acknowledgment to

....

An engraved card for acknowledgment reads as follows:

MASSACHUSETTS GENERAL HOSPITAL
BOSTON

THE MASSACHUSETTS GENERAL HOSPITAL
HAS RECEIVED FROM

....

A CONTRIBUTION IN MEMORY OF

....

WHICH IS GRATEFULLY ACKNOWLEDGED
BY THE TRUSTEES

It is felt that more people would be interested in this if it were better known, which is the reason for this notice.

N. W. Faxon, M.D.,
Director

Dr. Francis F. Foldes (*a. an.*) spoke on "Anesthesia considerations in oral surgery" at the December meeting of the Dental Staff. We are hoping to publish a summary of this talk in an early issue of THE NEWS.

Dr. William H. Sweet, Assistant in Neurosurgery, will speak on "Tri-facial neuralgia" at the next meeting, January 21.

DERMATOLOGY DEPARTMENT

Excerpts from a recent Department Bulletin:

At the October Staff Meeting, Dr. Irvin H. Blank spoke on the topic "Penicillin ointments". A summary of his remarks is as follows:

A suitable vehicle for penicillin should have four characteristics: (1) It should carry the penicillin to the skin and hold it there; (2) it should release the penicillin to the skin; (3) penicillin should be stable in it; (4) it should not irritate the skin. In commercial and MGH penicillin ointments, each of these requirements is probably satisfied except the second. In an attempt to find a vehicle which would release its penicillin to the skin, many hydrophilic oils have been investigated. The techniques used in this work were described. None of the vehicles so far employed has proved entirely satisfactory, but some of the carbowaxes show the most promise.

The November Staff Meeting was addressed by Dr. Charles K. Wainger, who outlined the work that he and Dr. Blank have been carrying on in the study of dermatitis of the hands.

Our department has recently enjoyed a visit from Dr. Niels Danholt, Professor of Dermatology at the University Hospital, Oslo, Norway. Dr. Danholt has been making an extensive tour of this country, visiting and observing a number of dermatological services.

The Ether Day Centenary brought us the pleasure of visits from Dr. John E. Dalton of Indianapolis, and Dr. Robert N. Buchanan of Nashville. Both are former residents in our department.

Dr. Harry Miller has left us after thirteen months of postgraduate work and has opened his office in Hartford, Connecticut.

Mrs. Anne J. Krush, our Social Service worker, has been a great help in assisting underprivileged patients. She will be assisted for the next few months by a second-year student in Medical Social Work from Simmons College.

The Board of Trustees, at their meetings during November, voted:

To accept Bishop Sherrill's resignation as Chairman of the Board with profound regret;
To elect Mr. Francis C. Gray as permanent Chairman;
To accept with regret the resignation of Dr. James R. Lingley from the position of Radiologist;

To appoint:

Dr. Erik W. Andersen as Assistant Resident in Anesthesia, beginning May 1, 1947;
Dr. Joseph S. Barr as Acting Chief of the Orthopedic Service as of December 1, and to further appoint him as permanent Chief subject to his appointment by Harvard Medical School as Clinical Professor of Orthopedic Surgery, this to become effective when the appointment as Clinical Professor is made;
Dr. Roy V. Buttles as Second Assistant Resident in Pathology for the period July 1, 1947 through June 30, 1948;
Dr. John R. Newstedt as Third Assistant Resident in Surgery, beginning December 1.

At their meetings on November 13, 20 and 27, and December 4, the General Executive Committee voted:

To promote Dr. Michael A. Luongo to the position of First Assistant Resident in Pathology for the period of one year, beginning January 1, 1947;
To reappoint Dr. Volta Hall as Graduate Assistant in Psychiatry;

To appoint:

Dr. Lytt I. Gardner as Clinical Fellow on the Children's Medical Service for the period November 15, 1946 through March 31, 1947;
Dr. Katherine Kiehl as Graduate Assistant to the Children's Medical Service;
Dr. Ralph H. Luikart, Jr. as Graduate Assistant in Dermatology;
Dr. John J. McGraw as Research Fellow in Pathology, beginning January 1, 1947;
Dr. Cecil Mushatt as Graduate Assistant in Psychiatry, beginning January 1, 1947;
Dr. Charles E. Richards as Clinical Fellow in Medicine, to work with Dr. Rawson, beginning January 1, 1947;
Dr. Suzanne T. van Amerongen as Clinical Fellow in Psychiatry;
Dr. Bertrand G. Wells as Clinical Fellow in Medicine, assigned to the Cardiology Laboratory.

The General Executive Committee approved the following changes in the Medical House Staff:

That Dr. Frederick S. Bigelow's appointment as Assistant Resident be extended from June 1, 1947 to October 15, 1947;
That Dr. Harry A. Bliss' appointment as Assistant Resident be extended from July 1, 1947 to October 15, 1947;
That Dr. George H. Carter's appointment as Assistant Resident be extended from July 1, 1947 to October 15, 1947;
That Dr. Ernest Craige's appointment as Assistant Resident be extended from July 1, 1947 to October 15, 1947;
That Dr. Lewis K. Dahl be made Chief Resident as of January 1, 1947 for one year, to replace Dr. Charles H. Burnett who is completing his service as of that date;
That Dr. Charles H. DuToit be appointed Resident for one year, beginning January 1, 1947, to replace Dr. Lewis K. Dahl;
That Dr. Harold E. Elrick's appointment as Assistant Resident be extended from June 1, 1947 to October 15, 1947;
That Dr. Chester W. Fairlie be appointed Resident from January 1, 1947 to January 1, 1948, replacing Dr. Beverly T. Towery;
That Dr. Allan L. Friedlich's appointment as Assistant Resident be extended from July 1, 1947 to October 15, 1947;
That Dr. James E. Kreisle's appointment as Resident be extended from April 1, 1947 to April 1, 1948;
That Dr. Isaac M. Taylor be appointed Resident for one year, beginning January 1, 1947, replacing Dr. Stanbury.

In addition to the above, the following notices have been received from the Director's Office:

Dr. Norman P. Hill, Assistant Resident, has had his appointment extended through December 31, 1946;
Dr. Harrison E. Kennard was reinstated as an Assistant in Surgery, as of November 29;
Dr. Royal F. Schaaf's appointment as Assistant Resident has been extended from May 15, 1947 to October 15, 1947.

Helen Britta Fenton (*MGH* 1906) passed away in La Jolle, California, on September 26. Miss Fenton was a pioneer in Public Health Nursing. She was a member of the first class in Public Health at Simmons College. She continued her studies at Teachers College, Columbia University, and was graduated from the University of New Mexico with the first B.A. to be given in Nursing.

Miss Fenton's work with the Milk and Baby Hygiene Station at Parmenter Street was the beginning of her work in Boston. Later, working under the Red Cross during the First World War, she had a similar work in the cantonments in South Carolina and Georgia. After the war she was a Red Cross representative in Arkansas and Oklahoma, developing the Home Nursing work in the rural communities. After a year's rest from nursing, spent at Teachers College, Miss Fenton accepted the position of State Supervisor of Public Health in New Mexico, where she remained until 1940. She left to join the Staff at Stanford University, which position her health did not permit her to continue.

Miss Fenton was gifted with personal and professional qualifications which made her successful and beloved in whatever work she undertook.

VINCENT MEMORIAL HOSPITAL

The Vincent Memorial Hospital is now well under construction. It is the hope of the contractor that the building will soon be bricked in so that internal construction can take place all winter. There are hopes that the building will be finished and ready for occupancy some time this summer. It is the desire of the Vincent that, at the dedication, all Massachusetts General Graduates who are interested will be present to wish the newest member of the Hospital success.

J. V. M.

Plans are already underway for the Vincent Club's fifty-fifth anniversary show for the benefit of the hospital, which will take place at New England Mutual Hall on Wednesday evening, March 19, Thursday evening, March 20, Friday evening, March 21, and Saturday afternoon and evening, March 22. Mrs. Alfred Kidder, II, Chairman of the Program Committee, has already had two meetings with the provisional members of the Club. It is the yearly responsibility of these new members to secure the advertisements for the show program.

At the second meeting, on December 23, the entire provisional membership had the opportunity of meeting Dr. Meigs, who told about some of the history as well as the future plans for the Vincent Memorial Hospital.

* * *

This briefest of statements has come from Dr. Henry F. Allen (*ES* 1943). It seems as if, in the light of his experiences overseas, Dr. Allen has more he could tell us if he would.

> I became a civilian last December and am now studying ophthalmology under the auspices of H.M.S. Have a residency on the Eye Service, starting next April.

* * *

When the gremlins look about to choose a place for their mischief, they always seem to pounce upon the most conspicuous spot possible. In the picture in our December issue—plain for all to see—there was the eagle insigne on Colonel Warren's shoulder. And yet, the caption called him a mere Lieutenant Colonel!

We immediately sent Colonel Warren an apology, and hasten to include here a correction of our error.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Franklyn D. Burger, Senior Clinical Assistant in Ophthalmology at the Massachusetts Eye and Ear Infirmary, died on November 25. Dr. Burger had been an assistant in Ophthalmology at the Harvard Medical School since 1941, and was a member of the Army-Navy National Research Council Vision Committee. He also was Ophthalmologist for Northeast Airlines and Trans-World Airlines.

Dr. Burger was on the staff of the Infirmary and the Peter Bent Brigham Hospital, and was also on the consulting staff of the Children's Hospital, the Free Hospital for Women and Children, and the Cambridge Hospital. He was a member of the Harvard Club, the Aero-Medical Association, the Airline Medical Directors Association, New England Ophthalmologist Society, Norfolk District Medical Society, and state and national medical associations.

Miss Catherine Guyer, who was a nurse at the Infirmary for sixteen years, died in Boston on November 29. She was a graduate of the Brattleboro Hospital in Vermont.

At a meeting of the Social Service Advisory Committee of the Massachusetts Eye and Ear Infirmary on December 5, Miss Jean Hughes, Medical Social Worker for the Winthrop Foundation, gave an account of the program carried on by the Foundation for the pre-school children with hearing difficulties.

The Winthrop Foundation was established for scientific research in the cause and relief of deafness. It undertakes to help three types of patients: those with otosclerosis, young adults and children with hearing defects with no ear pathology, and the pre-school children who have sufficient hearing to make use of hearing aids.

There are many real and difficult problems facing both the child with impaired hearing and his parents, Miss Hughes explained. Even with hearing aids, these children need intensive work in speech training. Never having heard sounds well enough to imitate them normally, they need help in learning to hear and then to speak. This vital instruction requires special knowledge, skill, and patience over an extended period, to be effective.

At present, two teachers trained in teaching the deaf come in five afternoons a week to give individual instruction to a group of these children. There are a number of children, however, who at present must wait for this needed instruction.

Miss Hughes went on to point out that often these youngsters are behavior problems. This is sometimes due to lack of understanding of their handicaps by their parents, or because of the child's frustration at being unable to express himself.

The Social Service Department at the Infirmary is attempting to assist the children to develop as normally and naturally as possible. In order to help the parents with the child's problems, a social evaluation is made regarding the parent's attitude toward the handicap, the economic status of the family in relation to providing specialized educational training, and the child's social behavior and adjustment.

Most of the parents are eager for instruction and suggestions regarding the child, the Social Service Department finds. For this reason, it is felt that group instruction for the parents on how to deal with the handicapped child, as well as individual case work help, would be advantageous developments for the future.

In conclusion, Miss Hughes brought to the Committee's attention the lack of community resources available to serve a large group of handicapped children. This lack, she pointed out, intensifies the contribution the Infirmary can make in developing a further program of study and understanding of the needs of the child who is hard of hearing.

The Infirmary reached its quota for the Community Fund on November 21, and on November 27 went over the top with a final total of 114.9%.

Dr. John H. Tucci, formerly Assistant Anesthetist at the Massachusetts General Hospital, is now full time Anesthetist at the Infirmary.

Miss Irene Zurawinski, who was formerly the Dietitian at Stillman Infirmary, came to the Massachusetts Eye and Ear Infirmary in November as Therapeutic Dietitian.

Dr. Michael J. O'Connor completed his course in Ophthalmology on December 1 and has now opened an office at 4 East Congress Street, Tucson, Arizona.

Dr. John E. McKeigue started his residency in Oto-Laryngology on December 1, having recently returned from service overseas in the Army.

The annual Christmas Party for the Infirmary personnel was held in the Nurses' Dining Room at 3:00 P.M. on December 20.

THE NEWS was very glad to receive this letter from Dr. Donald E. Moore (*Oph.* 1937).

> I have been greatly in arrears in my correspondence, due to very much increased activity in my practice and getting my home fixed up since I came out of the Service. There are times when I wish there were many more hours than twenty-four in the day. It has been most gratifying to return to my office because so many of my old patients have come back.
>
> Mrs. Moore has resigned from her position as Director of the Nurses Aids in the local Chapter of the American Red Cross after teaching that course for four years. She enjoyed her work very much and disliked the fact that the interest waned after the war was over. Nevertheless, I know she is greatly relieved to have more time for her home activities and other outside interests which she neglected because of the demands for her time at the Red Cross.
>
> I recently attended the Alumni Reunion and was glad to meet so many of the old stand-bys of the Infirmary.
>
> Mrs. Moore joins me in sending best regards to all our friends at the General and the Eye and Ear.

Dr. Herman J. Sternstein (*clin. asst. Oto-Lar.*) writes, from 416 Marlboro Street, Boston:

> My present activities and interests are happily those of Mr. Plain Citizen, M.D., back again in civilian practice since the middle of February 1946. Although the reorientation was permeated at first with a thick tropical haze, the "fog" has since lifted, thanks to the work-out on the spring service at the Infirmary. Except for momentary flash backs, it is difficult to realize that I had been away for a period of four years.

You who have not written to THE NEWS for a long time can help toward perpetuating our reputation for up-to-the-minute reporting. Make a New Year resolution to send us a letter during January.

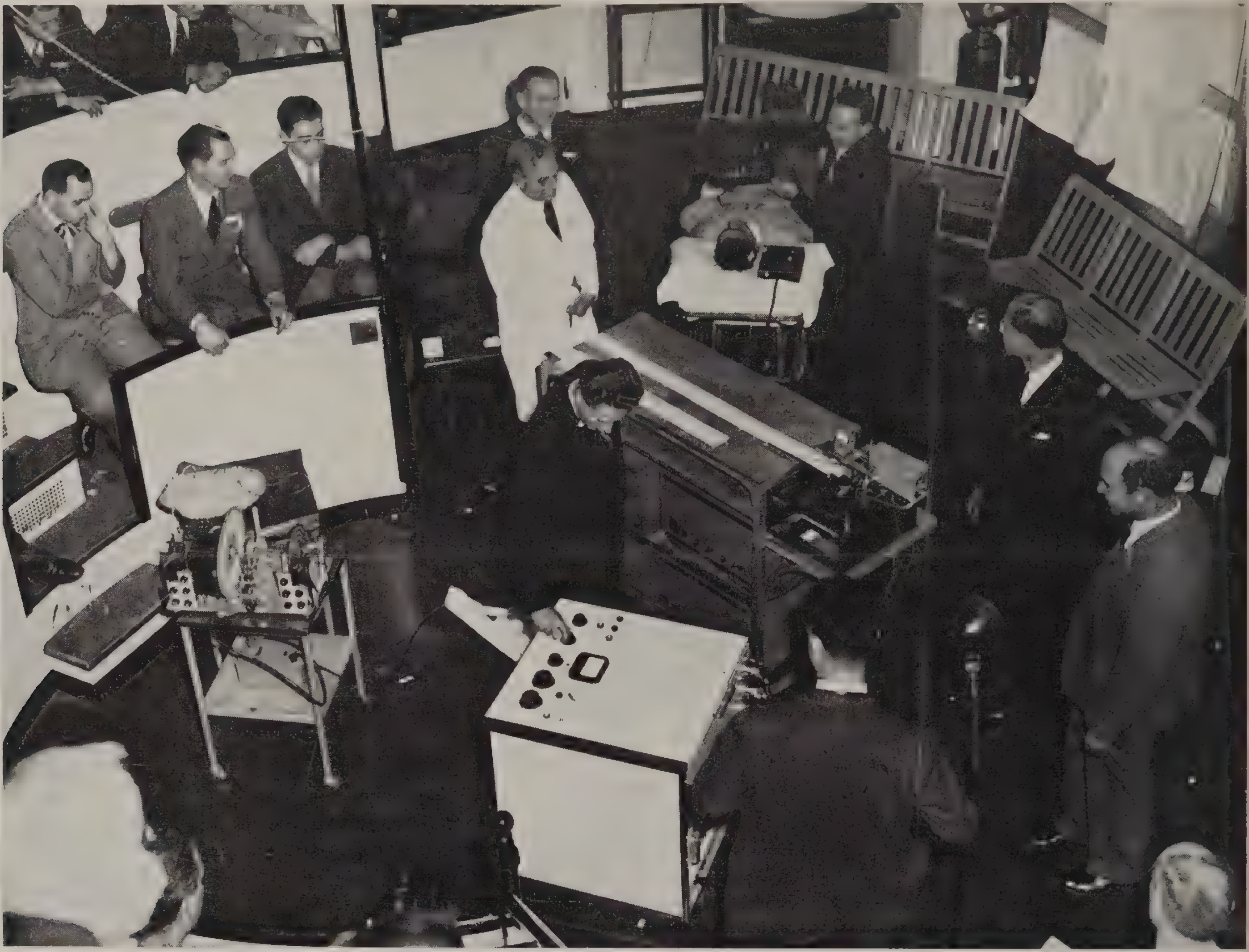
New addresses:—

- Lt. Carl W. Gottschalk, MC, AUS (*M* 1946), Armored Medical Research Laboratory, Fort Knox, Ky.
- Dr. Herman P. Grossman (*a.s. Oph.*), 210 Angell St., Providence, R.I.
- Dr. Aubrey O. Hampton (*r.p. R* 1927), Garfield Hospital, Washington, D.C.
- Dr. Frederick H. Kalil (*Dn.* 1943), 814 Elm St., Manchester, N.H.
- Dr. Sylvester B. Kelley (*ES* 1931), 412 Beacon St., Boston, Mass.
- Dr. George Mixter, Jr. (*WS* 1943), 18 Pinckney St., Boston, Mass.
- Dr. Cornelius J. Shea (*ES* 1943), 16 Leslie St., Dorchester, Mass.
- Dr. Fred A. Simmons (*WS* 1935), 330 Dartmouth St., Boston, Mass.

Brief bits:—

- Capt. Duane H. Mitchel, MC, AUS (*M* 1943) traveled from New Caledonia via Okinawa to Korea during his Service overseas. He arrived back in the States last July, is out of the Army, is taking the refresher course at Harvard Medical School, and starts here on the Medical Service this month;
- We had a nice call from Dr. Robert D. Mattis (*Oph.* 1942) when he was here for the Ether Celebration. He is instructor in Ophthalmology at Washington University, St. Louis, Mo.
- Dr. Joseph C. Placak, Jr. (*WS* 1936) is out of military service. He will finish the refresher course at Harvard Medical School December 15, after which he will resume the practice of surgery at 10515 Carnegie Ave., Cleveland 6, Ohio.
- Dr. Philip Solomon (*Psychi.* 1936-37) announces the opening of offices for the practice of Neurology and Psychiatry at 416 North Bedford Drive, Beverly Hills, Cal.

A very brief "first" has come from Capt. Edwin F. Alston, MC, AUS (*P* 1944). From Brooke General Hospital, Box 133, Fort Sam Houston, Texas,



Demonstration of the Brain Wave Analyzer on a patient in the Ether Dome
(This picture was taken by Mr. Withee of our Photographic Laboratory)

he writes:

> This delayed information about myself is due simply to lack of variation from routine upon which to report.
>
> My wife (Ann Ogden, Medical Art 1945) and I have spent all of our Army time here at the Brooke General Hospital, where I am the Pathologist.
>
> My Captaincy came in September.
>
> We have just been alerted for overseas duty, but remain unexcited about it. We have been alerted before.
>
> We miss Boston and the M.G.H. terribly—not to mention all of our friends there.

At last that boat arrived for Capt. Rafe Banks, Jr., MC, AUS (*ES* 1943). He's now back home at 143 Erie Avenue, Decatur, Georgia. A recent note from him says:

> Arrived in New York harbor 31 July 1946, separated Fort Bragg 6 August, and completed terminal leave 2 October.
>
> At present my time is completely filled with some very pleasant work. On 15 September I began as an instructor in Anatomy at the Emory University Medical School and also am doing work in the Pathology Department of Grady Hospital. This will keep me very busy until 15 June 1947. After that I hope to continue with my surgical training.
>
> Give my very best regards to all my friends at the good ole M.G.H.

A post card is better than nothing, but we still wish we might have had more from Capt. Sheridan S. Evans, MC, AUS (*ES* 1945)—particularly as it was his "first". The card says:

> I have now completed over a year's service on the Surgical Staff at Station Hospital, Fort Monmouth, New Jersey, and expect to finish out my Army stay here. I have been fortunate in being able to continue work in surgery while being in the Army, but am looking forward to returning to the M.G.H. this summer.

We are always glad when our men can drop their military titles and once again sign themselves just plain M.D. Such news has come from Dr. James B. Graeser (*WM* 1929) in this note, headed 2938 McClure Street, Oakland 9, California.

> I began active duty in the Navy as a Lieutenant Commander on December 16, 1941 and was discharged as a Captain on November 12, 1945. I was overseas in the Pacific Theatre from July 1942 to April 1943.
>
> I returned to my practice in December 1945, and was finally able to acquire a suitable new office in August. I am now enjoying the comfort of space and adequate facilities.

This note from Dr. Theodore L. Badger, MC (*EM* 1928) gives only the briefest summary of his military activities.

> I returned from the European Theatre in July, after 39 months overseas. For two years I was Chief of Medicine at the 5th General Hospital, and was subsequently transferred for consulting work in medicine and tuberculosis in France, England, and Belgium. For the last six months I was Medical Consultant of the Normandy Base Section.
>
> After returning from overseas I was almost immediately separated from active duty, and returned to the practice of medicine and chest diseases.

Another "first". We begin to wonder who will have the unenviable distinction of being the "last first". Don't let it be you!

Dr. John J. Sampson (*WM* 1923) has sent us a very interesting account of a heavy schedule. He writes, from 490 Post Street, San Francisco 2, California:

> I was separated from military service with the rank of Lieutenant Colonel on February 19, 1946. I then returned to my position as Associate Clinical Professor of Medicine at the University of California, and Chief of the Medical Service at Mount Zion Hospital, San Francisco. Two recent postwar appointments are: Consultant to the War Department in Internal Medicine, with approximately one day a week spent at Letterman General Hospital at San Francisco, and Consultant in Cardiology to the Veterans Administration installations in California, Nevada, and Arizona.
>
> Have continued doing investigative work, as well as teaching, and recently attended the Inter-American Congress of Cardiology in Mexico City, where I met Howard Sprague and Burton Hamilton. This meeting prevented my attendance at the Ether Day Centennial, which I especially regretted after receiving reports of the interesting sessions and the opportunity I missed of seeing my friends.

THE NEWS

No. 53 Boston, Mass. February 1947

RESEARCH ON DISEASES INVOLVING THE AUTONOMIC NERVOUS SYSTEM

Contributions to the treatment of cardiovascular disease and of states of abnormal visceral and secretory activity, and control of otherwise intractable forms of pain from the internal organs by surgical intervention on the autonomic nervous system have come in an ever-increasing stream from this hospital during the past twenty years. Chronologically, the autonomic nervous system studies began in 1927 with the attempt to relieve suffering in intractable angina pectoris, which led to the discovery of the exact anatomical pathways responsible for the transmission of pain from the heart and to new surgical procedures which permit its certain relief. With the establishment of the Peripheral Vascular Clinic in 1929 under Dr. Arthur W. Allen, interest was focussed on sympathectomy for the increase of peripheral circulation in Raynaud's disease and in thromboangiitis obliterans. Through a concerted attack on this problem by a group of investigators in the experimental laboratory and in the clinic, more effective operative methods were developed. These have resulted in producing a greater increase in circulation through the upper extremity without a disfiguring Horner's sign and in a notable reduction of major lower extremity amputations in patients with threatened gangrene. During this same period, the study of gastrointestinal motility and pain by Dr. Chester Jones and Dr. William Chapman, and the use of diagnostic procaine block have permitted surgical interruption of many hitherto intractable forms of gastric, biliary, pancreatic, and intestinal pain. These studies in sensitivity of the gastrointestinal tract are now expanding into Dr. Francis Moore's and Dr. Chapman's investigation of gastric motility and secretion, and the effect on peptic ulcers of cutting the vagus nerves.

In the period from 1935 to 1946, in which Dr. Reginald H. Smithwick held the assignment for evaluating surgical procedures for lowering blood pressure in essential hypertension, he did much to improve previous technical methods and to establish their effectiveness in the control of this disease. His outstanding contribution — the combination of splanchnicectomy with more extensive thoracolumbar sympathectomy — permits a very complete denervation of the adrenal glands and vascular tree in the lower half of the body, with a great improvement in postoperative results. Upon his departure from the Massachusetts General Hospital to become Professor of Surgery at Boston University, the General Executive Committee decided that further studies on the hypertensive group of patients could be carried on most effectively by a small group of the staff who are interested in all aspects of this fundamental problem — not only in the clinical approach, but also in the related fields of cardiology, ophthalmology, and pathology. What was first proposed as a committee for the study of hypertension has been rapidly expanded to a somewhat larger group for the unified study of surgical and medical intervention on all diseases in which the autonomic nervous system is the common denominator.

With the establishment of this new committee, the hospital is embarking on an interesting project for interdepartmental research. Dr. Kenneth A. Evelyn, formerly in charge of biophysical research for the Royal Canadian Air Force in Montreal and Assistant Professor of Medicine at McGill University, is to be in charge of the new research laboratory on the twelfth floor of the White Building. Through the kindness of the Trustees, it has been possible to secure the use of the north wing and to set up constant-temperature rooms with special apparatus for the measurement of blood flow and study of visceral activity and sensation under controlled conditions. The laboratory and clinical investigations already planned and the staff personnel who will be in charge of these projects are as follows:

I. Investigation of peripheral and visceral blood flow in normal and hypertensive individuals; observation of the effects of extensive sympathectomy; effects of drugs; effects of parasympathetic denervation; effects of psychologic stimuli. — Drs. K. A. Evelyn and J. C. White.

II. Investigation of peripheral blood flow in normal individuals and patients suffering from peripheral disorders of circulation of either a vascular or neural origin; effects of drugs and sympathectomy with special reference to the quantitative increase in blood flow after various operations. — Drs. K. A. Evelyn, R. R. Linton, F. A. Simeone, and J. C. White.

III. Study of pain mechanisms in patients with causalgia, angina pectoris, aortic aneurysm, atypical gastrointestinal tract pain, and genito-urinary pain; observation of these patients before and after treatment by ablation of the visceral nerve supply or by drugs affecting neuromuscular transmission. — Drs. C. M. Jones, W. P. Chapman, F. D. Moore, P. D. White, and J. C. White.

IV. Study of renal and adrenal function in patients subjected to various surgical procedures on the autonomic nervous system. — Dr. F. A. Simeone.

V. Study of hepatic function and circulating blood volume in patients subjected to various procedures for the treatment of hypertension, peptic ulcer, and peripheral vascular disease. — Dr. F. A. Simeone.

VI. Investigation of the role of the parasympathetic nervous system in the regulation of gastric secretory and motor activity; its role in the transmission of impulses from brain to stomach and from brain to colon, with special reference to peptic ulcer and ulcerative colitis. — Drs. F. D. Moore, W. P. Chapman, and C. M. Jones.

VII. Clinical investigation of hypertension — the effectiveness of medical therapy (drugs, diet, psychotherapy) as compared with surgical therapy. An investigation of the applicability and effectiveness of various surgical procedures and diagnostic devices. — Personnel: *Medical*: Drs. P. D. White, R. S. Palmer, D. G. Loofbourow, and K. A. Evelyn. *Surgical*: Drs. R. R. Linton, F. D. Moore, W. H. Sweet, C. E. Welch, F. A. Simeone, and J. C. White. *Pathological*: Dr. B. Castleman. *Ophthalmological*: Dr. D. G. Cogan. *Roentgenological*: Dr. S. M. Wyman (cardiovascular) and Dr. M. D. Schulz (gastrointestinal).

In order to carry out these plans, two steps are necessary which are quite new to the organization and administration of the Massachusetts General Hospital: 1) cutting across conventional compartments of surgery, medicine, and neurology in order to pursue the problems of visceral and vascular innervation in the most effective and practical manner; and 2) underwriting the budget required to pay the salaries of a full-time investigator, secretarial and technical help, as well as for a large quantity of expensive apparatus. No funds for work of this sort are available from the Harvard Medical School, and therefore the committee is undertaking to obtain as much help as possible from foundations interested in medical research and to make up the deficit from money derived from the care of private patients. The administrative difficulties in getting such an ambitious project started are considerable, but the promise of reward in terms of medical advance should far offset the effort necessary to make it pay good dividends.

James C. White, M.D.

MASSACHUSETTS GENERAL HOSPITAL RESEARCH COUNCIL MEETING

February 25, 1947—4:30 P.M.
Bigelow Amphitheatre—White 3A

Competition of antitoxin and lecithin for Cl. welchii lecithinase.
Drs. P. Zamecnik and F. Lipmann
The effect of oral streptomycin on the intestinal flora.
Dr. L. W. Kane
Disseminated encephalomyelitis experimentally produced by the use of homologous antigen.
Dr. L. Raymond Morrison
The excretion of 11-oxycorticosteroid-like substances by normal and abnormal subjects.
Drs. N. B. Talbot and F. Albright

Benjamin Castleman, M.D.,
Secretary

The regular monthly Medical Staff meeting was held in the Ether Dome on January 6. Dr. Dwight J. Ingle of Kalamazoo talked on "Some studies on the role of the adrenal cortex in organic metabolism". Tea was served in the Medical Staff Room before the meeting.

Dr. Lewis W. Kane, Assistant in Medicine, will be the principal speaker at the February 18 meeting of the Dental Department. His subject will be "Penicillin, streptomycin, and oral infection". The meeting will be at 7:30 P.M. in the Lower Amphitheatre.

NOTICE

In conjunction with the fund raising activities being conducted, the hospital for some months past has been embarked upon a publicity program conducted through the public relations firm of Gilchrest-Spriggs & Company. Because many staff members can aid this program through their own activities, a brief explanation of the program is reported herein.

The general themes we are trying to develop are:

1. To point up the Massachusetts General Hospital's leadership.
2. The hospital's importance to the community and the nation.
3. Its achievements and successes.
4. The fact that everything achieved is developed for the ultimate good of the patient.
5. That this excellent work must be financed if it is to be continued.

Staff members often may be able to further this program through one or more of the following ways:

1. If you see a story in your work and/or department, bring it to our attention.
2. If you are preparing an article for a medical publication which you think contains matters of general interest and ones which can be translated into lay language, let me have a copy of it for the Public Relations office.
3. If you are planning a meeting of a scientific group here, or are to attend such a meeting elsewhere, let me know about it.
4. If you are going to address any such group, let me have a copy of your talk. If the talk is to be extemporaneous, then please let me have a digest of what you think you will talk about.
5. If you plan to make public utterances, will you try to identify yourself with the Massachusetts General Hospital and your department within it? This applies when being introduced to speak before a meeting and in the program of that meeting, when making a radio broadcast, when writing articles for publication, when being interviewed by newspapers or magazines, etc.

Any suggestion you may have that will further our efforts will be appreciated.

David C. Crockett
Administrative Assistant
Board of Trustees

If you are a person with four (or more) free hours a week, can't you arrange to give some time, as a volunteer, to Massachusetts General Hospital? Unless you are directly familiar with the situation here, you may not know that volunteers are needed now even more than they were during the war.

In trying to decide how to make the strongest possible appeal to all of you who can help the hospital during this serious emergency, it seems as if the words of Dr. Faxon, in a letter sent recently to all our present volunteers, best expresses what we would say. Dr. Faxon's letter reads, in part:

> Although we are entering the second year of peace, the need for volunteer service such as you have so generously given to this hospital is still critical. Our nursing shortage is still acute and we are not yet able to obtain the necessary civilian help for the efficient running of our various departments. We sincerely hope you will be able to continue your volunteer work with us, for without your help our co-operation will be greatly hampered.
>
> As you probably know, our Volunteer Service has a new Director, Mrs. Paul G. Courtney. Her responsibilities are great in securing and keeping the necessary workers to carry on important duties throughout the hospital. If you have any friends who would like to work with you here at the hospital, she would sincerely appreciate hearing from them.

* * *

Mrs. Genevieve C. Chase, our Record Librarian, retired on January 1, after forty-seven years of service at Massachusetts General. Miss Louise Seymour has taken her place.

Dr. George W. Holmes, past Chief of our Radiology Department and now a member of our Board of Consultation, was recently "showered" with nearly one hundred congratulatory messages upon the occasion of his seventieth birthday. The greetings came from all over the United States and even from China. The telegraph operator in the town of Belfast, Maine, where Dr. Holmes now resides, says their office had never been so busy in all the years of its existence.

Miss McLatchie, Head of our Medical Illustration Department, gave a very interesting talk in Boston on December 10, before the local Biological and Medical Artists. We have secured this abbreviated version of her speech.

Methods of operative technique for the medical artist in the operating room vary with the individual. The majority of artists make sketches. Some of the sketches are really in the form of shorthand notes which only the artist understands. Other artists, in a few quick strokes, are able to make a readable portrayal of the operation. Carl Adams, former artist of the Walter Reed Hospital, carried only a notebook for notes. Mr. Adams's method is excellent if the pictorial memory has been well trained.

The surgeon rarely pauses in his work for the artist. He knows that the photographer must have a clear field, minus as many hands and instruments as possible; but the artist must find his own best location—preferably behind the surgeon and on a high stool. Nearly every artist has had experiences which make exciting stories afterward. One time, forgetting the narrowness of my high stool, I leaned forward in a tense moment for a better view. The stool began to sway toward the patient, and for a matter of seconds—that seemed like hours—I teetered back and forth, completely surrounded by sterile equipment and staff. I dared not fall in either direction, and even though my gown was sterile no one dared give me a helping hand. The sighs of relief were almost explosive when I finally gained control of the stool. [*See* page 6 for an illustration of this episode.]

The artist peeks around and over shoulders. The neck is stretched to giraffe-length while peering over some giant surgeon, or the back and shoulders are bent into a U-curve while peering into a deep wound. If the artist is lucky enough to be standing on a wide stool, two or three visiting surgeons may balance themselves precariously on the space that is left, and elbow room is nil.

The subject tonight is: What operations are better portrayed by the artist and what is better photographic material. About half of the operations we sketch in our department are from descriptions, surgeons' sketches, movies, or photographs. The reason is, mainly, that the surgeon forgets to call the artist or photographer, suddenly realizes he has performed some unusual operation, and so gives his verbal description. If he has had movies taken and later wishes to publish his procedure, the artist either traces the steps from the screen or he sketches as the movie is slowly run off. Here is an example: A surgeon came to me one day and said, "I want the drawings of so-and-so operation redrawn. The perspective is all wrong." I told him I would be glad to redraw them; that, since they had been done three years before, my ideas of perspective had improved. I suggested we use his movie of the operation and trace the steps, to avoid any errors. He said, "You traced them last time. I don't want that kind of perspective. I want *your* perspective." In other words, he wanted a composite picture of all the different views. On postoperative sketches made from the surgeons' reports on patients' records — days, months, and even years after the operation—only the artist can help, because there is as yet no camera that can change words into photographs.

Photographs of operations are brought to us for drawing, not because they are not good photographs, but because halftone reproductions may lose too much detail and line cuts from pen-and-ink drawings not only are cheaper but lose very little detail in reproduction.

There are some operations that are definitely more photogenic than others. For example, most of the time brain surgery is excellent for photography. I asked a brain surgeon recently why he did not have a photographer called instead of me. He said, "Because I don't want all those wires from the encephalograph to show." So I dodged under and over wires to get the sketch. The inguinal ring, hernias, and mastectomies are also excellent for photography.

We photographers and artists can work together. If either of us recognizes his techniques to be inadequate for illustrating the surgeon's point of view, we can suggest to the surgeon whether the artist or photographer be called in. We can do a great deal toward training the doctors to recognize the type of technique to employ.

Very deep wounds are certainly better for the artist. As an example—Dr. Smithwick's operation. The sympathetic trunk lies along the vertebral column. It is small and difficult to see, hence must frequently be described as the surgeon feels and dissects. To get the sketches, the artist must use a combination of mental telepathy and his own anatomical knowledge.

There are special operative techniques of suturing, clamping, etc. which the camera would have difficulty in catching. In fact, if you were to glance in on the artist after an operation you might find her busily sewing imaginary tissue so that all the steps in the procedure are clearly defined.

Gastric ulcer and cancer are not always visible, and the surface of the stomach is quite normal in appearance. The artist in that case can study the specimen after the operation and, by means of broken lines or stipling, incorporate the tumor in the steps of the operation. However, the location of the tumor can also be indicated in the same manner on the black and white photograph.

Another manner in which we can work together is by placing insets on the photographs. This, by the way, clarifies the first step in the operation by having an inset of the patient in position, showing the line of incision. Don't forget that the photographer and the artist are usually called in after the patient has been draped. The insets I have placed on photographs have been in halftone, thus saving the publisher the necessity of making a combination line and halftone plate.

We have also added anatomical insets in photographs, so that the field of operation is immediately recognized. This is especially helpful to the doctor and also to students who are still a little hazy on their anatomy. Lettering and arrows on photographs are also helpful. This does not mean that the photograph is poor, but, as in our drawings, labeling the main tissues exposed clarifies the picture. I used to think it an insult to my drawing when a doctor asked for labels, but in the teaching world labels are needed.

In a recent discussion on sin, one person's definition was: Sin is anything you do that in any way hurts another person. This slogan should be adopted by every medical artist, for errors in drawing may guide a beginner into difficulties. However, photographers are responsible in a similar way, for their photographs are permanent records.

* * *

Last month we told you we would try to secure a transcription of the talk given by Dr. Francis F. Foldes (*a. an.*) at the December meeting of the Dental Staff. Dr. Foldes was most coöperative. Together, we tried to cut down the speech so that it might appear all in one piece. However, your editor rebelled at forfeiting so much valuable material and finally decided to publish most of the address, even though it may run into more than two instalments. Here is Part I on the subject, "Anesthesia considerations in oral surgery", as given by Dr. Foldes.

The history of the development of anesthesia is a history of coöperation between dentists and physicians, with the dentist taking the initiative in more than one of the most important phases of its development.

The safety of the patient and the consideration of the surgical problem are the two points of view I should like to follow in this discussion.

The first decision the oral surgeon or dentist has to make when an operative procedure is indicated, is what to do in the office and what needs to be done in a hospital. The answer to this question is not only dependent on the type of the procedure, but also on a number of other factors. The most important of these is the physical condition of the patient. A comprehensive past history should be obtained and a thorough physical examination should be made on every patient who is to have general anesthesia. If necessary, these should be supplemented with various laboratory studies—X-ray, ekg., etc. Special attention should be given to those conditions which are adversely affected by the biochemical changes produced by the various anesthetic agents, or by the changes in oxygen tension or respiratory mechanism. It also should be kept in mind that some diseases change the ability of the organism to excrete, decompose, or detoxify certain agents used in connection with anesthesia. Some of the pathological conditions that have to be considered in these relationships are: diseases of the circulatory system, diseases of the respiratory system, thyroid diseases, kidney diseases, liver diseases, diabetes, allergic conditions, blood dyscrasias, xanthomatoses, etc. In the presence of such conditions, general anesthesia should not be administered in the office. The pathophysiological disturbances caused by any disease should be compensated as well as possible before anesthesia is administered.

Another important factor that speaks for or against the performance of a procedure in the office is whether or not the person administering the anesthesia is capable of handling any emergencies that might arise in connection with it. A further important consideration is the availability of equipment necessary for resuscitation —suction, laryngoscope, endotracheal tubes, etc.

The next question that must be answered is what agent and method should be used. Before this question is discussed, some of the pharmacological properties of the most frequently used anesthetic agents and drugs used in premedication should be reviewed.

Generally speaking, on the basis of their most outstanding properties the anesthetic agents can be divided into three groups. In the first group—the chief exponent of which is nitrous oxide—belong those agents whose chief property is analgesia. Loss of consciousness or relaxation can only be obtained with these agents if they are used in very high—often in toxic—concentrations or doses. The second group consists of agents that primarily produce sleep and loss of consciousness. Their analgesic effect is secondary and can only be obtained with large doses. They produce satisfactory relaxation only after the use of toxic doses. The best known members of this group are the barbiturates. The third group, which can be called the group of true anesthetic agents, consists of drugs that produce analgesia, loss of consciousness, and relaxation, in the given order, in therapeutic concentrations. The most commonly used member of this group is ethyl ether. Recently another type of agent has been used with increasing frequency in anesthesia: curare. The outstanding property of this drug is relaxation, without loss of consciousness or analgesia.

Nitrous oxide is perhaps the most frequently used agent for minor dental procedures. When properly used, mixed with at least 20 volumes percent of oxygen, it is one of the least harmful of all the anesthetic agents. If the oxygen concentration is decreased below 20 volumes percent, nitrous oxide becomes increasingly dangerous. It has been shown repeatedly that the dangers of nitrous oxide-oxygen anesthesia are inversely proportional to the oxygen concentration of the mixture. Serious complications, and not infrequently fatalities, followed the use of such mixtures containing inadequate amounts of oxygen, but still they are being advocated by both dentists and anesthetists. It should be kept in mind that nitrous oxide, despite its considerable analgesic effect, is not a potent agent. Its potency can be increased by proper premedication, its effect can be supplemented by the simultaneous use of other agents (especially local anesthetic agents), and also by allowing the patient to inhale the maximal safe concentration for 5 to 7 minutes before the surgical procedure is started. To try to push higher the nitrous oxide concentration and decrease the available oxygen, thereby producing hypoxia, with or without manifest cyanosis, is a procedure that cannot be condemned strongly enough. It should be realized that under such circumstances the surgery is done not under anesthesia, but in hypoxia, or anoxia. It is true that very often propagators of this method escape without any manifest damage to the patient, but it is also true that complications and fatalities occur much more frequently than when nitrous oxide is used with adequate oxygen. If it is found that, despite careful premedication, nitrous oxide-oxygen does not produce satisfactory anesthesia for the contemplated procedure (and the potency of nitrous oxide varies considerably with different individuals), there should be no reluctance on the part of the surgeon or anesthetist to supplement nitrous oxide-oxygen with local anesthesia or with some other general anesthetic agent. Nitrous oxide-oxygen is also of great value as a supplementary agent with local or pentothal anesthesia.

In recent years pentothal anesthesia has been employed with increasing frequency in dentistry and oral surgery. The fact that the anesthetist and the anesthesia apparatus is completely out of the way is a great advantage to the surgeon. Induction and recovery is pleasant, almost never complicated by nausea and vomiting. These advantages, however, mask grave dangers. The reflex irritability in general, and especially that of the vagus, is markedly increased under light pentothal anesthesia, and is not completely abolished even in deep anesthesia produced by pentothal. Painful stimuli from any part of the body—and especially from the region of the head, face, and neck—can produce severe laryngeal spasm. Similarly, any foreign material—blood, mucus, gastric contents, etc.— that gets in contact with the interior of the larynx can cause laryngeal spasm. The spasm can be so severe that if suitable measures are not instituted rapidly, the patient may die of anoxia. For the prevention of laryngeal spasm, the following precautions are advisable: No patient should receive pentothal anesthesia without premedication with atropine—0.4 to 0.6 Mgs. If there is a possibility that foreign material might come in contact with the larynx, an endotracheal tube should be used, after careful local anesthetization of the larynx and the pharynx. Whenever pentothal anesthesia is given, facilities for the administration of oxygen under positive pressure and equipment for the introduction of an endotracheal tube should be readily available. The danger of laryngeal spasm will be diminished if an analgesic agent is used together with atropine in premedication. The use of an analgesic will also diminish the amount of pentothal used for a given procedure. The amount of pentothal can also be cut down by combining it with local anesthesia, and/or nitrous oxide-oxygen. It must be kept in mind that certain patients — noncompensated diabetics, hypothyroids, anemics, etc.—have very low tolerance for pentothal. The amount of pentothal necessary to induce a healthy normal adult can be fatal to these patients. Induction with pentothal should be slow and cautious. The rapid injection of a given quantity—0.25 to 0.5 Gms. —of pentothal is dangerous and is to be condemned. After the injection of every few cc. of 2.5 percent solution, the administration should be interrupted for about 30 seconds to allow time for the pentothal already injected to exert its effect. If this practice is not observed, serious overdosage can result.

Despite the competition of pentothal, ethyl ether is still the most widely used anesthetic agent for major oral surgery. In the hands of well-trained anesthetists it is a safe agent, and its contraindications—use of cautery, extensive kidney or liver damage, etc.—are few. Induction of ether anesthesia can be made pleasant by the use of nitrous oxide-oxygen. Its major drawback is that recovery is frequently accompanied by nausea and emesis.

Vinyl ether and ethyl chloride are usually employed for dental and oral surgical procedures of short duration. Both these agents have the advantage of rapid induction, but recovery is complicated by nausea and emesis just as frequently as after ethyl ether. Their toxicity (especially toward the liver) is higher than that of ethyl ether, particularly if they are administered over a longer period of time. They are usually used by the open drop method. The patient is anesthetized till a suitable depth is obtained, then the administration is discontinued and the procedure is carried out rapidly, before the patient recovers.

In the last two or three years curare found its place in the armamentarium of the well-trained anesthetist. In oral surgery its use is indicated when maximum relaxation is necessary in poor-risk patients. Its use should not be attempted by persons not trained in its administration. It should be used in conjunction with an analgesic and a hypnotic agent—nitrous oxide-oxygen alone, or with a small amount of pentothal—for it is a very disagreeable experience for the patient to become completely paralyzed without loss of consciousness and to undergo an operation without being able to indicate that he feels pain. Its use should not be attempted without an endotracheal tube and equipment for the administration of oxygen under positive pressure. This is necessary because its use is often followed by complete paralysis of the respiratory muscles.

(*The continuation or conclusion of this article by Dr. Foldes will appear in the next issue.*)

The Board of Trustees, at their meetings on December 13 and 27, voted:

To accept the resignation of Dr. Lincoln Davis with great regret and to ask the Chairman to write him a letter expressing the Board's appreciation of his great services to the Hospital;

To accept the resignation of Dr. Friedrich W. Klemperer with regret;

To appoint:

Dr. John G. Flynn as Assistant Resident on the Children's Medical Service, beginning January 1;

Dr. Elmer F. Franseen as Junior Resident on the Orthopedic Service for one year, beginning January 1;

Dr. Richard B. Holmes as Assistant Resident in Radiology, beginning July 1;

Dr. Duane H. Mitchel as Assistant Resident on the Medical Service for one year, beginning January 1;

Dr. Henry D. Moorman, Jr. as Second Assistant Resident in Surgery, beginning January 1;

Dr. Edwin W. Peterson as Assistant Resident on the Medical Service for one year, beginning January 1;

Dr. Truman G. Schnabel, Jr. as Assistant Resident on the Medical Service, beginning January 1;

Dr. Clement A. Smith as Consultant to the Children's Medical Service;

Dr. John L. Wilson as First Assistant Resident in Surgery, beginning January 1;

To increase the ward rates to $8 per day plus extras on January 1, 1947, with the understanding that on March 1, 1947 this figure would be revised by reference at that time to the actual operating figures for the year 1946; the object of this revision to determine figures which would represent approximately 90% or more of the cost of operation per patient day; the Hospital to follow the present custom of remitting charges when necessary and admitting emergency cases irrespective of ability to pay.

That cost shall not include depreciation.

That in the Baker Memorial the present room rates of $7, 8, 9, and 9.50 be increased $2, making them $9, 10, 11, and 11.50. No change to be made in extras at present; both room and extra charges to be readjusted on March 1, 1947, if found advisable.

That room rates in the Phillips House be increased $2 for all rooms under $15 per day and $3 for those over $15 per day, making the room rates $11, 13, 13.50, 14, 14.50, 15, 20, and 21.

At their meetings on December 11, 18, and 31, the General Executive Committee voted to appoint:

Dr. Robinson L. Bidwell as Graduate Assistant in Neuropathology for six months, beginning January 1;

Dr. Thomas H. Coleman as Clinical Fellow in Medicine, beginning January 1;

Dr. John H. Cox as Graduate Assistant in Dermatology for the term January 1 through June 30;

Dr. John L. Fromer as Graduate Assistant in Dermatology for the term January 1 through June 30;

Dr. Basil C. Gray as Graduate Assistant in Dermatology for the term January 1 through June 30;

Dr. Y. Y. Liu as Research Fellow on the Urological Service for a period of one year;

Dr. Albert F. Nyssens as Clinical Fellow in Medicine;

Dr. Frederick W. O'Brien as Graduate Assistant in Radiology, beginning July 1;

Dr. Donald Rose as Research Fellow in Physical Medicine for the period January 23 through May 31;

Dr. Arthur S. Spangler as Clinical Fellow in Dermatology, beginning January 1;

To reappoint as Graduate Assistants in Dermatology for the term January 1 through June 30:

Dr. Clito R. Damiani
Dr. John J. D'Urso
Dr. Ralph H. Luikart, Jr.
Dr. James L. Spencer

It was further voted to grant Dr. Janet W. McArthur a leave of absence for the calendar year 1947.

New addresses:—

Dr. Richard T. Barton (*Oto-Lar.* 1945), 120 South Lasky Drive, Beverly Hills, Cal.

Dr. Richard J. Clark (*WM* 1933), 21 Sheffield West, Winchester, Mass.

Dr. Harvey S. Collins (*M* 1944), Harvard Medical School, Department of Nutrition, Boston, Mass.

Dr. Richard S. Cosby (*EM* 1940), 1060 East Green St., Pasadena 1, Cal.

Capt. William E. Eaton, MC, USN (*D* 1907), Navy Department, Navy Regulations Board, Bldg. T-3, Room 1115, Washington 25, D.C.

Dr. A. Gordon Gauld (*ES* 1934), 1180 Beacon St., Brookline, Mass.

Dr. Luke Gillespie (*a. obst.*), 1180 Beacon St., Brookline, Mass.

Dr. William W. L. Glenn (*a. r. s.* 1941), Jefferson Medical College, Philadelphia, Pa.

Dr. John S. Harter (*WS* 1935), 1410 Castlewood Ave., Louisville 4, Ky.

Dr. Richard S. Hawkes (*WM* 1933), 47 Deering St., Portland 4, Maine.

Dr. Margaret B. Hussey (*a. D*), 6 President's Lane, Quincy, Mass.

Dr. Norman P. Johnson (*EM* 1925), 2510 Rand Tower, Minneapolis 2, Minn.

Dr. Eugene E. Record (*NS* 1937 & *Or.* 1941), 308 Commonwealth Ave., Boston, Mass.

Dr. S. Peter Sarris (*WS* 1939), 56 Broad St., Lynn, Mass.

Dr. Donald N. Sweeny, Jr. (*WS* 1941), 18618 Steel Ave., Detroit 21, Mich.

Brief bits:—

Dr. John R. Paul, Jr. (*CM* 1943) is out of the Navy. He is a resident in pediatrics at Wisconsin General Hospital. After two years there, he plans to return home to South Carolina. His present address is 4002 Hammersley Ave., Madison, Wis.

Dr. Edward T. Smith (*Or.* 1937) has been appointed Chief of Staff at Hermann Hospital, Houston, Tex.

MASSACHUSETTS EYE & EAR INFIRMARY

The Anesthesia Department at the Massachusetts Eye and Ear Infirmary has just been reorganized in personnel, equipment, and procedure. It is being set up in accordance with the latest and most efficient standards, under the direction of Dr. John H. Tucci, Anesthetist, and with the enthusiastic coöperation of Dr. Schall, Chief of the Ear, Nose and Throat Service, Dr. Dunphy, Chief of the Eye Service, and Mr. Hill, our Assistant Director.

The equipment at the Infirmary has been brought completely up to date with the latest gas machines, masks, and so on, to make possible the most efficient administration of anesthesia in delicate operations on the eye, ear, and throat. For example, the Infirmary now has a gadget that will give the patient helium and gas, under pressure, through a tracheotomy tube, to simplify the equipment needed in the operation and yet anesthetize quickly and painlessly a patient who is having difficulty with his breathing at best.

In line with this modern efficiency is the case record file that has been established for the department. Dr. Tucci has set up the punch card system that will enable the doctors to gather data from hundreds of case records, for research or for scientific papers and the like, almost with the flip of a mechanical lever. For example, one mechanical process — and all the patients who have had headaches after taking procaine will be sorted out.

This is the way the punch card system does the job. Each category of diagnosis or symptoms has a code number. There are sixty or seventy code numbers for each card, under a code system now being used by anesthesia departments in all leading hospitals. Next, the individual card is checked according to the patient's individual case history. The card is then punched on the checked numbers, so that when a doctor wishes to look over all the case histories of patients suffering from a certain set of symptoms, all he has to do to get their names and file numbers, is to run the cards through a machine that sorts out those with the same punch holes.

The newly organized department at the Infirmary is in close coördination with the Anesthesia Department at the Massachusetts General Hospital. This coördination brings six student nurses from the MGH Training School to the Infirmary Anesthesia Department for several weeks of special training in anesthesia for eye, ear, nose and throat operations. This period of special training is about to be considerably increased.

The department also offers specialized training to the House Officers at the Infirmary who rotate their service every three or four months, and to Residents and Fellows at the General who come over for any specially interesting cases or to lend a hand when the work is heavy. The permanent staff of three anesthesia nurses are Miss Florence Morrissey, Mrs. Irma Brose, and Mrs. Kathryn Goss.

A year ago, anesthesia was administered by an outside doctor for a separate fee, 43% of all operations being so handled. Now, with the reorganization, all but 3% of the operations are taken care of by the department.

There is another even more important gain in the gas therapy at the Infirmary that has resulted from having an anesthetist of outstanding ability in charge of the department. Dr. Tucci is here for preoperative and postoperative consultation and examination of cases. This, obviously, makes for greater medical efficiency in suiting the anesthesia to the last minute condition of the individual patient. And the fact that Dr. Tucci is here to watch over the patient, after the operation, is already paying off in what he, himself, speaks of as "lower postoperative morbidity".

Mr. John F. Bowen, construction superintendent of the John Bowen Construction Company of Quincy and former Navy officer serving aboard a submarine chaser in the Pacific Area during the war, was nominated on December 10 by ex-Governor Tobin as a member of the Board of Managers of the Infirmary, to succeed Dr. D. Harold Walker whose term expired then.

On December 30, thirty-eight members of the personnel of the Infirmary were awarded pins by Dr. Faxon for their long periods of service. Dr. Faxon expressed the appreciation of the hospital for their distinguished records; and after the presentation, tea and sandwiches were served. The service pins were given to those listed below.

Those who have been at the Infimary from 10 to 19 years include Miss Frances M. Hernan, Chief of the Accounting Department; Miss Marion D. Floyd, Mr. James Connolly, and Mr. John Evans from the Dietary Department; Mrs. Kitrena C. Akins, Miss Mary Foley, Miss Nellie Morgan, and Mrs. Belle Roberts from the Housekeeping Department. Dr. Faxon, Dr. Elek Ludvigh, and Dr. Tracy B. Mallory also received pins. In the Nursing Department were Miss Annie M. Robertson, Assistant to the Director, Miss Dorothy M. Tarbox, Miss Hilda G. Blaisdell, Miss Henrietta I. Olson, Miss Walborg L. Peterson, Miss Eileen M. Gilmartin, Miss Elizabeth A. Ward, Miss Edna McCarthy, Miss Anna H. Remick, Mr. Francis Carney, Miss Mary Trowbridge, Mr. Robert Whalen, and Miss Renee Spiesman.

Also in this 10 to 19 year group were Mr. Vincent Farley, Miss Thelma Farmer, and Miss Lillian A. Peck of the Out-Patient Department; Mr. Albert F. Kelley, Protective; and Mrs. Ruth B. Adair and Miss Leah F. Cook of the Social Service Department.

Those who have served the Infirmary from 20 to 29 years are Mrs. Elizabeth T. Farley of the Accounting Department; Miss Frances Opper, secretary; Dr. Alexander S. Macmillan, Roentgenologist; in the Nursing Department, Miss Ruth M. Hutchinson, Miss Florence Morrissey, and Miss Anne Raymond (the latter's award being made posthumously); Mr. John McInnis, orderly; and Mrs. Helen F. Kirwin of Social Service.

There were two members — Mr. Charles Fowler, orderly, and Mr. Albert Maver in the Out-Patient Department —who have the distinguished record of having given service at the Infimary from 30 to 39 years.

Dr. Burton E. Lovesey has just received two medals for his exhibit of gladiolus at the Annual New England Gladiolus Exposition, one being the New England gold medal, the other from the Massachusetts Horticultural Society. Dr. Lovesey explains that the exhibit showed the color range of gladiolus — the ten primary colors and shades from white through smoky grey. On his farm in Natick, Dr. Lovesey does his own gardening and takes care of 100,000 gladiolus.

If a typographical error in reporting a man's military rank is all that is required to elicit a "first", we're seriously considering reporting all colonels as privates and all lieutenants as generals when we refer to any of our "silent ones" in the future. Such an error, plus an apology for the mistake, brought forth the first word we have had from Dr. Stafford L. Warren (*WM* 1924), Professor of Radiology and Medical Advisor to the Manhattan District. From the School of Medicine and Dentistry, University of Rochester, P.O. Box 287, Crittenden Station, Rochester 7, New York, Dr. Warren writes, in reply to our apology:

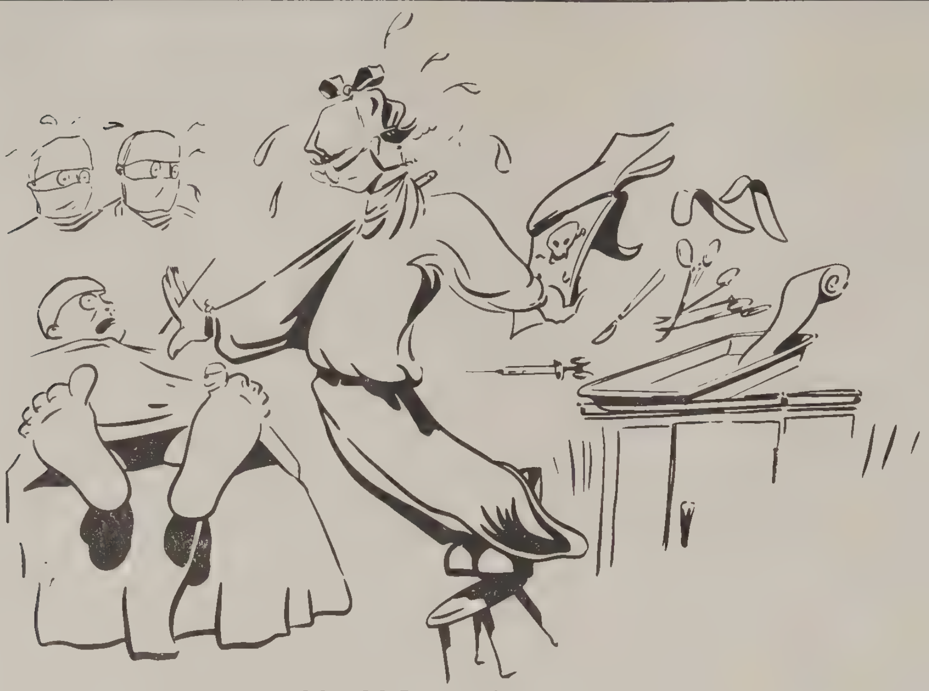
> I wouldn't bother about correcting the slight error in my rank. Those who wish to be picayunish can look at the insigne in the picture. I'm out of the Army now, anyway.
>
> In regard to my war job, I was Chief of the Medical Section of the Manhattan Engineering District (atom bomb project), having responsibility for hospitals, public health, plant safety (industrial radiation hazards), and medical research behind the cloak of security; led a party into Hiroshima and Nagasaki, Japan; and was Chief of the Radiological Safety Section at Bikini. I am now civilian consultant to the Manhattan District.
>
> Had lots of work and excitement, no injuries, too much travel, too many 'phones and too much talking under the difficulty of a tight security. Had good confreres in every situation who did their jobs in full measure and who deserve the credit for our perfect record of no injuries from radiation during the war period. I am still worried about how war can be outlawed, now that the atomic bomb is an actuality.
>
> That was a nice picture of Dr. Washburn and Dr. Faxon in THE NEWS, and I appreciate your sending it to me.

Along in December a letter came from Dr. Henry S. Fuller (*WM* 1943). Because it was addressed not only to THE NEWS but to "the Hospital Staff" and contained cordial Christmas greetings to everybody, it was placed on the foot-of-Treadwell-stairs bulletin board and its contents did not get into our January issue. The letter is headed London School of Hygiene and Tropical Medicine, University of London, and says in part:

> The news from this end of the line is all good. I am enjoying the course at this School and, in addition, am doing some laboratory work in connection with my interest in rickettsial diseases.
>
> Everyone is most helpful and hospitable. I surely do admire these people in England for what they have gone through and the splendid way they have taken it.

All of us who are complaining about New England winters or the high cost of living should feel rather subdued after reading this letter from Capt. Frank C. Wheelock, Jr., MC, AUS (*ES* 1943). Captain Wheelock is still with the 202nd Station Hospital, APO 732, c/o Postmaster, Seattle, Washington, and his letter tells what it's like up there now in seldom-heard-from Alaska. Incidentally, this is another "first".

> I have been planning for a long time to write and thank you for sending THE NEWS to me. It is certainly appreciated by my wife and myself, especially as we are in a rather isolated spot—namely, Nome, Alaska.
>
> My career in the Army, compared with that of some of my colleagues, has been so unspectacular that even now I hesitate to write of it. I had been first at Carlisle and then at Walter Reed General Hospital when, in February 1946, I was sent here to be surgical officer at the small Station Hospital on the Air Base, and am now also the CO of the hospital. There is very little surgical work to do, but from time to time an interesting case comes up. Most of the time I am just signing my name to the hundreds of daily, weekly, bimonthly, and monthly reports!
>
> We have on the ward at present a seventy-four year old man who is interesting from two standpoints. First, as a patient because he survived the onslaught of a 1 1/2-ton truck which ran completely over him, and secondly as a source of colorful information about the history of the locale. He came here in '98 and mined until '26, making and losing a large amount of money. He then trapped for a few years, and finally became an Army tugboat skipper. The wild tales about Nome as a gold-rush town are all apparently true, but the present day town is very calm and tame. There are about 1500 people here, half of whom are Eskimo. The sole major business prior to the war was gold mining, and now it is working for the Army. The post is reputedly located on some of the richest land in the area, and scattered about are several gargantuan dredges resembling mechanized dinosaurs. Although no large scale mining has gone on since 1943, it is still possible to pan gold on the beach in the spring; but I, for one, found it very hard work for the return.
>
> Physically, the town of Nome is very unattractive in the summer. The streets are dirt and most of the buildings are wooden shacks piled close together. There is no grass nor trees; and, as only the top three feet of soil thaws, the water—piped on the surface—runs only three or four months of the year, depending on the temperature. There is, therefore,



Miss McLatchie's dilemma

(One of several amusing cartoons drawn by Robert H. Ullrich, a freshman in Miss McLatchie's Medical Illustration course, after hearing the talk given by her before the local Biological and Medical Artists. A transcription of the speech is on another page in this issue.)

no sewage system at all. In the winter the snow covers the ugliness of the town and it never melts nor becomes dirty. When the wind isn't blowing it is not uncomfortable to be out in temperatures below -20. It is surprising how warm it feels when it gets up to -5.

It is very expensive to live in town. For example, milk is 95c a quart, water 10c a bucket, electricity 15c per kilowatt hour, and bread 25c for a very small loaf. Strangely enough, there have never been shortages of meat or butter and the stores are still selling the refined flour.

As for the people here, the Eskimos are ridden with tuberculosis to an alarming degree. Gradually sanitorium facilities are being obtained for them, but there is still a tremendous amount of work to be done. I would estimate that 30% of them have or have had active clinical tuberculosis. On St. Lawrence Island, near by, the rate is said to be as high at 84%. Diphtheria seems to be endemic, as a few cases crop up from time to time.

Needless to say, I am looking forward with impatience to my discharge date in the late spring and a return to real surgical work again.

My best to all at the M.G.H., and congratulations on your centennial exercises which I was indeed sorry to miss.

We are very grateful to Dr. Means for letting us have this letter to him from Lt. James M. Stewart, MC, AUS (*M* 1946). Lieutenant Stewart is with the 61st Station Hospital in Italy. His APO is 782, c/o Postmaster, New York, N.Y.

After reading several *New England Journals* this evening, my thoughts naturally turned to the M.G.H. Now that I am "permanently" settled over here, a few lines are in order.

After almost three weeks of waiting at Camp Kilmer, along with nine other members of the 5th A.M.D.S. Class from Texas I shouldered my field pack and boarded the *Stevens Victory*. Although many of the enlisted men were seasick the first day out, we actually had an easy eleven-day crossing to Leghorn, with a minimum of rough weather. The trip was exciting medically, largely because of an appendectomy performed three days out of New York. The transport surgeon had had an assistant residency in surgery and was making his third crossing on the *Stevens*. Naturally, the decision to operate was made at 1:00 A.M. The ship's dispensary was remarkably well outfitted with surgical table, lighting, and instruments. With the ship steadied at half speed, the offending appendix was successfully removed under drop ether anesthesia administered by one of our group of ten medical officers. Two others assisted, while another one and I served as instrument men and suture nurses. The patient did very well, walking off the ship in Leghorn.

After several days of waiting, we were interviewed by the Theatre Surgeon and assignments were made. Six of the men were assigned as Battalion Surgeons to the 88th Division in northern Italy. One has gone to Foggia, a most lonely spot in the "desert" of southern Italy. One went to the Station Hospital in Rome, while two of us are here at the 61st Station Hospital in Leghorn.

After giving up all hope of practising much medicine while in the Army, I am most decidedly lucky to be stationed here. This hospital is now the largest in Italy and the one through which flow all cases awaiting evacuation to the United States as well as the more difficult problems. I am now Ward Officer on the Contagious Disease Ward, with tonsillitis cases, pneumonia, meningitis, and tuberculosis filling the majority of beds at the present time. We have been rather light on the ward, with 20-30 patients, and I have been spending most of my time on the General Medical Ward which has had 60-75 patients. Here we have about 15-20 patients with peptic ulcers, some with hemorrhage. This high incidence of ulcers rather surprised me after hearing that ulcers were very rare in the Army during the war. This is the high seasonal incidence for infectious hepatitis, of which we have seen a good deal. There are some interesting renal problems, hypertensives, rheumatic fevers, asthmatics, a case with an undiagnosed pulmonary tumor, and a dozen skin problems. I have seen no hyperthyroidism as yet. What has amazed me is the diversity of cases we have and the numerous problems presented. It has been a pleasure to get back to work after several rather lean months, medically speaking.

At the hospital here are several Harvard men. Lt. Richard Greene (*EM* 1945) is now working down town at the Dispensary. Capt. Ted Groff, Class of 1944 and Presbyterian, is working on the Medical Service; and Capt. Robert Ray, 1943, Brigham and Children's, is Chief of Surgery.

The town of Leghorn is a rather tough, dirty seaport with not much of historic interest. Most of our week ends have been spent in Florence which is only sixty miles away. In contrast to Leghorn, that is a delightful city. The officers are quartered at the Hotel Excelsior for 25c a day, with steak dinners for 10c. The beautiful churches, castles, monasteries, and art treasures were untouched by the war. Only the bridges across the Arno were destroyed, except for the famed Ponte Vecchio whose ends were heavily mined. It has been a truly exciting and stimulating experience to explore the beauties of that city.

Last week end I paused over my steak dinner and wine to wonder how Mickey Stunkard is enjoying Korea and Yokohama. I scarcely envied him, and only hope he drew a good medical assignment.

I should like to be remembered to all at the M.G.H. I hope I shall be able to return to Boston before so very long.

Through the kindness of Dr. Allen, who has passed on to us a long and interesting letter, we have learned the whereabouts of Lt. Jack A. Cannon, MC, AUS (ES 1944). He is Chief of the Surgical Service at the 248th General Hospital at Clark Field. His APO is 74, c/o Postmaster, San Francisco, California. One paragraph of general interest in the letter reads:

Perhaps being in a place like this distorts one's viewpoint a little, but I often find myself thinking about what a very wonderful place the Massachusetts General Hospital is. It is just about perfect. To have the privilege of operating again on White 3 would be about as pleasurable a thing as I could imagine. I suppose a lot of it is due to what one is brought up on, but it seems as though there couldn't be a finer group of nurses, there is no better way of putting up a lap. kit, no better collection of instruments, no more perfect way of folding sponges, no better operating light, and certainly no better dissecting scissors than are to be found there. It's amazing how I miss those good Swedish scissors—even though many of them were dull from long use. I'm certain there are no good scissors in the Army. Granted, they are all new, but they all have rounded ends, are heavy and ungainly, and no matter how new they are, they just don't cut worth a damn. I did manage to find one pair that got in by mistake which are just fair. I have my name on them, and you can be sure that no one but the "chief" uses them. Another thing I miss sadly are good old Mass. General "half-sheets" for draping. In the Army a sheet is a sheet and there is no half way about it. Worse still, they don't let us tear any in two. We did finally succeed in stealing a table, the height of which is adjustable, and this is a great relief. However, the light remains bad and is hung so low that a fellow my height just can't operate under it. I think I always have appreciated the wonders of the old Mass. Gen., but never more than now. It is certainly with regret that I realize I probably never will be back except to visit, as I'm afraid I shall have to try to get started in California, since that is where my roots are.

Lt. Robert S. Shaw, MC, AUS (*WS* 1946) has a new address — Headquarters ANC TS-EAA7, Wright Field, Dayton, Ohio. A very welcome letter from him tells us what he is doing there.

I arrived at the above address by a very circuitous route, as is told by the envelope of my last News which bears five different addresses. That is the primary incentive for this letter, for I want very much to be sure I continue to receive The News. It is one warm link to my surgical past, which seems very far away, indeed.

I am working in the aero medical lab here, completely surrounded by jet planes, heliocopters, and rocket ships, doing stress analysis on animals. It's an interesting and valuable experience in physiological research, but—like the rest of us—I'm eager to get back into the white suit.

THE NEWS

No. 54 Boston, Mass. March 1947

ENDOSCOPIC AFFAIRS

The development of Endoscopy at the Massachusetts General Hospital may be of some interest to readers of THE NEWS. About 1931 the writer, at that time doing general surgery, remarked to Dr. Chester Jones that he believed the medical profession should have a satisfactory method of examining the inside of the stomach. Dr. Jones agreed, but up to that time no safe and satisfactory method of gastroscopy had been devised. Rigid tubes with or without lenses had been used but mostly abandoned because the results obtained had not justified the dangers involved in making the examination. In 1932, however, the Wolf-Schindler flexible gastroscope was invented, and the first one ever used in the United States was introduced at the Massachusetts General Hospital on April 6, 1933 by Dr. Chester Jones, Dr. Charles Johnson, and the writer. Strangely enough, the first patient examined had a gastric lymphoma which is the most difficult of all diagnoses to make; it is, therefore, not surprising that the diagnosis was not made preoperatively!

Gastroscopy soon became recognized as a valuable adjunct to radiology in the diagnosis of gastric disease. It has not been used as a routine procedure, but has quite properly been reserved for cases in which other methods of study had failed to establish a positive diagnosis. Gastroscopic examination has been found valuable in the diagnosis of gastritis, gastric ulcer, and benign and malignant gastric tumors. Gastroscopy has now been accepted in all large medical centers throughout the world.

About 1934 it became apparent that, with the development of thoracic surgery, increased use of bronchoscopy and esophagoscopy would be essential. It occurred to Dr. Churchill that possibly one individual might make endoscopy a special field, and that the endoscopist would work in close association with the Thoracic Clinic in bronchoscopy and esophagoscopy, and with the Gastro-intestinal Clinic in gastroscopy. At about the same time, Dr. Allen called attention to Ruddock's work in peritoneoscopy and suggested that an endoscopist might add that examination to his field. These suggestions have been carried out, and after a trial period of about ten years the position of Endoscopist has been created. This position is rather unique in medical practice, the nearest approach to it being in Philadelphia where some laryngologists confine their work almost exclusively to peroral endoscopy. The growth of endoscopy has been rapid; in 1936 the writer made 214 endoscopic examinations; in 1946 the number had almost exactly tripled to 636. Since 1933 he has performed 2372 bronchoscopies, 667 esophagoscopies, 2004 gastroscopies, and 726 peritoneoscopies.

The future of endoscopy is assured, but it is not clear who will make the various examinations. The trend in bronchoscopy and esophagoscopy seems to be away from the laryngologists toward the thoracic surgeons. At this hospital, Dr. Davenport, an internist with a special interest in diseases of the chest, does some of the bronchoscopies and esophagoscopies. Similarly, Dr. Halsted, who is interested in gastroenterology, makes some of the gastroscopic examinations. Peritoneoscopy, although given its chief impetus by an internist, is usually done by surgeons, and Dr. Wallace of our Surgical Staff is doing some of the peritoneoscopies.

The teaching of endoscopy to undergraduates has been very limited. Naturally, the average physician will not perform any endoscopic examinations himself, but he should know when to call the experienced endoscopist in consultation. Unfortunately, our House Staff get no instruction in endoscopy. Their schedule is too full and usually their interest centres in major surgery. Instruction in bronchoscopy, however, is given to residents on the laryngological service, who come over from the Eye & Ear Infirmary, and to residents in anesthesia. The special reason for teaching the latter group is because of the great importance of immediate aspiration of postoperative secretions. Graduate instruction in endoscopy is offered through the Harvard Medical School, Courses for Graduates.

Does the endoscopist learn more and more about less and less until finally he knows everything about nothing? We hope not! The bronchoscopist comes in contact with many of the most interesting pulmonary cases in the hospital; the esophagoscopist has an opportunity to diagnose many diseases of the esophagus and has particular satisfaction in treating benign strictures; the gastroscopist is confronted with many of the most difficult problems in the differential diagnosis of gastric disease; and the peritoneoscopist not only has a look at many obscure pathological conditions in the abdomen and pelvis, but also saves a good many unnecessary exploratory laparotomies. The biopsies obtained at many of these endoscopies frequently establish a definite diagnosis.

In conclusion it may be said that the endoscopist enjoys his work, believes in its importance, endeavors to widen his horizon with new techniques and improved instruments, and — looking extralumenally as well as intralumenally—foresees an interesting future.

Edward B. Benedict, M.D.,
Endoscopist

* * *

The General Executive Committee has awarded the Warren Triennial Prize of $500 for the year 1946 to Paul C. Zamecnik, M.D., Lydia E. Brewster, A.B., and Fritz Lipmann, M.D. for their essay entitled "Studies on Cl. welchii lecithinase". The subtitles of the work are: Part I—A manometric method for measuring the activity of the Cl. welchii lecithinase and a description of certain properties of this enzyme. Part II—A study of the competition of lecithin and antitoxin for Cl. welchii lecithinase.

* * *

MASSACHUSETTS GENERAL HOSPITAL RESEARCH COUNCIL

On January 7, the Massachusetts General Hospital Research Council sponsored a symposium on "Problems concerning the intracellular electrolytes". The speakers and their subjects were as follows:

Dr. Fuller Albright—The role of potassium as a base in nephropathy.
Drs. Allan M. Butler and Nathan B. Talbot—Potassium losses in dehydration and their repair, including the parenteral administration of a potassium-containing solution.
Dr. Oliver Cope—The need for potassium in the dehydrated and depleted surgical patient.
Dr. James H. Currens—The electrocardiographic changes incident to altered metabolism of body potassium.
Dr. Nathan O. Kaplan—The use of intravenously administered phosphate ion in the treatment of diabetic coma.
Dr. Francis D. Moore—The determination of total body water and solids with isotopes: Means for the diagnosis of potassium deficiency; the lethal rate of potassium injection in rabbits.
Dr. Paul C. Zamecnik—Trace metals as enzyme activators.

The above program is published now, even at this late date, in order that our readers may know about the various problems being studied and discussed by the Research Council.

The program for the February meeting was in our last issue.

The next meeting of the Research Council will be held on March 25 at 4:30 in the Bigelow Amphitheatre. The subjects and speakers will be:

The biochemical and physiological mechanisms underlying the electrical activity of the brain.
Drs. M. A. B. Brazier and J. E. Finesinger
Some observations on the role of vitamin

C in aqueous humor formation.
Dr. J. Everett Kinsey

Carboxyl nitrogen changes in incubating human saliva.
Dr. David Weisberger

The effect of roentgen irradiation on epiphyseal growth — an experimental study.
Drs. J. S. Barr, E. A. Gall, J. Reidy, J. R. Lingley

The Board of Trustees, at their meetings during January, elected Mr. Francis W. Hatch and Mr. John E. Lawrence as Trustees.

Governor Bradford appointed Dr. W. Jason Mixter and Professor Francis O. Schmitt of Massachusetts Institute of Technology as Trustees. Mrs. Robert Homans and Rt. Rev. Robert P. Barry were reappointed.

The Chairman of the Board announced that he had appointed Mr. Ralph Lowell and Dr. W. Jason Mixter to the Committee on Nurses.

The Trustees voted:

To accept the gift of a replica of a statue of Dr. Samuel Cabot from Mrs. Henry Lyman and to refer the placing of it to the Committee on Memorials;

To accept the resignation of Harold E. Dyer, D.M.D. from the position of Assistant Dental Surgeon;

To accept with regret the resignation of Dr. Curtis Prout from the position of Assistant in Medicine;

To promote Dr. Toufic H. Kalil to the position of Radiologist, as of January 1, 1947;

To appoint:

Dr. Bedford F. Bolyston as Assistant Resident on the Orthopedic Service for one year, beginning April 1, 1948;

Dr. George H. Carter as Assistant Resident in Psychiatry for one year, beginning January 1, 1948;

Dr. William C. Coles as Resident on the Radiological Service for the term February 21 to July 1;

Dr. Albert B. Ferguson, Jr. as Assistant Resident on the Orthopedic Service for one year, beginning April 1, 1949;

Dr. Howard P. Haswell as Assistant Resident in Anesthesia for one year, beginning April 1;

Dr. Walter S. Kerr, Jr. as Second Assistant Resident on the Urological Service from April 1 to October 1, it being understood that, subject to competent and satisfactory service he will be advanced to First Assistant Resident from October 1, 1947 to July 1, 1948 and to Resident from July 1, 1948 to July 1, 1949;

Dr. William G. Kuhn, Jr. as Assistant Resident on the Orthopedic Service for one year, beginning October 1, 1948;

Dr. Ralph H. Luikart, Jr. as Assistant Resident on the Dermatological Service for the period January 22 to July 1, to replace Dr. Freytag who has been ordered into the Army, and to continue him as Assistant Resident for the term beginning July 1;

Dr. Sydney R. McPherson as Assistant Resident on the Orthopedic Service for one year, beginning January 1, 1949;

Dr. LeMoyne White as Resident in Psychiatry for one year, beginning July 1.

At their meetings on December 11 and 31, through January, and on February 4, the General Executive Committee reappointed as Graduate Assistants for the term January 1 through June 30:

Medicine

Fred Alexander
Winifred Chase—Pulmonary
J. H. Currens—Cardiac
Anne P. Forbes
J. W. Irwin—Allergy
I. H. Jaffee—Allergy
L. T. Kurland—Pulmonary
R. C. Metcalf
E. A. Polcari—Allergy
R. J. Savignac—Allergy
W. W. Schier
J. B. Tompkins
E. O. Wheeler—Cardiac
P. R. Withington—Allergy

Children's Medical

Katherine Kiehl

Orthopedic

E. E. Record
C. R. Rowe

X-ray

W. C. Coles
J. A. Isherwood

Psychiatry

M. A. Berezin
D. C. Dawes
Volta Hall
F. E. Jones
R. T. Kronenberg
H. H. W. Miles
Benjamin Riggs
J. M. Thomas

Dermatology

C. R. Damiani
J. J. D'Urso
R. H. Luikart, Jr.
J. L. Spencer

Neurology

Thomas DeLorme
Rudolph Neustadt
W. H. Timberlake

Urology

E. J. Ganem
H. A. Hoffman

Dental

G. W. Haven
R. L. Miner
G. M. Noss
F. K. Poulin
H. B. F. Seyfarth

Surgery

W. B. Bacon—Gynecology
J. J. Bandeian—Gynecology
M. J. Bellinger
N. A. Brose
R. W. Butler—Rectal Clinic
Brown Dobyns
G. F. Emerson
G. G. Garcelon—Tumor Clinic
E. R. Hubbard
G. D. Krumbhaar—Gynecology
Knowles Lawrence—Tumor Clinic
T. M. Leary
R. E. Militzer—Tumor Clinic
Clarke Staples
N. J. Wilson

The General Executive Committee voted to extend the appointments of:

Dr. William A. Dickson as Assistant Resident on the Children's Medical Service to March 31, with leave of absence during that period;

Dr. Ivar Lund as Assistant Resident in Anesthesia for six months, to October 6;

Dr. Abraham I. Perley as Resident on the Dermatological Service for the period July 1, 1947 to July 1, 1948.

The Committee voted to appoint:

Dr. William H. Amspacher as Clinical Fellow in Surgery;

Dr. India H. Balch as Graduate Assistant to the Children's Medical Service;

Dr. Jean L. Camus as Clinical Fellow in Medicine, to work with Dr. Fuller Albright;

Dr. Pedro M. Catoggio as Clinical Fellow in Medicine, to work with Dr. Bauer;

Dr. William B. Clapp as Graduate Assistant in Medicine, to work in Allergy;

Dr. Stephen M. Clement, II, as Clinical Fellow in Psychiatry, to work in the Out-Patient Department and Laboratory;

Dr. Jane Denton as Clinical Fellow in Medicine and Anesthesia;

Dr. Paul H. Harwood, Jr. as Graduate Assistant in Psychiatry;

Dr. Charles L. Holt as Clinical Fellow in Medicine, to work with Dr. Paul D. White;

Dr. Frederick H. Kalil as Graduate Assistant in the Dental Clinic;

Dr. Josip Matovinovic as Clinical Fellow in Medicine;

Dr. Sedgwick Mead as Clinical Fellow in Physical Medicine, beginning January 27;

Dr. Gordon Prewitt as Clinical Fellow in Medicine, to work with Dr. Paul D. White;

Dr. Alfredo Segers as Clinical Fellow in Surgery, to work in the Tumor Clinic.

Dr. Fritz Lipmann, our Research Chemist, has sent us this interesting account of his recent trip to France.

It was my good fortune to be among those invited as guests of the French Government to come to France for the celebration of the fiftieth anniversary of the death of Louis Pasteur. The central meeting was held in Paris on November 18-25, and was followed by smaller manifestations throughout France. The anniversary offered a fine opportunity to survey the immense influence of Pasteur's work on modern chemistry, biology, and medicine. A memorable meeting, with emphasis more on the present than on the past, was planned and arranged by the National Union of Intellectuals, with the support of various branches of the Government. Very fittingly the title was chosen, "Congrès des Sciences Pasteuriennes".

For most of the participants this meeting was a first occasion after the war to exchange thoughts on an international level. Nearly a hundred guests from 23 countries had gathered, not mentioning the large additional influx due to parallel meetings of the UNESCO. From this country came Mansfield Clark, Cori, Heidelberger, Perrin-Long, Stanley, Werkman, and myself. The largest delegation was from England: Fildes, Knight, Bernal, Miss Stephenson, Quastell, the penicillin trio—Fleming, Florey, and Chain—and others. Engelhardt was the most prominent representative from Russia, and Szent-Györgyi from Hungary. Kluyver of Amsterdam was there to introduce the meeting on Fermentation; Winge from Copenhagen talked on Yeasts.

The main topics of the scientific meetings were: Bacterial toxins (B. C. J. G. Knight); Bacteria (Stephenson); Immunity (Heidelberger); Virus and phages (Stanley); Antibiotics (Chain). There were meetings on Infectious diseases (Castex, Argentina); Tropical diseases (Da Fonseca, Brazil); Diseases of insects (Malenotti, Italy). There was a session on Beer and other fermented drinks, and a whole section on Soil bacteria and soil biochemistry. One of the most memorable lectures was the recount by Bernal of Pasteur's discovery of molecular dissymmetry, tracing the influence of this discovery down to our modern concepts of molecular structure.

Although these lectures and discussions were of highest level, the most productive part was, nevertheless, informal conversations at lunch and supper, and during evenings. More than half of the guests were lodged together in the Hotel Palais d'Orsay. This soon became the meeting center for guests and hosts. Our meals were taken there, the lunches and suppers including an agreeable measure of light wine. A quite extraordinary session came about through an almost accidental being together of those best able to judge the quickly changing situation in muscular metabolism. Recently Szent-Györgyi and his collaborators had published from Hungary the rather revolutionary finding of a multiplicity of the contactile proteins, discovering actin as a separate unit in addition to myosin. Szent-Györgyi opened the session. With Cori, Dorothy Needham, Bernal, Kalckar, Rakine, myself and a few others listening, a highly interesting discussion followed. Significantly, it reflects on the philosophy of this discussion that it converged eventually on the question of how to arrange exchange of members between groups. With techniques of muscle protein separation still in development, it was agreed that the observation of minute, but indispensable, details may often not be separable from the "skill" of the respective worker. Essentially, it appeared, the results of the Hungarian workers have been confirmed by various laboratories, but some important details are still undecided.

From Paris small groups went on to take part in Pasteur celebrations elsewhere in France. I gladly accepted the invitation to go down to Lyons and Marseilles. This journey became a quite unusual experience. I was in very agreeable and interesting company with Dr. Engelhardt of Moscow, whose work on muscle biochemistry had recently become one of the most widely discussed topics. We were only three in all, and scientifically we two shouldered the greatest burden. As the first foreign guests after the war, we were received with greatest enthusiasm, a rather large fraction of which was focussed on each of us because of our small number. Our first stop was Lyons, quite famed as one of the important intellectual centers of France. It has a fine Medical School, built shortly before the war with the support of the Rockefeller Foundation. We talked before the students, who appeared in such numbers that the largest auditorium could not take them all.

The meetings in the provinces had been planned by the branches of the National Union of Intellectuals, affiliated with the central group which had arranged the Paris meeting. The organization of all phases of the journey should be highly praised. In spite of the density of the time schedule, the arrangements functioned perfectly everywhere. From Lyons a six-hour train ride brought us to Marseilles. After foggy weather in the upper Rhone valley, Marseilles appeared especially bright and gay. With brilliant blue sky, the two days there were indeed the only really sunny days of the whole journey. November is the rainy month in middle Europe.

In Marseilles two meetings were arranged for us—one being a public Pasteur celebration, the other speeches before students at the University. The public meeting, held in a huge cinema hall, was quite a surprise to me. There, at shortest notice, I found myself thrust into the role of a representative of the United States. Before an assembly of flags, reminding one of a meeting of the U.N., I had to give an address of welcome and bring greetings from this country. On the following day, at the University, the students gave us all a roaring welcome. But when the guests were separately introduced, the most emphatic applause greeted me—not so much, I am sure, because of scientific achievement but rather because the memory of the liberation was still very fresh in Marseilles.

So far, very little has been said about the general situation in France. The outward picture to the guest is that of relative normality—relative, one soon discovers, because it can be bought only at a high price, even measured in dollars. Since before the war, many prices have increased tenfold against a threefold increase in pay level. Fortunately, the distribution is not uniform. Clothes are very high. Food—particularly outside of Paris—seems more reasonable, although it is difficult to obtain. As everywhere in Europe, coal is scarce; one room only is warmed, generally by electric heat; that room forms an oasis in an otherwise frigid apartment. In laboratories, it is usual to meet people working in their overcoats. This present situation is, however, already a vast improvement and people appear rather resigned to the "minor" evils. Indeed, particularly among young scientists, there is prevalent a feeling of change, expectation, and progress.

The regular monthly meeting of the Medical Staff was held on January 27. Dr. Otto Krayer, Professor of Pharmacology at the Harvard Medical School and Consultant in Pharmacology at Massachusetts General, talked on "The prospective therapeutic use of thiol compounds". Dr. Krayer has very kindly sent us this summary of his speech.

In order to find antidotes for the blister-forming chemical warfare agent, Lewisite, Peters and his collaborators (1) used the pyruvate oxidase system *in vitro,* poisoned by Lewisite, to find and examine substances which could reactivate this system.

On the basis of the available evidence (2), thiol compounds appeared to be promising. Simple dithiols proved to be very potent, foremost among them, 2,3-dimercaptopropanol (British Anti-Lewisite or B.A.L.). The reason for its great efficacy is its ability to form stable ring compounds with Lewisite, as well as with other organic arsenicals.

The dithiols have not only been proved to be effective in the treatment of Lewisite poisoning, but they are also promising therapeutic agents in the treatment of some of the side effects of the antisyphilitic agents of the arsphenamine group (3). Exfoliative dermatitis has been successfully treated. In hemorrhagic encephalitis the treatment improves the chances of recovery. (In jaundice, the results are doubtful and the treatment is probably not advisable.)

Acute poisoning due to heavy metals or heavy metal compounds is another prospective field for the therapeutic use of thiols. Experimental and clinical evidence is available with regard to inorganic mercurial compounds; and good clinical results have been obtained in the treatment of acute poisoning from corrosive sublimate (4). The acute disturbances of cardiac function—due to organic mercurials like mersalyl (salyrgan)—produced experimentally can be immediately abolished by mono- and dithiols (5).

2,3-dimercaptopropanol is administered locally in the form of 5-10 percent ointments, or, on the eye, in the form of a 5 percent solution in peanut oil. For intramuscular injection, a 10 percent solution in sterile peanut oil can be used. The watery solution of 2,3-dimercaptopropanol is not stable. (Stable water soluble compounds for intravenous use are being prepared.)

Total amounts up to 3 Mg./Kg. intramuscularly are without side effects, except for very mild reactions in a small percentage of individuals. Toxic effects occur in 50 percent of the cases when 5 Mg./Kg. is injected. For appropriate dosage and way of administration of 2,3-dimercaptopropanol in severe or mild arsenical poisoning and in acute mercury poisoning, the report of the Council of Pharmacy and Chemistry (6) should be consulted.

References

(1) Peters et al.: Nature, *156*: 616, 1945.
(2) For literature, see Eagle et al.: J. Clin. Investigation, *25*: 451, 1946.
(3) Various authors: J. Clin. Investigation, *25*: 451-548, 1946.
(4) Various authors: J. Clin. Investigation, *25*: 549-567, 1946.
(5) Long and Farah: J. Pharmacol. Exper. Therap., *88*: 388, 1946.
(6) Council on Pharmacy and Chemistry: J.A.M.A., *131*: 824, 1946.

Here is the continuation of the talk on "Anesthesia considerations in oral surgery" by Dr. Francis F. Foldes (*a. an.*), given at the December meeting of the Dental Staff.

Premedication is a very important factor in the success of any anesthesia. The most important goals of premedication are: sedation, analgesia, decreasing of the reflex irritability of the vagus, diminishing of the secretory activity of the respiratory and gastrointestinal tract, and diminishing of sweating. These objectives are reached by the combination of two or more agents. Perhaps the most frequently used drug of this group is atropine. Atropine has a marked parasympathicolytic effect. It decreases the reflex irritability of the vagus, diminishes secretions and sweating, and accelerates the heart. Its usual dose is 0.4 to 0.6 Mgs. Children and very old individuals receive proportionately less. Scopolamine possesses all the properties of atropine and in addition has a marked sedative effect. Its usual dose is 0.2 to 0.4 Mgs. Occasionally, if used in too large doses, it produces excitement instead of sedation. This is more apt to happen with old patients.

Although it is not always justified, morphine forms a part of almost every preoperative medication and is extensively used as a postoperative analgesic agent. It is still one of the most potent analgesics in use. Many derivatives of morphine are used to alleviate pain. The usual dose of morphine is 8 to 16 Mgs. Young children and old persons are very sensitive to morphine, and the dosage for such patients needs to be reduced more than most other drugs. Patients with defective liver function or high blood cholesterol (myxedema, nephrosis, etc.) are also very sensitive to morphine. Morphine also possesses a marked sedative effect, and unfortunately it depresses respiration. Its use in premedication is indicated when the patient is in acute pain, when it is necessary to increase the analgesic effect of an anesthetic agent (nitrous oxide, pentothal), or when the method of anesthesia (local, block, etc.) requires painful manipulation on the conscious patient. Many anesthetists, on the basis of theoretical considerations, condemn the use of morphine in connection with pentothal anesthesia. Clinical experience indicates, however, that the combined analgesic effect of a moderate dose of morphine and pentothal is greater, and the following respiratory depression is less, than if pentothal is used as a sole anesthetic agent for the performance of a painful procedure. It must be kept in mind that morphine causes nausea and vomiting in a large percentage of cases, especially if the patient has no acute pain. The nauseating effect of morphine can be frequently diminished by the simultaneous use of atropine or scopolamine. The use of morphine offers no advantages when used for the premedication of ether anesthesia. When the patient to be anesthetized with ether is not in acute pain, the desirable sedation can be obtained from a moderate dose of barbiturate, without the depressive effect that morphine exerts on respiration.

In the last few years demerol, a synthetic analgesic, has gained increasing popularity in premedication and postoperative care. Its chemical structure and pharmacological properties are between those of morphine and atropine. It is a potent analgesic, has some atropine-like effect, does not cause nausea, and in comparable analgesic doses it is less depressant for the respiration than morphine. Unfortunately, it is habit forming. Its regular dose is 50 to 100 Mgs. It is indicated wherever morphine is used, and it seems to be preferable in connection with pentothal anesthesia and in postoperative care when the avoidance of respiratory depression and nausea is desirable.

It should be pointed out that the use of the long acting barbiturates is contraindicated in kidney insufficiency, and short acting barbiturates are to be avoided in liver damage. Not enough is known of the fate of the ultrashort acting barbiturates—pentothal—but for the present it seems to be safe to avoid their use in severe liver involvement. Short acting barbiturates should be used in premedication; the use of long acting barbiturates is indicated in combination with analgesics in postoperative sedation.

The region on which the dentist and oral surgeon perform their activities is such that interference with the mechanism of respiration is difficult to avoid. It is here that the anesthetist can be of great help to the surgeon. Despite the apparent difficulties, it is the duty of the anesthetist to see that the patient has a free, unobstructed airway at all times, that the inhaled mixture contains sufficient oxygen, that the aspiration of blood and infected material is avoided, and that neither the anesthetist nor his equipment is in the way of the surgeon. All these criteria can be best fulfilled by the use of an endotracheal tube. The tube can be passed through either the mouth or the nose—the route to be determined by the contemplated surgery and the pathological condition of the patient. In dentistry and oral surgery, nasal intubation is used more frequently. The nasal endotracheal tube may be passed blindly, or it may be introduced under direct vision with the help of a laryngoscope. Many anesthetists prefer blind intubation, but we believe that whenever the mouth can be opened sufficiently, without danger to the patient, the introduction under direct vision is to be preferred. It is evident that trauma to the patient's pharynx and larynx can in this way be more easily avoided. Once the endotracheal tube is in place, it can be connected to the anesthesia machine in such a manner as not to interfere with the surgeon's activities. The pharynx can be packed with gauze around the endotracheal tube, thereby preventing aspiration of foreign matter, while free airway is maintained. On description, this method may seem to be cumbersome and time consuming; but, actually, in the hands of a good anesthetist it takes only a few extra minutes, and these minutes are well spent. Many of the best oral surgeons prefer to perform even relatively minor procedures on the unconscious patient under endotracheal anesthesia. It is safe to say that, in oral surgery, when a procedure is extensive or complicated enough to warrant general anesthesia, the use of an endotracheal tube is indicated. True, it is almost always possible to perform most operations without the use of the tube; but is it wise to risk even one lung abscess or one asphyxial death from aspiration, just to avoid the use of the quite harmless endotracheal tube?

When, for any reason (congenital deformities, type of injury, lack of trained anesthetist, etc.), the endotracheal method cannot be employed, endopharyngeal insufflation is the second-best choice for the administration of inhalation anesthetic agents. Two fair-sized soft rubber catheters are introduced through the nose into the pharynx. One of them communicates with the outside and serves the purpose of exhalation. It can also be used for aspiration of foreign matter from the pharynx. The other catheter is connected with the anesthesia machine and serves the purpose of introducing the anesthetic agent.

If possible, the hit-or-miss method of anesthetizing the patient to a suitable depth with an inhalation agent, then discontinuing the anesthesia and looking on while the surgeon races for time, should be avoided. It is evident that under such circumstances careful surgery cannot be performed, and the risk of aspiration is also increased.

Whenever possible, surgery should be performed under local or regional anesthesia on conscious patients. With optimal premedication, the skillful surgeon or anesthetist can make feasible the performance of many oral-surgical procedures under local or regional anesthesia, even on sensitive patients. This is still the safest method. If, for some reason or other, it is necessary to have the patient asleep, the general anesthetic agent should be used together with local or regional anesthesia whenever possible. The combination of local anesthetic agents with pentothal or nitrous oxide-oxygen or both is highly recommended. With these combinations, the patient can be carried in such a light plane of anesthesia that consciousness is almost always regained a few minutes after the surgery is finished.

At the end of the operation the surgeon must carefully aspirate the mouth and pharynx. The anesthetist should introduce a catheter through the endotracheal tube and aspirate the trachea. The aspiration should be continued while the endotracheal tube is being removed.

Bandages applied around the neck should be placed with great care. It is a frequent occurrence that the constricting effect of tight bandages becomes manifest when the patient's recovery has progressed so far that the airway must be removed. The removal of the airway may be followed by marked interference with respiration and serious hypoxia might result.

It is a good practice to leave an oral or nasal airway in place after the anesthesia is discontinued. Oral airways provide a better respiratory exchange than nasal ones; on the other hand, nasal airways are tolerated much longer and need not be removed until the patient is fully conscious.

(*To be concluded in the next issue*)

The next monthly meeting of the Dental Department will be held on Tuesday, March 18, at 7:30 P.M. in the OPD Lower Amphitheatre. Dr. Herbert Barry, Jr., Assistant Psychiatrist, will speak on "The psychology of pain". We hope to publish a summary of Dr. Barry's talk in our next issue.

DERMATOLOGY DEPARTMENT

The December Staff Meeting was addressed by Dr. David I. Macht, co-author of the Pels-Macht test and the Macht-Ostrow test. Dr. Macht's description of his work in phytopharmacology was most interesting. The newer Macht-Ostrow test involves the use of a radiated specimen which is less phytotoxic and gives a better gauge of improvement when pemphigus serum is tested. Dr. Macht also reported on the treatment of seven cases of pemphigus by roentgen radiation applied over the liver and spleen in doses of 60 r to 100 r at weekly intervals.

Three cases were presented at the meeting. The first was a 56-year-old white woman with lupus erythematosus of ten years' duration affecting the ears and scalp. Within the past six weeks she had developed lesions on the dorsal aspects of the forearms and hands which were diagnosed clinically as lichen planus rather than dissemination of the lupus erythematosus. The lichen planus was verified histopathologically. The second case was an unusual example of tinea capitis in a 22-year-old woman. It was a single area of kerion. Trichophyton gypseum had been isolated. The last case was a 32-year-old man with a peculiar transverse rectangular band of deep pigmentation all the way across the upper forehead. This was an obvious Berlocq dermatitis. The cause had not been ascertained. It was announced that a special alcoholic solution of vitamin D_2 has been made up for the treatment of lupus vulgaris and related conditions by the Charpy method. Dr. Crawford is following all of these cases.

One case was shown at the January meeting—a 5-year-old girl with a linear lesion extending from the right pectoral region all the way down the anteromedial aspect of the right arm and forearm. Although the history indicated a duration of only three weeks, the diagnosis of nevus linearis was strongly considered; lichen planus linearis was the alternate choice.

At the February meeting Mr. John T. Murphy, Head of Pharmacy at the hospital, discussed the formulas for dermatologic remedies to be included in the contemplated revision of the MGH formulary.

Dr. Lane has announced that the Ophthalmologic Service has requested the cooperation of the Dermatology Department in establishing a list of blood donors for herpes zoster patients with ophthalmic involvement. All cases will have their blood types and Rh reaction determined. These patients should be turned over to Miss Hamilton when they are first seen in the clinic.

Dr. Hugh MacDonald, a graduate student last year, writes from Peoria, Illinois, that he has opened an office and is faced with an epidemic of tinea capitis. We wish him success.

The postgraduate conferences through March will be on the topic of histopathology. Dr. Walter F. Lever, Assistant in Dermatology, is the instructor.

MASSACHUSETTS EYE & EAR INFIRMARY

The Massachusetts General Hospital was the first among the larger hospitals to become officially affiliated with the Eye Bank program established at the Massachusetts Eye and Ear Infirmary. As the program develops, all major hospitals in this area are expected to participate in providing this service to New England.

At 8 o'clock Thursday morning, January 30, Dr. Edwin B. Dunphy, Chief of Ophthalmology at the Infirmary and a member of the Eye Bank's executive committee, received a call at his home from Dr. R. P. Stetson at Phillips House. Dr. Stetson reported that one of his patients, who had died at 7:30, had given previous instructions for his eyes to go to the Eye Bank.

Dr. Dunphy had the hospital procure witnessed verbal approval of the next of kin by telephone, and made arrangements with Dr. A. R. Irvine, resident at the Infirmary, to enucleate the eyes before 8:30, thus insuring that they would be in suitable condition for use in a corneal graft operation. The next of kin, meanwhile, went to Phillips House and gave written permission for removal of the eyes, one copy of which was filed at the hospital and the other sent to the Eye Bank.

At 9:30 the eyes, accompanied by a history card giving medical information about the donor, were under examination in Howe Laboratory at the Infirmary. When it was ascertained that the cornea was in good condition, the Eye Bank called Dr. Brendan D. Leahey in Lowell, the surgeon who had submitted the first request for eye tissue.

After Dr. Leahey had made arrangements for his patient, he notified the Eye Bank that the operation would be performed that afternoon and the eyes should be delivered as soon as possible to St. John's Hospital in Lowell. His patient, he said, had been waiting for six months, and would be the fourth in one family to have such an operation. He reported that this entire family had hereditary dystrophy, or cloudiness of the cornea, and the other grafts were successful with excellent visual results.

The Eye Bank set the wheels in motion to have the eyes delivered. A call to the Lowell Red Cross revealed that none of their Motor Corps cars were in Boston at the time, so the Motor Corps of the Boston Metropolitan Chapter was asked to render the transportation service. A driver picked up the eyes at 11:55, delivered them to St. John's Hospital shortly after 1 o'clock, and the operation was performed by Dr. Leahey at 4 o'clock.

Thus the program of the Eye Bank began to function, making possible restoration of sight to those whose blindness is caused by a damaged cornea. Twice previously the Eye Bank had received gifts of eyes, but they had been left for this purpose in the wills of the donors. The wills were not probated in time to have the eyes removed within one hour after death—in one case they were not removed until two days after death—and therefore the tissue was not fresh enough for use in corneal graft operations. However, they were used for research — an important part of the Eye Bank program of potential benefit to the general field of eye surgery.

The Eye Bank now has donor blanks available and more than 500 are being distributed to persons who have already expressed the wish to have their eyes used by the Eye Bank after their death. These are the official forms adopted for use throughout the country by the Eye-Bank for Sight Restoration, Inc., the national eye bank in New York City, with which the local eye bank is affiliated.

Incidentally, the official name is now BOSTON EYE BANK, instead of New England Eye Bank, although the area served remains the same.

On Wednesday, February 19, the Annual Meeting of the New England Oto-Laryngological Society was held at the Infirmary. Dr. LeRoy A. Schall presided at the regular Wednesday Clinical Meeting, during which cases from the Infirmary were presented; and at the afternoon meeting, with Dr. John D. Rice presiding, Dr. Milford D. Schulz spoke on "Radiation therapy". The Annual Dinner was held at the Harvard Club in the evening, and after a business meeting Dr. Carlton Stewart Nash of Rochester, New York, spoke on "The Oto-Laryngological Consultant in compensation and liability actions".

Dr. Richard Thomas Barton (Oto-Lar. 1945) writes that having returned from the Navy, he is now associated with Dr. Pierre Viole and is the Ear, Nose and Throat Consultant at the Wadsworth General Hospital — the Veterans Administration Facility in Los Angeles. Dr. Barton's address is 120 South Lasky Drive, Beverly Hills, California.

Dr. Robert D. Mattis (*Oph.* 1942) proposes that the Alumni of the Massachusetts Eye and Ear Infirmary contribute to a special fund to be used to help House Officers finish research problems which they would otherwise be unable to continue because of lack of financial support. The fund could also be used to help the House Officer during a severe illness. Dr. Mattis writes as follows:

> Let us form a compassionate gift fund which should be self-perpetuating—fluctuating within limits, it is true, but relatively painless to the donors, scaled to their expected ability to pay, and, we hope, an acknowledgment of gratitude for the training given them and of their obligation to guarantee the same opportunity to the young men of the future.
>
> This is the formula: Let each alumnus, each year, send to the fund a sum in dollars equivalent to the number of years since he has graduated. After five years in practice the alumnus certainly won't miss $5.00, which represents only .05% of a $10,000 income and is a bare scratch into the charity deduction on Federal Income Tax. If the alumnus manages to last for thirty years after graduation ("he should live so long") his total sum of the contribution over the years would amount to the magnificent sum of $465.00, or a yearly average of $15.30. Is there a single alumnus who ever got so much in any other way at such a low cost in back payments?
>
> Assuming (conservatively) that there are 200 living alumni (there were 150 at the meeting this year) and the average number of "years out" of the men is fifteen (low), then we may expect, if such a plea is heeded, that there would be a yearly influx of more than $3,000 for this valuable cause. And, if the good will persisted, it would represent an endowment of over $100,000 at a conservative rate of interest.
>
> Then, if each man to whom such a compassionate grant be given, in due time returned his gift to the loan fund, a quite large permanent endowment could be built up out of which, in the distant future, the income could be used to offer a regular stipend to the House Officers—perhaps eventually eliminating *this* fund as unnecessary.
>
> Certain points have been raised: Some asked who would administer the fund, and suggested most forcibly that it *not* be the hospital, but a *committee of the surgeons,* answerable to no one but the Association. Several suggested that because of the compassionate nature of the fund the identity of the recipients be withheld but that the facts of the case be made a matter of record, unless the recipient wished the case open for inspection. It was suggested that when the recipient shall have returned the gift in full, he be given the case file, and at that time it be announced that he had been a recipient of the fund and that he had made his return contribution in full to the permanent loan fund.
>
> Several asked what would be done if in any one year there should be more money contributed than was disbursed. It was suggested that occasionally—say, every other year—prizes of $300, for example, be given to the House Officers (ophthalmic and oto-laryngological) who had done the best piece of research in the preceding two years. Also, some suggested that the overages, if any, be turned into the permanent (Loan) fund.

New addresses:—

Dr. Robinson L. Bidwell, II (*ES* 1943), 62 Mt. Vernon St., Boston, Mass.
Dr. John A. Breen (*dn. s.*), 154 Bay State Road, Boston, Mass.
Dr. Bradford Cannon (*a.s.*), 330 Dartmouth St., Boston, Mass.
Surgeon (USPHS) Burnet M. Davis (*r.s.* 1942), Park Lane Hotel, Piccadilly, London W-1, England.
Dr. Joseph A. Doherty (*a. dn. s.*), 419 Boylston St., Boston 16, Mass.
Capt. William E. Eaton, MC, USN (*D* 1907), Navy Department, 3275 P St. NW., Washington 7, D.C.
Dr. Henry B. Ruley (*NS* 1939 & *WS* 1941), Oak Ridge Hospital, Oak Ridge, Tenn.
Dr. Carl S. Sawyer (*a.* D), R.F.D. #1, Franklin, Mass.
Lt. William R. Waddell, MC, USNR (*WS* 1944), U. S. Naval Hospital, Chelsea 50, Mass.
Dr. James W. Watson (*M* 1944), Harvard Club, Boston, Mass.

Brief bits:—

Dr. Frederick S. Coombs (*r.p.* 1937) was separated from the Army in May 1946 with the rank of Lt. Colonel, and resumed the practice of Internal Medicine at 403 Home Savings & Loan Bldg., Youngstown, Ohio.
After returning from the Pacific last July, Dr. E. Porter Jewett, Jr. (*Oph.* 1945) opened an office for the practice of Ophthalmology at 21 West St., Worcester 2, Mass.
Dr. Stephen L. Madey (*CM* 1944) left the Army last fall as a Major and has been on the pediatric staff at Bellevue Hospital, New York, since November. His mailing address is Box 283, Great Neck, Long Island, N. Y.
Dr. Kazuo Yanagisawa (*Or.* 1944) announces the opening of his office for the practice of Orthopedic and Traumatic Surgery at 50 East 52nd St., New York 22, N. Y.

Randall, Shaw, and Stunkard have all mentioned Lt. Carl W. Gottschalk, MC, AUS (*M* 1946) in their letters, but not a word from the man himself till now. A postscript to this letter to Dr. Means says it might be passed along to THE NEWS, so here it is.

> Along with most of the other House Officers who finished in April of '45, I spent the summer at Fort Sam Houston, Texas; but, unlike the others, I rather enjoyed the summer, as it gave me an opportunity to collect a number of butterflies I had never caught before.
>
> Labor Day week end several of us had an interesting drive down to Mexico City. We went slowly through the high mountains, and during the last 150 miles of the trip one couldn't help but notice the high incidence of easily visible thyroid enlargement in the young Indian women walking along the side of the road. Mexico City is quite a fascinating place, and it is certainly the city of contrasts it is said to be. Unfortunately, we didn't see a bull fight.
>
> Since September I have been stationed here at Fort Knox—at first in a dispensary, but for the last few months at the Armored Medical Research Laboratory. I had no idea such a pleasant place as this existed in the Army. The lab is under the direction of 7 or 8 civilian physiologists—all well-qualified investigators—and about 25 medical officers work under their supervision. Most of our work is a study of the effect of varying environments on healthy soldiers.
>
> Several of the men are working with an instrument developed during the war. It is the Infra-red Gas Analyzer and is used to measure CO_2, CO and water vapor concentrations in the air. They are using it to measure metabolic rates (computed in a backward fashion from the CO_2 output) under various conditions. It has the great advantage of giving almost instantaneous point by point determinations over any length of time instead of having to use the Douglas bag method.
>
> Although I have been more fortunate than many others in the Army, I still can't help but remember the pleasant days at the M.G.H. and long to get back to Boston.

A "first" has come from Capt. J. Wister Meigs, MC, AUS (*r.p.* 1943). It is headed 3224 Cathedral Ave. NW., Washington 8, D. C., and says:

> A few weeks ago I accepted a position as instructor in Occupational Medicine at the Yale School of Medicine. Of course it won't start until I am out of the Army, which event takes place before June 30 of this year.
>
> My Army experience has been very interesting to me, though most of the medical brethren seem to think there's something very odd about anyone who finds a shred of interest in medical administration. My military problem has been to help with the planning for occupational medical care for civilian employees of the War Department in Army industrial plants through-

No. 1 in a series of photographs of Staff Members
Dr. Nathaniel W. Faxon — Director

out the country, and has been fun to work on because of its freshness, if nothing else. The vast size of the Army's problem and the need for a new point of view have led me to decide that it is worth at least a year's trial after I get reconverted to civilian life.

The first word since early '44 has come from Dr. Maurice M. Pike (*Or.* 1929). He makes up for the long lapse with this very interesting and cordial letter, written from 64 Garden Street, Hartford 5, Connecticut.

I know I am extremely late in expressing to you my appreciation of having received The News from the Massachusetts General Hospital throughout my service in the Army. This regular contact with our Boston friends was most appreciated, and I regret that I have not complied sooner with your request for information concerning my whereabouts.

I spent the major portion of my Service— three years— at Dibble General Hospital, Menlo Park, California, where I was Chief of the Orthopedic Surgery Service, going there with the rank of Major and being promoted to Lt. Colonel in September 1945. I left there in June 1946, as the hospital was about to close, and returned to an inactive status on August 7, 1946.

During my stay in that hospital, we had an extremely active service devoted to battle casualties only, with a very close association with the plastic surgery and with surgery of the blind. We were fortunate to have associated with us one of the Army's Hand Surgery Centers under the direction of Dr. Sterling Bunnell.

I was most happy to note in a recent News the elevation of Dr. Joseph Barr as Chief of the Orthopedic Service at the Massachusetts General Hospital and wish him the best of success in this new undertaking.

This note from Capt. Murray W. Scott, Jr., MC, AUS (*WS* 1945) arrived just too late to get into our last issue. Maybe by this time Captain Scott is back in the States and out of the Army, but we include his letter so that his friends may know he has probably left Japan by the time this reaches them.

I am still at the 28th (formerly the 13th) General Hospital in Osaka, Japan. I've been most fortunate in getting much valuable surgical experience during my eight months in Japan.

I expect to leave here some time in February and be separated from the Army shortly thereafter. I begin an appointment in general surgery at University Hospitals in Cleveland on 1 July 1947, but hope to work in a visit with MGH friends between then and now.

All of us enjoyed the letter from Lt. Raymond V. Randall, MC, AUS (*WM* 1946), written from Oak Ridge, which was published in our December issue. A post card, with change of address to 1923 Culver Road, Rochester, New York, has just come from Lieutenant Randall. He writes:

As you can see by the numerous changes of address, I do not stay long in one place.

Please keep The News coming. It is a wonderful way of keeping up with the goings-on at M.G.H. and with those of the MGH family still in the Services.

We are glad to report another man back in civilian life. Dr. John F. Bell (*Or.* 1941) writes from 288 Main Street, Burlington, Vermont:

I have intended for a long time to write and tell you of my activities in the ETO.

Although I arrived on the continent as a Battalion Surgeon for a Field Artillery outfit, I was soon transferred to an Evacuation Hospital where I served as Orthopedic Surgeon throughout the campaign in Holland and Northern Germany.

I missed going to the Pacific by a hair's breadth. Was retained on the Riviera for three months and then returned to Germany and Austria where I did orthopedic and general surgery in general hospitals.

I have been released from the Army in order to take the position of Associate Professor of Orthopedic Surgery at the College of Medicine of the University of Vermont, and have been fortunate enough to find a house in Burlington.

May I again express appreciation for The News and the fine work it has done in keeping us informed about one another?

Dr. William A. Perkins (*ES* 1917) was Chief of Surgery with the 234th General Hospital in India the last time we heard from him. This letter reports his return to private practice at 2490 Channing Way, Berkeley 4, California. He writes:

Separated from the Army in grade Lieutenant Colonel. I spent the next succeeding weeks traveling about the western states ostensibly engaged in taking care of certain business matters, but actually trying to get the wanderlust out of my system so I could settle down to private practice once more. This has finally been accomplished after a fashion, so that now I have an office as well as a home in Berkeley.

Dr. John H. Fay (*EM* 1929) has responded to our questions about his activities in the Navy. He writes:—

Your pleas for information are hanging round my neck like a string of albatrosses.

After assorted duty on the east coast from March 1941 to November 1943, I became attached to USN Mobile Hospital #11 at Shoemaker, California. After six months in California, the Navy Department decided that this appellation was inappropriate and the outfit was rechristened US Fleet Hospital #111. In late August 1944 we sailed on a forty-five-day, all-expenses-paid, Cook's tour to Guam.

After building said Hospital and opening same in January 1945, we were busy with casualties from Iwo Jima and Okinawa and then gradually subsided into tropical lethargy until separation on points in October 1945.

The medical population of Guam was heavy and on the whole has been well-documented in The News. MGH alumni in considerable bulk—Allen Brailey, Hugh Montgomery, Bob Schwab, and John Monks come instantly to mind, and numerous others flitted past. Incidentally, there were five members of the HMS class of 1927 stationed on the island at one time. This must constitute a statistical record of some sort, which is probably limited by a Standard Error of plus or minus 2.14159 and had best be left alone, anyway.

For no good reason, I was promoted to Captain while on terminal leave.

Robert S. Melville was employed at M.G.H. as a laboratory technician, working with Dr. Talbott, before the war. He went to Camp Blanding with the original 6th General Unit and served overseas with the same group. We were very pleased to get this letter from him the other day, written from 431 East Jefferson Street, Iowa City, Iowa.

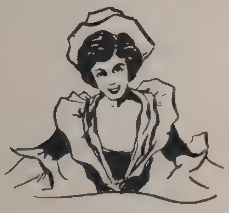
Since I was discharged from the Army last February I have done a variety of things. For the first four months I led a life of ease, reveling in doing as I pleased—a little reading and studying and catching up on much of my printing of negatives taken overseas.

In May my wife and I went to Wellfleet on the Cape, where we relaxed at my parents' place. For the summer, we both worked as technical assistants in the Marine Experimental Station of the Lankenau Institute for cancer research, stationed in North Truro. Our work was very interesting and instructive, and we had the added pleasure, of course, of working practically on the beach.

Since September I have been registered as a Graduate Student out here in the State University of Iowa, working for my Ph.D. in Biochemistry. I am enjoying the studying very much, although it is quite a change after ten years of non-studying; but my friends all tell me the first two months are the hardest, and at least I am over *that* hurdle.

THE NEWS

No. 55 Boston, Mass. April 1947



THE VINCENT MEMORIAL HOSPITAL

The Vincent Memorial Hospital has been the Gynecologic Service of the Massachusetts General Hospital for the past five years. During that time we have endeavoured to teach the House Officers the proper method of handling gynecologic patients on the wards of the hospital. Our department has been satisfactory as far as it has gone, but we have no Out-Patient Clinic where we may teach our interns the simple things which are so essential for them to know.

We have, I believe, taught them surgery of the pelvis; and I think that at the present time all the House Officers and Residents who graduate are capable of doing whatever surgery is essential as far as the usual gynecologic diseases are concerned. For the past year our ward beds have been cut down so, that our Service has run on an average of only fourteen to fifteen patients, as against the customary twenty-three or twenty-four. For that reason we have not had so much material or so many teaching advantages as we have had in the past.

Our Service has been staffed by members of the Surgical Service. Dr. Langdon Parsons, Dr. Somers Sturgis (who is now back from having spent one year doing research with Dr. John Rock at the Free Hospital for Women), Dr. Howard Ulfelder, Dr. Francis Ingersoll, Dr. Fred Simmons, and Dr. Marshall Bartlett have all been on service. We have Gynecologic Rounds on Thursday afternoons from four to six o'clock. On these Rounds all the patients on the wards are seen, all the new ones examined and discussed, all the patients who are being discharged from the hospital are discussed, and any questions of importance that come up are talked over at that time.

Our new building is now well on the way and by next fall it should be open. On the ground floor there will be offices for Dr. Meigs and Dr. Sturgis, a large laboratory which will include the Vaginal Smear Laboratory, as well as a physiological and chemical research laboratory. There will be one ward for Ward Patients and there will be one ward for Private Patients, making forty-six beds in all. It is my hope that there will be a Resident in charge of the care of the patients—both ward patients and private patients—in the Vincent Hospital. A forty-six bed service should be a very satisfactory one. We will have a technician in the Pathology Laboratory under Dr. Mallory, and I am sure Dr. Mallory hopes to designate one of his men for special interest in Gynecological Pathology. We hope we can make the best use of our material for teaching the Resident Staff, undergraduate students, and postgraduate students.

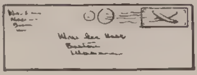
The Vincent Memorial Laboratory has done a large amount of research work on the vaginal smear technique, and this work has become of extreme importance in the hospital. We are doing cytologic smears for the diagnosis of carcinoma of the vagina, cervix, and endometrium, and are now beginning to study cells to aid in diagnosing carcinoma of the bladder, ureters, kidneys, lungs, bronchi, peritoneal fluid, etc. We are making a special study of radiation changes in cells, under the direction of Mrs. Ruth Graham. We are all very much interested in radiation reaction. We are endeavouring to decide how we can best choose patients for surgery, as distinct from those who should have X-ray and radium treatment. It has long been our impression that many patients who should do well with radiation do not, and that perhaps these patients should be operated upon. It is our endeavor to separate these two groups. Mrs. Graham has already published articles in *Surgery, gynecology, and obstetrics,* under her own name, demonstrating the value of radiation reaction in cells in the vagina. She demonstrates the method's importance as a prognostic test.

As soon as the new Vincent Laboratory starts functioning next fall we hope to commence research into the causes of abnormal bleeding and other problems. We should have a very excellent setup and we should be able to accomplish a good deal. Up to the present time our Service has done, we believe, satisfactory work and we feel sure that in the future we can do a good deal more.

Joe V. Meigs, M.D.,
Chief of Service

* * *

Dr. Smith-Petersen sailed for Norway on March 22. From there he will go to England, where he will speak before the British Orthopedic Association and lecture at Leeds Medical School. After this, he will return to Norway before coming back home. His sole purpose in making the trip is to check up on the patients upon whom he operated during his visit to Norway last fall.



This very unusual letter, from Mr. John J. Sullivan, 72 Linden Street, Brookline, is a valued addition to our Archives material. It was written along in the fall, just after our Ether celebration. When we interviewed Mr. Sullivan, to get his permission to publish his letter, he said that what he had written fell far short of expressing his appreciation of what had been done for him at Massachusetts General and for the kind and expert attention he received from doctors and nurses alike.

Here is his letter:

On November 9, 1900, I was etherized in the Amphitheatre where ether was first used for major surgery. I was then a permanent member of the Brookline Fire Department and was knocked down by a runaway horse, resulting in a thigh fracture of the left leg. It was a rainy night and I was wearing a rubber coat and rubber boots which helped to prevent any other injury. I remember trying to sit up and failed, and noticed my left foot lying flat on the ground. The man who took hold of my feet started to lift me, but my leg bent at the fracture and I swore and said to carry it on top of the other leg. I believe that was when the compound wound was caused, before he carried both legs together.

As I was laid on a stair platform I started to shiver and a police officer gave me a hot drink of liquor and warmth was immediate. A horse ambulance was used then and the springs were weak and struck down on the axle, bouncing me in the stretcher. I was compelled to lean over and place a hand on the floor to prevent jostling.

On arrival at the hospital, the attendant who removed my clothes remarked, "What a mess you are in", supposedly because of mud and blood, as it must have taken at least one hour to reach the hospital. I was unaware of the compound wound, but when I entered the Amphitheatre I can remember a woman standing on my right and a man at my head I could not see. When they placed the cone on I smiled, as I wondered why something did not happen. Then a sharp command, "Take long breaths." After a few there was a click in my head, then a steady buzz. I guess I took too fast and too deep breaths.

On regaining consciousness I was being given injections in the arm, but when the nurse started to give me injections in the shoulder and liquor to drink I asked what that was for. She replied, "To keep you quiet." I said, "I am old enough to obey and do not care for any liquor. I will be quiet."

A Dr. Johnson was Senior House Officer and took care of me, followed by Dr. Alden, then Dr. Fred J. Murphy. One day during dressing, Dr. Beach came along and said, "He can't stand much more of that." I would grasp bars at the head of the bed and help turn my body to get at the wound. I was then placed on a Bradford Frame, and was I pleased, for then I did not have to move during dressing.

After discharge Dr. Murphy had to lance a lump on the wound, supposedly a small bone splinter. My family doctor performed a similar operation under cocaine.

At the age of 69, while I was preparing for a double hernia operation by Dr. Augustus Riley, he picked up my leg and remarked, "Who did that fine job? They gave you a beautiful leg."

Words cannot express the deep appreciation a patient feels toward the doctors and all the others for what they did, but in the heart of the patient they are always remembered through life.

* * *

The Secretary of the Moroccan Medical Society writes that he would be delighted to have former members of the 6th General Hospital submit original articles for publication in *Maroc Médical,* the journal of the Society. Dr. Sedgwick Mead is the American correspondent for this journal, the excellence of which is a tribute to the energy of the Casablanca group of physicians. It is a bimonthly publication, and for each issue Dr. Mead prepares a translation of a résumé of some outstanding article in American medical literature.

Those interested in submitting articles may address

M. le Docteur Lépinay
5 Boulevard de Marseille
Casablanca, Maroc

* * *

THE WORK OF THE CORTICAL FUNCTION LABORATORY

The Cortical Function Laboratory, under the supervision of Dr. Edwin M. Cole, was organized over two years ago. The work of the laboratory is based on the theory that patients with brain disease may have varying degrees of impairment of both intellectual and motor abilities. The objective of the laboratory has been to establish a testing program and to obtain a battery of tests that will be effective for detecting the presence and extent of impairment of these abilities or functions. Tests are made of memory, intelligence, motor performance, and language usage, with investigation of dominant handedness, educational background, and occupational level, as well.

Tests made in over 500 cases have yielded specific patterns and indicators of brain disease. Tests for aphasia are of localizing value in cases of language disturbance. It is thought that greater assistance in localization of disease will be obtained from further accumulation of data.

The facilities of this laboratory, which is situated on the eleventh floor of the White Building, are available to patients of any department of the M.G.H., and to Baker Memorial and Phillips House patients referred by members of the Staff.

Edwin M. Cole, M.D.,
Assistant Neurologist

* * *

At the February meeting of the Medical Staff, Dr. Charles Dent, Ph.D., M.D., Research Assistant, Medical Unit, University College Hospital, London, spoke on "A new technique for amino acid analysis, and its application to the investigation of the amino aciduria in fanconi syndrome".

Dr. Dent described a really fascinating new method for separating amino acids, which depends upon their relative solubilities in water and certain organic solvents.

If a square of hygroscopic filter paper have placed in one corner a few drops of an unknown solution containing amino acids, and then if its edge be dipped in an organic solvent, the latter will spread up by capillary attraction through the whole piece of filter paper, carrying the amino acids along with it. But the amino acids will travel at different speeds in accordance with their relative solubilities in water and the organic solvent. The process can be stopped at any point by drying and developed with a reagent which produces a color reaction so that one gets a row of spots, each one of which represents a pure and different amino acid. After getting migration of this sort in one dimension, one can rotate the filter paper through 90 degrees and dip the edge in a different organic solvent and repeat the process as before. One ends up, then, with a square of filter paper with spots dotted over its surface in two dimensions. It is possible then, by their latitude and longitude—so to speak—to determine precisely which amino acid each spot represents.

This is an amazingly simple and brilliant use for scientific purposes of a familiar phenomenon — namely, that of trying to take a spot off one's white trousers with carbona. This, it will be recalled, invariably leaves a ring. And if one tries to remove the ring, another ring is produced. Dr. Dent said he felt as though he had discovered a new world, because the method can probably be used for many more substances than amino acids. Our Dr. Engle immediately started using it for steroids, and the Albright group had already begun using it for amino acids.

At the March 3 meeting, Dr. Chester M. Jones and his colleagues presented the following program:

I. Diagnosis and therapeutic value of trocar biopsies of the liver.
Drs. Chester M. Jones and Wade Volwiler
II. Vitamin needs in liver disease.
Dr. Perry J. Culver

Dr. Volwiler has kindly brought us this brief of his talk.

Accurate knowledge as to the state of any diffuse liver disease, other than simple acute epidemic infectious hepatitis, usually requires histologic examination. Complete clinical and laboratory data often do not indicate the type or stage of the underlying pathologic process. Liver biopsy frequently provides the essential histologic information needed for correct clinical decisions as regards (1) the differential diagnosis between intrahepatic and extrahepatic biliary obstruction, (2) the type of intrahepatic disease present, (3) the stage of a known intrahepatic disease existing, (4) the specific therapeutic program to be followed, and (5) the evaluation of a given therapeutic program.

Trocar liver biopsy generally provides a better and deeper sampling of diffuse intrahepatic disease than does peritoneoscopy and usually causes much less discomfort to the patient. We have had one death in our 235 such biopsies performed with Dr. Clifford Franseen's modification of the Iversen-Roholm needle. Needle biopsy of the liver by others has been reported in 1700 cases, with a mortality of 0.42%. Such statistics compare very favorably with those cited by Ruddock and Benedict for peritoneoscopy, wherein the mortality ranges between 0.5% and 1.0%. Seventy-nine of our biopsies were essential to a correct clinical diagnosis. Sixty-five of our procedures were accomplished transthoracically in patients with normal sized livers.

So-called cirrhosis is not a single disease entity and is highly variable in its histologic manifestations. We have observed strikingly different histologic pictures in patients having almost identical clinical histories, physical examinations, and laboratory data. In these individuals, the relative desirable duration of intensive treatment, the immediate clinical response to be expected, and the long-term prognosis of the hepatic disease may often be indicated by the initial histologic picture.

Trocar liver biopsy is a useful tool for the study of the pathologic physiology of human liver disease. Of particular interest to us has been the serial use of this procedure in correlation with clinical and laboratory data to evaluate accurately various therapeutic programs for the acute fatty liver due to malnutrition and alcohol. We are much indebted to the House Staff and to the Visiting Physicians for their kind cooperation in this project, which will require many more such observations before definite general conclusions can be drawn as to the proper ratio of dietary fat and protein and the efficacy of various vitamin and lipotropic supplements. The critical data assembled to date at the M.G.H. suggests that the foundation of successful therapy in this disease consists of an adequate protein and caloric intake, that supplements of vitamins and lipotropes are superfluous to such a diet, and that such supplements do not protect against damage when the dietary regime is poor.

Dr. Perry J. Culver has, also very kindly, sent this summary of his part of the program.

This is a preliminary report of some of the results from a study of the nutritional needs in various broad groups of diseases, with special emphasis upon vitamin requirements and utilization. The talk today will be limited to an analysis of the findings in eight cases of cirrhosis of the liver. Dr. Volwiler has already presented the liver biopsy slides of some of these cases and has outlined their clinical course, showing the improvement due to high protein diets without other supplements.

During the past decade, the necessity of using supplemental vitamins in the treatment of cirrhosis has been accepted without question. Much has been written about the needs of vitamins in liver disease, but there has been little quantitative experimentation to establish what doses of vitamins are needed and, what is more important, there has been no critical analysis of the effect of vitamins alone upon the course of cirrhosis.

First, we shall briefly review some of the literature to learn why this state of affairs has existed. In the development of our knowledge of the etiology of cirrhosis, it has become obvious that one of the predisposing factors has been dietary deficiency of a number of substances; and because of the appearance during the course of cirrhosis of various clinical manifestations attributable to vitamin deficiency, it has been assumed that lack of vitamins was one of the causes for cirrhosis. Consequently, in 1937 Patek suggested the use of high vitamin therapy in alcoholic cirrhosis and in 1941 Patek and Post established a new milestone in the regimen of therapy by outlining a diet rich in protein and vitamin supplements. Without doubt, the prognosis of their cases was improved, but they did not evaluate the individual effects of these additions.

Let us turn to the results of experimental hepatic injury in animals as reviewed by Gyorgy in 1944. He observed the production of liver damage in rats maintained on diets inadequate in protein and vitamins. When vitamins alone were added in sufficient quantities, the liver damage was not prevented; but when adequate protein was provided, liver damage did not occur, regardless of whether supplemental vitamins were used or not. If thiamin or biotin alone were added to diets inadequate in protein, there seemed to be an augmentation of fatty infiltration. This result might be attributed to the increased growth promoted by these vitamin supplements with resultant starvation of needed protein components. The inclusion of large amounts of nicotinamide in a diet inadequate in methionine, choline, or protein will also lead to increased damage to the liver because the nicotinamide is methylated before it is excreted in the urine, and this methylation process steals essential methyl groups from methionine or choline. It is a generally recognized concept that these methyl groups are needed for fat transport. Their absence contributes to fatty infiltration and further liver damage.

Considering this experimental work, we have reasoned along lines similar to those just presented by Dr. Volwiler where he has shown that supplements of lipotropic substances are of no value when the diet is adequate in protein. The immediate problem has been to determine whether supplements of vitamins to the cirrhotic regimen produces results superior to those brought about by good diet alone. The study of this problem includes several parts.

A specially trained dietitian has obtained a careful history of the dietary intake of these patients during their last six months before hospitalization. The first two slides show that we can arrive at a fair approximation of their nutritional status during this period. As might be expected, the caloric intake of all except one case had been considerably below normal levels and the amount of protein inadequate in most of them. It is noteworthy that in 5 cases the calories derived from alcohol ranges from 1000 to 3400 calories per day. This should increase the demands for vitamins above even normal levels. The summary of their vitamin intake during this period shows that all were below the National Research Council's recommended dietary allowances for thiamin, riboflavin, nicotinic acid, and vitamin C.

The next part of the study was a detailed physical examination with emphasis upon observation of signs and symptoms suggestive of vitamin deficiency. All the cases showed wasting of the extremities and ascites, i.e. evidence that they had been using their own tissues to maintain life. Each of the cases showed some signs suggestive of vitamin deficiency as outlined in the next slide. Five of the eight cases demonstrated tongue changes, and also five showed neurological signs which could be ascribed to thiamin lack.

The third part of the study is devoted to an attempt to secure chemical evidence of vitamin deficiency or sufficiency. The method used is to determine the excretion of these vitamins in fasting urine specimens according to methods devised by the Harvard Fatigue Laboratory. The next series of slides shows a tabulation of the individual intakes and excretions of each of the four vitamins—thiamin, riboflavin, nicotinamide, and vitamin C—and a comparison with the normal. In spite of lowered vitamin intake in nearly every case at the time of entry, the fasting urinary excretion is well within the normal limits in every case. The obvious conclusion is that these cases show no chemical evidence of vitamin deficiency, but our interpretation of these findings will be discussed later. It is interesting to observe that the fasting urinary excretion of thiamin is well above the normal range in some cases, particularly those which show the neurological changes attributed to thiamin deficiency. These results are contrary to a report by Robinson, Melnick, and Field in 1940, in which they show a low urinary output of thiamin in cirrhotics even after supplements of thiamin. The relatively high level of N-methyl-nicotinamide excretion is noteworthy in view of the statement previously made about nicotinamide stealing methyl groups from the lipotropic substances.

Another series of slides tabulating the vitamin intake and vitamin excretion in the urine at the time of discharge from the hospital shows an even higher urinary excretion of vitamins, corresponding in amount to the quantity ingested. In the first three cases, which received only an adequate diet and no vitamin supplements, we see that the urinary excretion levels are higher than at the time of entry, which suggests that they received adequate vitamins from their diet. The other five cases received supplements of vitamins and it can be seen that the urinary excretion is way above normal, indicating saturation with vitamins. In spite of this saturation the clinical findings changed very little so far as the manifestations of thiamin lack were concerned. The tongues improved in keeping with the general all-around recovery of the patients.

Vitamin load tests, in which there is measurement of the excess urinary excretions after intravenous administration of measured doses of vitamins, have also been employed in this study. As yet, we do not have normal ranges with which to compare the excretions, but the results in the liver cases are generally higher than in the other diseases which we have studied by this same method. In examining the results of this type of test, we find that the excess of N-methyl-nicotinamide excreted is particularly elevated, in some cases to as much as 50 times the normal range. The excreted excess was higher at admission, when the liver impairment was greater, than at the time of discharge, when liver function had improved. We believe that this finding is very significant, but as yet we do not know how to interpret it.

The final slide shows a summary of the overall result in the eight cases of cirrhosis thus studied. All eight received an adequate to superior diet. Of the three cases who were treated with diet alone, all three were greatly improved, so that they left the hospital free of ascites and edema, and were greatly improved in strength and nutrition. Five cases received a good diet plus vitamin supplements in doses of ten times the National Research Council's recommendation. Three of these cases recovered well, but the other two did not make much improvement.

To summarize—these eight cases are too small a series from which to draw any sweeping conclusions, but we think that our data gives cause for certain speculations. If I may return for a minute to the fasting urinary vitamin excretion levels observed at the time of entry, they were all within the normal range in spite of decreased intakes and of some clinical signs of deficiency. I suggested the obvious conclusion was that from these tests alone the patients would not be considered deficient. Clinically, however, these patients were deficient. It makes us wonder whether the high levels of urinary excretion are not due to inability of the damaged liver to utilize the vitamins presented to it. A second speculation, which will require more proof, is whether or not large supplements of vitamins may not actually do harm to the liver. The high excretion levels of N-methyl-nicotinamide might indicate this. Further evidence for this speculation may be found in the paper of Gillman and Gillman in 1945, in which they reported that massive doses of vitamins administered to infantile pellagrins with severe hepatic damage seemed to hasten the progress of the disease. Our final conclusion is that in this small series of cirrhotics, those who were treated with a diet adequate in protein and carbohydrate but without vitamin supplements did just as well or better clinically than the patients who received the same diet plus additional vitamins.

References

(1) Gillman and Gillman: Arch. Int. Med. *76*: 63, 1945
(2) Gyorgy, P.: Am. J. Clin. Path. *14*: 67, 1944
(3) Patek, A. J.: Proc. Soc. Exper. Biol. & Med. *37*: 329, 1937
(4) Patek and Post: J. Clin. Invest. *20*: 481, 1941
(5) Robinson et al.: J. Clin. Invest. *19*: 399, 1940

At the March 17 meeting of the Medical Staff, Dr. Honor B. Fell, Director of the Strangeways Laboratories, Cambridge, England, spoke on "Phagocytosis of tubercle bacilli in lung cultures".

Dr. Fell's talk was most interesting. She had made explants of embryonic lung tissue which grew very successfully and could be inoculated with cultures of tubercle bacilli, both virulent and avirulent.

Studies of these disclosed that the macrophages in the culture actively phagocytize tubercle bacilli up to the point at which they thus become completely engorged with them. Studies disclosed that the bacilli are not killed within the macrophage, and are perfectly viable if the macrophages be killed by drying. However, the growth of the bacilli is checked while within the macrophage so that, as Dr. Fell put it, a sort of symbiosis, between the macrophage and the tubercle bacilli, is established.

When macrophages are not sufficiently abundant there is invasion of the fibroblasts by tubercle bacilli, but so long as the macrophages are active, they seem to protect the fibroblasts against this. Until they are greatly engorged with bacilli, the macrophages seem to sustain no injury from the presence of bacilli. When moderately full they can undergo mitosis quite normally.

Dr. Fell ended her talk by showing a movie which portrayed all this process most beautifully. Macrophages were shown running around the field like fox terriers, actively phagocytizing bacilli. It was a remarkable picture and will long be remembered by all who saw it.

* * *

Here is the third and last instalment of the talk on "Anesthesia considerations in oral surgery", as given by Dr. Francis F. Foldes (*a. an.*) at the December meeting of the Dental Staff.

The anesthetist should not leave the patient until he is back in his room, in his bed. The patient should be left lying on his side, with a flat pillow under his head. The neck should be moderately extended. The foot of the bed should be elevated so that the eventual blood or secretions tend to flow out of the mouth and not down the larynx. If necessary, careful aspiration of the pharynx should be carried out by the attending nurse until consciousness is completely regained. The possible respiratory complications should be explained to the nurse in charge. She should be instructed to call the anesthetist or, if he is not available, the resident, should respiratory difficulties develop. Oxygen and equipment for endotracheal intubation should always be readily available; and, if there is a possibility of the development of laryngeal edema (after extensive infectious processes), a tracheotomy set should be kept at the bedside.

Postoperatively, the patient should be kept comfortable by the judicious combination of analgesics and sedatives. The advantages offered by such combinations are very seldom fully utilized, and far too often the only postoperative medication is a large dose of morphine. The combination of less potent analgesics (codeine, demerol, etc.) or a smaller dose of morphine with a moderate dose of barbiturate offers just as much or more relief to the patient without the depressive effect and nausea produced by large doses of morphine. Also, the danger of habituation on prolonged use is less by such combinations.

If the surgery was carried out in an infected area or there is danger of infection developing postoperatively, antibacterial agents (sulfonamides, penicillin, streptomycin) should be administered for at least two days after the patient becomes afebrile.

In summary, I should like to emphasize the following point: The responsibility of the modern dentist or oral surgeon does not begin and end with the faultless performance of the indicated operative procedure. He is responsible for the safety and welfare of the patient from the moment of the first consultation up to the time when the patient's treatment ends. It is true that in certain cases he can, and ought to, share this responsibility with consultants in the various branches of medicine. Nevertheless, the main responsibility will always be his, and he should coördinate the opinions of the consultants in the best interest of his patient. Even in the most innocent looking cases accidents that can be avoided can happen—and have happened in the past. There can be nothing more distressing than an accident in the course of an elective procedure. To avoid this, and to protect both the patient and himself, the oral surgeon should adhere to the routines outlined above.

I realize that the subject we have been discussing is a controversial one in many respects. Occasionally, the discussion of dental anesthesia becomes heated and, unfortunately, sometimes other than scientific considerations become involved. In this talk I tried to present the point of view of the safety of the patient, and necessarily this point of view has to be the main consideration of every conscientious dentist and oral surgeon.

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DERMATOLOGY DEPARTMENT

The February Staff meeting was given over entirely to a discussion of the proposed revision of the hospital formulary. Mr. John T. Murphy, Head of Pharmacy, addressed the meeting and went through the entire list of existing cutaneous remedies. There was considerable discussion of old prescriptions which could be deleted, and many suggestions were offered for improvement as well as the addition of new preparations. Dr. Lane has appointed a committee to consolidate the recommendations of our Department.

During the past month our Department has enjoyed the visits of several Dermatologists from various parts of the world, each spending a week or more observing our methods. Among them were Drs. Poul V. Marcusson, Professor, and Poul Möller, Assistant Professor, from the University Hospital, Copenhagen, Denmark; Dr. Clive F. Robinson of Sydney, Australia; and Dr. Jose Talentino, from Cebu, P.I.

Most of the members of our Staff attended the Atlantic Dermatology Conference, held in New York City on March 8.

The Board of Trustees, at their meetings on February 5 and 21, voted to appoint:

Dr. Edward C. Dyer as Assistant to the Children's Medical Service;

Dr. James C. Skinner as Assistant Resident in Psychiatry for one year, beginning July 1.

At their meetings on February 12 and 26, and March 5, the General Executive Committee voted:

To promote Dr. Gardner C. Quarton to the position of Resident on the Neurological Service for six months, beginning April 1.

To appoint:

Dr. Hannibal Hamlin as Graduate Assistant in Surgery and Neurosurgery;

Dr. Robert P. Howard as Research Fellow in Medicine;

Dr. Marcel Verzeano as Clinical and Research Fellow in Psychiatry and Anesthesia, as of February 1;

Dr. Jone J. Wu as a Fellow in Anesthesia for two years, beginning October 1.

The following Staff changes became effective as of February 21:

Dr. Erna G. Anderson was promoted from Assistant to Assistant Physician to the Children's Medical Service;

Dr. Otto E. Aufranc was promoted from the position of Assistant in Orthopedic Surgery to Assistant Orthopedic Surgeon;

Dr. William W. Beckman was promoted from the position of Assistant Physician to Associate Physician;

Dr. Charles B. Burbank was appointed Assistant in Surgery;

Dr. Edwin F. Cave was promoted from the position of Associate Visiting to Visiting Orthopedic Surgeon;

Dr. George Clymer was appointed to the Board of Consultation;

Dr. Richard W. Dwight is to be listed as on leave of absence with the Veterans Administration;

Dr. Richard S. Eustis was appointed to the Board of Consultation;

Dr. Henry H. Faxon is to be listed as on leave of absence with the Veterans Administration;

Dr. W. Philip Giddings was appointed Assistant in Surgery;

Dr. Irad B. Hardy was appointed Assistant in Surgery;

Dr. William McK. Jefferies was appointed Assistant in Medicine;

Dr. Robert J. Joplin was promoted from the position of Assistant in Orthopedic Surgery to Assistant Orthopedic Surgeon;

Dr. Alfred Kranes was promoted from the position of Assistant Physician to Associate Physician;

Dr. Carroll B. Larson was promoted from the position of Assistant in Orthopedic Surgery to Assistant Orthopedic Surgeon;

Dr. Charles A. McDonald was appointed to the Board of Consultation;

Dr. John B. McKittrick was appointed Assistant in Surgery;

Dr. Ira T. Nathanson was promoted from the position of Assistant Surgeon to Associate Visiting Surgeon;

Dr. Paul L. Norton was promoted from Assistant to Associate Visiting Orthopedic Surgeon;

Dr. George M. Noss was appointed Assistant Dental Surgeon;

Dr. Edward S. O'Keefe was appointed to the Board of Consultation;

Dr. Frederick K. Poulin was appointed Assistant Dental Surgeon;

Dr. Rulon W. Rawson was promoted from the position of Assistant Physician to Associate Physician;

Dr. Eugene E. Record was promoted from Graduate Assistant to Assistant in Orthopedic Surgery;

Dr. A. William Reggio was appointed to the Board of Consultation;

Dr. John A. Reidy was promoted from the position of Assistant in Orthopedic Surgery to Assistant Orthopedic Surgeon;

Dr. Gertrud C. Reversbach was promoted from Assistant to Assistant Physician to the Children's Medical Service;

Dr. Ralph A. Ross was promoted from Assistant Physician to Associate Physician to the Children's Medical Service;

Dr. Carter R. Rowe was promoted from Graduate Assistant to Assistant in Orthopedic Surgery;

Dr. Hermann B. F. Seyfarth was appointed Assistant Dental Surgeon;

Dr. Russell F. Sheldon was appointed to the Board of Consultation;

Dr. Lamar Soutter was promoted from the position of Assistant in Surgery to Assistant Surgeon;

Dr. William H. Sweet was promoted from the position of Assistant in Neurosurgery to Assistant Neurosurgeon;

Dr. Nathan B. Talbot was promoted from Assistant Physician to Associate Physician to the Children's Medical Service;

Dr. Jackson M. Thomas was promoted to Assistant Psychiatrist;

Dr. Raymond S. Titus was appointed to the Board of Consultation;

Dr. William J. Turtle was promoted from Assistant Physician to Associate Physician to the Children's Medical Service;

Dr. Richard Warren is to be listed as on leave of absence with the Veterans Administration;

Dr. Thomas A. Warthin is to be listed as on leave of absence with the Veterans Administration;

Dr. Paul D. White is to be classified as a full-time member of the Staff.

New addresses:—

Dr. Donald C. Balfour, Jr. (*EM* 1943), 410 Fifteenth Ave. SE., Rochester, Minn.

Dr. John J. Ballenger (*Oto-Lar.* 1943), 1414 Isabella St. #8, Evanston, Ill.

Dr. J. Lawrence Campbell (*r.p. An.* 1940), 750 Washington St., Denver 3, Col.

Dr. T. A. Devan, past Assistant Director, Hampton Bays, Long Island, N.Y.

Dr. Ben Eiseman (*ES* 1943), 6463 Cecil Ave., St. Louis 5, Mo.

Dr. Sidney W. Ellery (*ES* 1943), 923 Roswell Ave., Long Beach 4, Cal.

Dr. Don W. Fawcett (*WS* 1943), 93 Eliot Ave., West Newton 65, Mass.

Dr. Julian C. Gant (*a. M* 1935-46), Madison College, Madison College, Tenn.

Dr. Hannibal Hamlin (*r.s. NS* 1942), 4 George St., Providence 6, R.I.

Dr. C. Lawrence Holt, Jr. (*NS* 1938), 178 Bay State Road, Boston, Mass.

Dr. James S. Mansfield (*gr. asst. M* 1942-43), 12 Bay State Road, Boston 15, Mass.

Dr. Albert E. Rauh (*CM* 1936), Lyons, N.J.

Dr. Sam M. Talmadge (*WS* 1938), Southern Mutual Bldg., Athens, Ga.

Dr. Thomas A. Warthin (*a. M*), Cor. Cottage and Everett Sts., Natick, Mass.

Brief bits:—

Major Addison G. Brenizer, Jr., MC (*WS* 1942) is now at Tilton General Hospital (Main), Fort Dix, N.J. He says he cannot be discharged from the Army before next October.

Dr. Knox R. Freytag (*a.r. D*) completed his duties here at M.G.H. last January and has been called to military service. The only address we have for him, to date, is 800 Mandana Blvd., Oakland, Cal. Perhaps Dr. Freytag will send us more information about himself soon.

We always like to hear about hobbies which interest members of our Staff. Dr. Ward I. Gregg (*WS* 1935) and Mrs. Gregg contributed to the Flower Show in Boston this year with their sun-heated pit. Dr. Gregg gave us such amazing facts regarding his special kind of attached-to-the-house pit that we are wishing we could take shovel in fist and start digging this very minute.

Dr. Arthur C. Guyton (*WS* 1943) is continuing his convalescence at Warm Springs, Georgia.

Dr. F. George Johnson (*Dn.* 1943) has opened an office for private practice at 26 Washington St., Eastport, Maine.

Dr. Herbert C. Moffitt, Jr. (*EM* 1942) has been on inactive military duty since last summer. He is an Assistant Resident in Medicine at the University of California Hospital in San Francisco.

Major Frederic W. Rhinelander (*ES* 1937 & *Or.* 1938) has been promoted to this rank.

Dr. Stafford L. Warren (*WM* 1924) has been appointed Dean and Professor of Biophysics at the Medical School of the University of California in Los Angeles.

MASSACHUSETTS EYE & EAR INFIRMARY

At a meeting of the Directors of the Infirmary, held on February 12, Dr. Charles I. Johnson, Dr. Francis L. Weille, and Dr. Philip Mysel were appointed Surgeons in Oto-Laryngology.

Dr. Merrill J. King, who has taken over Dr. Theodore L. Terry's clinical work on retrolental fibroplasia, took part in the National Conference on the Blind Preschool Child, American Foundation for the Blind, Inc., in New York City, March 15. Dr. King spoke on "Retrolental fibroplasia as a cause of blindness". Also attending the conference were Mrs. Eunice W. Wilson, Director of Social Service, who presented a paper on "Parental attitudes", and Miss Ruth Butler, Medical Social Worker, whose subject was "Individual case work with parents".

The Foundation for Vision, at a meeting held on March 11, voted to give the Massachusetts Eye and Ear Infirmary $4000 in addition to their present allotment, to make a survey of the incidence of retrolental fibroplasia in New York City. This work will be carried out under the supervision of Dr. Edwin B. Dunphy and Dr. V. Everett Kinsey of the Infirmary, and with the counsel of Dr. Ethel Dunham of the Children's Bureau, Washington, D.C. The study will have as its object, a comparison between the incidence of retrolental fibroplasia in premature infants in the New York area and the Boston area. It is expected that any striking differences in the incidence may be related to variations in the method of handling premature infants, which, in turn, may provide a lead for future experimental research.

The Eye Institute, jointly sponsored by the Social Service Department of the Infirmary and the Division of the Blind, was held March 27 and 28 as part of a program for the prevention of blindness. Lectures were given by the following members of the Ophthalmological Staff: Dr. Henry A. Mosher, Dr. Karl Riemer, Dr. Mahlon T. Easton, Dr. Earl S. Seale, Dr. Garrett L. Sullivan, Dr. Benjamin Sachs, and Dr. Harry E. Braconier.

The Howe Laboratory acted as host on March 30 to a group of about twenty ophthalmologists from Johns Hopkins Hospital, Columbia University, and the University of Pennsylvania. The group, primarily interested in research, meets from time to time for informal discussion of work which is not yet ready for publication. Reports were presented by Dr. David G. Cogan, Dr. W. Morton Grant, Dr. Trygve Gundersen, Dr. V. Everett Kinsey, and Dr. Elek J. Ludvigh. The meeting was followed by a dinner.

Dr. Luzius Rüedi, Professor of Oto-Laryngology at the University of Berne, Switzerland, who is interested in acoustic deafness, has been visiting the Infirmary and the Harvard Medical School to observe the work done here by Dr. Moses H. Lurie in conjunction with the Acoustical Laboratory of the Medical School.

Dr. George Kelemen, Clinical Assistant in Oto-Laryngology, spoke on "Medical journey to Latin America" at a meeting of the Boston Medical History Club last month.

Dr. Daniel J. Reagan (*Oto-Lar.* 1944), now a Captain in the Medical Corps of the U.S. Army on terminal leave, expects to be separated shortly from the Service.

Dr. James Mac Sams started his residency in Oto-Laryngology on March 1, and Dr. Charles M. Leconte completes his service as resident in April.

Dr. Schall has received the following letter from Dr. John J. Ballenger (*Oto-Lar.* 1943).

> During my more than three years in the Army, particularly during the time I was overseas in the European Theatre, I have thoroughly enjoyed reading about my many friends whose names appeared in THE NEWS. Once you leave the hospital you soon enough lose track of your friends, and THE NEWS furnishes an admirable way of retaining at least some account of them.
>
> I'll give you a short history of my activities since I was discharged from the Army last spring. In August I entered upon a job with the research faculty of the Department of Oto-Laryngology, Northwestern University Medical School. Half my time is spent there and the other half in private practice. The problem I am trying to elucidate is the effect on cilia of various induced allergic states. I find the work highly enjoyable and hope to continue it indefinitely.
>
> My wife and I live in a Steel Craft prefabricated house on the campus of Northwestern. We have found it very comfortable except in the very cold and windy weather. When it rains, it sounds as if a few hundred cannibals were beating clubs on the roof, but one even gets used to that. Unless something better turns up, we'll be here another year and not feel as if we got a very bad break.
>
> I probably will be in Boston for a few days in April, and if I am I'll stop by the hospital to see you and my other friends. In the meantime, my best regards to all.

At last we have heard from Chiu-an Wang (*WS* 1944). All through this interesting letter to Dr. Faxon runs a note of nostalgia and a deep concern for the state of affairs in China.

> We have been on the run, so to speak, all these two and a half months. We left Boston on December 1, sailed on December 23, and arrived in Hongkong on January 9. But we did not really get home until the 15th of January. On the whole, the trip was a pleasant one. Being a poor sailor, I was very sick for more than seventy-two hours, as we ran into a storm north of Honolulu; but it soon became forgotten and I was well enough to help operate on a fracture of patella on the high sea.
>
> Since I had been away from home for more than six years, China to me has become a foreign country in many ways. My wife, who was born and spent much of her time overseas, naturally is not too familiar with the language. I thought I would remember the language, if not other things, but this was not so. Upon arrival the spoken language sounded funny to me, and I found I unconsciously inserted a few English expressions every now and then during a conversation. I noted the buildings smaller, streets narrower, people different from what they were before. And, above all, I found that this country, like all others that went through years of war, is suffering from terrific poverty, disease, and the shameful effects of inflation, dishonesty, and corruption.
>
> I am sure you know what all these mean. A nation will never perish with her physical changes. I recall the days when this city built its first roads for automobiles. It did not take long before all the narrow streets were converted into wide roads. A large portion of the city has been demolished during the war, bridges broken down, public utilities impaired. But all these will re-erect themselves, improve with time. As a matter of fact, in this part of the country we have been rather fortunate to have had intermittent periods of peace, which enables us to have dim lights in the nights and a little tap water in the tub after we retire every night.
>
> Inflation is what kills the people. When I first arrived, one US dollar equalled 6000 dollars Chinese currency, or NC, although the official rate was $3500 NC to $1 US. Since then, NC has become so much depreciated that it now is worth practically nothing—$1 US to $15,000 NC; and during the past few days of "China's Economic Crisis", one US dollar reached the value of $20,000 NC, or higher. Yet the cost of living is high here—about three times as high as it is in New York City. Stationery — sheets and envelopes — cost me $20,000 NC per 100; a morning paper, $1,500 NC; an ordinary haircut, $4,500 NC; a luncheon, $8,000 NC; a bus fare, $400 NC; a monthly rent for a two-room apartment, $300,000 to $400,000 NC; 100 pounds of rice, $200,000 NC. Of course, it would not be bad if you convert the price into US currency. But who can afford to buy in terms of US dollars, except probably only a few privileged ones? An average white collar worker has an income of not more than $200,000 to $300,000 NC per month; laborer, $50,000 NC; and a professor of surgery only $600,000 NC!
>
> As one can readily see, such a condition cannot last long, for man cannot stand idle without food. And food will not be available in the market if shopkeepers prefer rice, say, to worthless paper. Whenever there is a rumour, none will be interested in the paper money, but all want rice and foodstuff. As a consequence, all prices go up, and once they get higher they seldom come down again. There is no need for me to go into the effects of such an unstable economy. It is obvious that poverty and diseases, and sometimes dishonesty and corruption, are part of the whole picture of an unstable economy.
>
> But what causes such an unstable economy? The answer is that peace in China is not in sight. No peace means no security, and no security means selfishness. Many people of the privileged class are "buying up" everything in China for themselves and their children! When they begin to do "buying up", they need the money, and find out where and how one can get more than his share! There lies the deep-rooted cause of dishonesty and corruption. I am afraid that as long as China is at war, no forthcoming solution to this problem is available.
>
> We have not been able to visit other places since we returned. Canton is so far the most quiet place in the whole of China. Originally, I had intended to see a few more places before

No. 2 in a series of Staff photographs
Our four Assistant Directors:
Dr. Lichty, Dr. Thorndike, Dr. Haase, and Dr. Clay

beginning to work. After looking around the hospitals here in Canton, and knowing that the need is so great here, we have decided to remain here for a period of six months to a year. I have accepted a job in the Dr. Sun Yat-sen Memorial Medical School of Lingnan University as Instructor in Surgery, and also am acting as Chief of Surgery in Canton Hospital. The hospital—founded by Dr. Parker of Framingham, Massachusetts—has been a missionary institute for over one hundred years. During the war the Japs occupied the hospital, and did a good job of destruction before they surrendered. There is no autoclave, no instruments, no operating table, and no well-trained assistants, but there are lots of clinical materials and many youngsters of the school who are eager to learn—even the wrong things! I am getting things organized and changed slowly, sometimes very slowly to suit the nature of our race. But I hope my time thus spent will not be in vain. People with whom I work are all eager to see that some day out of this mess there will grow a place of learning and for the sick.

We have been very much homesick since we left the M.G.H. It was difficult for us to make such a departure, for we are now much too much distant from "home". We have been thinking a great deal of you all. We shall try our best to keep you posted on what happens here from time to time. It is our sincere desire that you will give us your guidance.

It will be some time before I can manage to write to each of my seniors and friends of the family. For the time being, I wish you could say "hello" to all of them for us.

Three and a half years of silence. Then this nice letter from Comdr. Wayland A. Morrison, MC (*WS* 1916)—proving that if you wait long enough consciences begin to stir. Commander Morrison's address is 1037 Pacific Mutual Building, Los Angeles 14, California.

I have received The News regularly—also a couple of "jogs" concerning a note.

I am still in the United States Naval Reserve on a retired basis, and at the present time am continuing in my position as Chief Surgeon of the Santa Fe Railroad, and Medical Director of the Union Oil Company. My private practice has suffered considerably from attempting to keep these two positions going, but after all—after thirty years of listening to patients' complaints—I am becoming reconciled to letting some of the younger men carry the load.

We see many Massachusetts General and Harvard men here at our hospital, as the nucleus of our staff comes from Boston. Dr. Lawrence Chaffin, Dr. A. J. Scholl, Dr. John Wilson, and several others were graduates of the Massachusetts General Hospital; and there are several Harvard Medical men who interned elsewhere.

We have found the reconversion more difficult than the actual war itself. We are now having many labor difficulties which we hope some day will be ironed out, but at the present time it looks almost hopeless

I was sorry to miss the Ether Centennial. Dr. Scholl tells me it was very interesting.

I hope you will continue to send The News. I have read every copy and it helps us to keep in touch with the Hospital, which will always have a very warm spot in my heart.

Another man out of the Army—Dr. Ernest E. Myers (*Or.* 1933). From Shriners Hospital, Lexington, Kentucky, he writes:

Since September I have been back in Lexington as Chief Surgeon for the Shriners Hospital, and also am having fun rebuilding a private practice.

I find other MGH alumni here—Dr. Woolfolk Barrow [*ES* 1937] and Dr. Thornton Scott [*r.p.* 1939]—and they enjoy The News as much as I do.

Dr. Terry E. Lilly, Jr. (*ES* 1943) sends this brief account of his present activities and the whereabouts of several other alumni of M.G.H. and H.M.S.

I was discharged from the Navy in July 1946. Since September I have been engaged in the course, "Basic sciences and their clinical application", conducted at the University of Minnesota, Center of Continuation Study, and I shall be here until the middle of June. However, I should like to have you continue with my home address, 5714 McGee Street, Kansas City, Missouri.

As you know, Gordon Scannell (*ES* 1941) is here on a fellowship, working under Dr. Boydon of the Anatomy Department. I have also turned up Bob Spencer (*EM* 1943), Don Balfour, Jr. (*EM* 1943), and Bill Watts, H.M.S. '42, on visits to the Mayo Clinic.

Lt. Col. Frank L. Bauer, MC (*P* 1941) sends his new address—War Department, Army Medical Research and Development Board, Office of the Surgeon General, Washington 25, D.C.—and adds:

I am still in the military service, assigned for duty with the Surgeon General's Office here in Washington. In this capacity I not infrequently encounter present and former members of the Massachusetts General Hospital.

Dr. Elbert L. Persons (*EM* 1929) was a "soon-to-be civilian" the last time we heard from him, back in late '45. A short note received the other day lets us know what he's doing now.

Back at Duke Hospital in September 1945, after 38 months with the Duke General Hospital unit and many pleasant contacts with MGH people during 2 years in England. Now working under Dr. Eugene Stead, Jr. I'm doing "teaching medicine", integrating Medicine, Preventive Medicine, and Student Health—with a little Fort Bragg on the side.

Dr. Edwin C. Albright (*WM* 1942) is engaged in research on radioactive isotopes. From 3901 Euclid Avenue, Madison 5, Wisconsin, he sends this account of his work.

With my wife and son, John, I have been in Madison for the past year, since my Army discharge. I am a Fellow in Medicine, associated in research in the Department of Medicine of the University of Wisconsin Medical School. Dr. Edgar S. Gordon (*P* 1935) and I have been interested in radioactive isotopes. Using radioactive iodine as a tracer, a problem on the metabolism of the amebicidal drug, chiniofon, has been completed. This problem arose out of wartime experiences with amebiasis. We plan to use other tracers in some studies involving amino acid metabolism in patients with liver disease. A year as a medical resident at the University Hospital, beginning in July, will complete my plans for the immediate future.

Please give my regards to my friends and acquaintances at the M.G.H.

We wish more of you, without being asked to, would write letters of this sort, so that the rest of us can know what your special interests and problems are, these days. If you enjoy reading about what the other fellow is doing, why not let him know about yourself? He's just as eager to hear about you as you are about him.

Dr. David W. Barrow (*ES* 1937) sends this interesting letter from 348 Central Bank Building, Lexington, Kentucky.

I have really little news of myself except the usual difficulties of getting back into civilian practice after Army service.

I have at long last completed a monograph on *Varicose veins*, which Hoeber plans to bring out in the spring. It was inspired and started at M.G.H. a long time ago, and Dr. Allen and Dr. Linton have helped keep a lot of things in it in proper perspective.

Thornton Scott [*r.p.* 1939] is back in Lexington, going great guns. Ernie Myers [*Or.* 1933] is busy, too, and is an ideal fellow to share offices with. I saw Bill Snyder [*WS* 1933] in Los Angeles just after Christmas and he was busy as could be with teaching, practice, and as Consultant in Surgery to the Veterans.

The M.G.H. is a great family to belong to, and The News is always appreciated. Thank you for it.

THE NEWS

No. 56 Boston, Mass. May 1947

NEUROSURGICAL SERVICE AFFAIRS

The last report on the Neurosurgical Service appeared in THE NEWS nearly two years ago. This was written by Dr. W. J. Mixter, who had returned to his former position as Chief of Service to tide us over the wartime emergency. Throughout this difficult period he, Dr. Jost Michelsen, and Dr. Samuel Lowis carried the burden of a very active service without the help of specially trained residents. Dr. Mixter, in addition to his hospital duties, acted as Consultant in Neurosurgery to the Surgeon General of the Army. Shortly before V-J Day Dr. William Sweet returned to us from England, where he had been serving as Chief of the Neurosurgical Service at the Queen Elizabeth Hospital in Birmingham. There he had succeeded another old MGH resident, Dr. Henry Heyl. Both of these men rendered outstanding service to the British Government. I was released from active duty in the U.S. Naval Reserve a year ago.

This first year since the end of the war we have been interested primarily in developing neurosurgery in its broadest aspects — not only the classical field of tumours of the brain and spinal cord, but also the relief of intractable pain, the treatment of intracranial aneurysms, and of conditions which can be influenced by intervention on the sympathetic nervous system. Dr. Mixter, Dr. C. T. Liu, our former resident, and I have studied postoperative results in 240 patients with epilepsy treated on the service during the past ten years. Dr. Mixter's interest in the field of herniation of the intervertebral disc has continued, with notable contributions by Dr. Michelsen in the syndrome of brachial neuralgia, which results from protrusion of a disc in the cervical region.

The establishment of the special committee and laboratories for research on the autonomic nervous system has given us the opportunity to rotate a proportion of the hypertensive patients through White 11, and also added facilities for investigating the control of circulation and surgical treatment of disordered visceral activity and pain from this source. In connection with this last subject, Dr. Edward Bland, from the cardiac laboratories, and I have recently reviewed the results of surgery in 75 patients with medically intractable angina pectoris. In this group, treated between 1927 and 1940, over 80 percent were relieved of their unbearable pain by alcohol injection or sympathetic ganglionectomy. We are now investigating the effect of surgical resection of the cardiac accelerator nerves in individuals with incapacitating bouts of paroxysmal tachycardia. Dr. Sweet has carried out a series of studies of intra-arterial pressure in the carotid vessels to gain data of use in the treatment of intracranial aneurysms.

In the teaching sphere, the Neurosurgical Service has embarked on postgraduate training for the first time. At present we have two Clinical Fellows in neurosurgery — one from South Africa and the other sent here by the Bureau of Medicine and Surgery of the Navy — to train as specialists in this field. In addition, a number of fourth-year medical students have been taking an elective month in neurosurgery, and all the third- and fourth-year students in surgery receive clinical instruction on White 11.

With this increase in teaching and research it has been singularly fortunate that we have been given special funds to further this work. The Neurosurgical Service proper has received large grants for the past and present year from a medical foundation in New York. Although this organization wishes to remain anonymous, it is nevertheless appropriate to acknowledge its assistance and express our thanks. The recent grant of $30,000 from the Life Insurance Medical Research Fund and an additional $2,000 from the United-Rexall Drug Company for investigation of hypertension and other diseases involving the autonomic nervous system will be shared with the general Surgical and Medical Services. This will enable the hospital to buy the equipment and finance the running of the new laboratories on the 12th floor of the White Building. With Dr. Kenneth Evelyn in charge, the laboratory is already working overtime carrying out pre- and postoperative tests which enable us to gain an accurate idea of the effects of sympathectomy and to re-evaluate the effect of operations on the sympathetic nervous system, many of which originated in this hospital.

James C. White, M.D.,
Chief of Service

* * *

Reports of our grand rounds are being published in a new medical journal entitled *The American practitioner*, put out by Lippincott.

* * *

As you probably know, the Centennial Meeting of the A.M.A. will be held in Atlantic City, June 9-14. A special exhibit on cardiovascular diseases is being organized under the supervision of Dr. Paul D. White and our Medical Art Department. Miss McLatchie, Head of the Medical Art Department, who is in charge of the arrangement and the setting up of the material, tells us that the color scheme for the exhibit will be in silver and blue.

Early in 1945 Dr. White was asked to put on a special cardiac exhibit for the A.M.A. meeting. Since all conventions were canceled during the war, it was not done then, but it is being arranged this year because of the importance of the Centennial Meeting.

Members of our Staff who are preparing exhibits are:

Dr. Paul D. White and Dr. Fred Alexander—*The range of the normal heart*
Dr. T. Duckett Jones and Dr. Edward F. Bland—*Rheumatic fever—rheumatic heart disease*
Dr. Mandel E. Cohen—*Neurocirculatory asthenia*
Dr. William C. Bridges, Dr. Dera Kinsey, Dr. John R. Graham, and Dr. Benjamin Castleman—*Hypertension and hypertensive cardiovascular disease and their treatment*
Dr. Conger Williams—*Electrocardiography*
Dr. Gordon S. Myers—*Cardiovascular roentgenology*
Dr. Robert R. Linton, Dr. Irad B. Hardy, Jr., Dr. Edward Hamlin, Jr., Dr. Richard H. Wallace, Dr. Harrison E. Kennard, Dr. Claude E. Welch, Dr. Fiorindo A. Simeone, Dr. Richard Warren, Dr. Richard H. Thompson, Dr George F. Emerson, Dr. Gordon A. Donaldson, Dr. Howard Ulfelder, and Dr. Kenneth A. Evelyn—*Peripheral vascular disease*
Dr. Paul D. White—*Historic books*
Dr. Howard B. Sprague—*American Heart Association*

Other parts of this special exhibit on cardiovascular disease to be presented at the same time and place are:

Congenital heart disease—noncyanotic group, Congenital heart disease—cyanotic group, Subacute bacterial endocarditis, Coronary heart disease, Rare heart diseases, Vascular surgery, The treatment of myocardial failure and coronary insufficiency, and Cardiovascular syphilis.

* * *

The formal opening and inspection of our newly equipped Dental Clinic for the care of stomatological and oral surgical diseases was held on Wednesday afternoon, April 9. After the many invited guests had viewed the newly decorated rooms, Dr. Kurt H. Thoma, Oral Surgeon and Chief of Dental Service, gave us the history of the clinic. During his speech a bas-relief of Dr. William T. G. Morton was unveiled. Dr. Faxon said a few words of appreciation of what the Dental Department is doing. Dr. James M. Dunning, Head of the Harvard School of Dental Medicine, spoke briefly. He emphasized the many years of close affiliation between Harvard and Massachusetts General. Following this part of the ceremony, tea and pretty — as well as delicious — cakes were served from a long table attractively decorated with lovely spring flowers.

Here is a transcription of Dr. Thoma's speech:

Last fall, the Massachusetts General Hospital celebrated the centenary of the first public demonstration of the use of ether for surgical anesthesia. This first demonstration was made in the operating room of the Bulfinch Building, now known as the Ether Dome. A dentist, William T. G. Morton, brought this great gift to the world. The use of ether spread rapidly to the far corners of the earth, and today ether is still the safest and best anesthetic agent, although many other methods of anesthesia have been developed since. The event was duly celebrated last October by the Massachusetts General Hospital, as well as by the American Dental Association. The latter had a bas-relief of Dr. Morton made by Mr. Arnold Geissbühler, a Boston artist, which was presented to the hospital, and the authorities of the hospital have allowed us to have this plaque placed here in our clinic.

I am asking Dr. Holland to unveil this monument to our confrere, of whom we are very proud— the first dentist to contribute to the advancement of medicine.

The first public ether demonstration took place on October 16, 1846, but it was not until 1868 that a dental service was added to the Out-Patient Department in connection with the Dental School of Harvard College. In 1872 the office of "Dentist" was established in the hospital—a title which was changed to "Dental Surgeon" later. The dental faculty of Harvard College continued to conduct a dental infirmary at the Massachusetts General Hospital—in fact, it seems that the Harvard Dental School was part of the Massachusetts General Hospital until 1883, when President Charles W. Eliot suggested to Dean Thomas H. Chandler of the Dental School that an independent clinic be opened. This clinic was established in the abandoned building of the Harvard Medical School, adjacent to the Out-Patient Department, but Dean Chandler expressed the hope that the Dental School might still be permitted to call itself the Dental Infirmary of the Massachusetts General Hospital. Later, certain dentists of the school were appointed to the hospital staff. In 1910, a Dental Surgeon and Assistant Dental Surgeon were appointed; in the staff list for 1911, a Dental Surgeon and six Assistant Dental Surgeons were named. The department grew, until today we have eight Dental Surgeons and twenty-five Assistant Dental Surgeons, besides an Oral Surgeon who is Chief of the department, and an Assistant Oral Surgeon. Furthermore, various specialists are available: a stomatologist, a maxillofacial prosthetist, a periodontist, and a visiting orthodontist. We have divided the department into an out-patient service and a house service, and each year two house officers are appointed for training, as required by the specialty board in oral surgery.

During the war, eleven of our staff served in the armed forces—three of them with the 6th General Hospital. The remainder of us carried on at home. Between 1943 and 1946, 19,061 patients were taken care of—among whom were 570 nurses of the hospital. The following operations were performed: 7,205 minor oral surgical operations in the Out-Patient Department; 495 patients with stomatologic diseases were treated; 181 patients with fractured jaws were seen; 281 cysts and tumors were excised; and 371 other major oral surgical procedures performed in the main part of the hospital.

The department has also carried on investigative work during these years. A new method of external fixation for mandibular fractures and a method for internal wiring fixation of condylar fractures were developed. Experiments were made with fibrin foam to obliterate cavities in bone resulting from excision of cysts and tumors, and teeth. When penicillin and streptomycin came along, their uses were adapted to the treatment of jaw infections, supplementing the intramuscular use with local instillations. Biannually, we publish a clinic number of the Massachusetts General Hospital and the Harvard School of Dental Medicine, in which cases and papers are reported which were presented at our monthly staff meetings.

When I took over the service, the physical equipment of the Out-Patient Dental Clinic was rather antiquated, and it was my hope to bring about a change—not only in the equipment but also in the arrangement of the rooms. The Morton Celebration seemed to present an opportunity. The Novocol Chemical Manufacturing Company, which makes local anesthetics—especially monocaine, which has been used here for several years—came to our aid. Through a research grant made by Dr. Mendel Nevin, the president, it was possible to rebuild and re-equip the clinic. I want to make use of this occasion to thank Dr. Nevin for his generosity.

We have started on a new research problem which I feel you will agree is of great importance. This problem involves a study of the psychological influences affecting the dental and oral surgical patient. The investigation will be carried out with assistance from the psychiatric and anesthesia departments. We hope this research will lead to the means of allaying the fear so frequently exhibited by the dental patient, and of giving assurance of mental relaxation to apprehensive individuals. Thus we are endeavoring to continue with investigations for the advancement in the relief of suffering, in which dentists have played such an important role. It is, therefore, particularly fitting that the bas-relief of Morton should be in close proximity, for the constant inspiration and stimulation of the staff.

Oral pathology, by Dr. Thoma, has just been published in Spanish by a Mexican firm. The translation was made at the request of the Committee on Cultural Cooperation, State Department, Washington, D. C.

A talk on "The psychology of pain in dentistry" was given at the regular monthly meeting of the Dental Staff on March 18, by Dr. Herbert Barry, Jr. There was a discussion of some of the mechanisms producing pain, and also reference to a project for study of some causes of pain in dentistry. Preliminary experiments have already been initiated by Dr. Barry and Dr. Daniel J. Holland, Jr., Assistant Resident on the Dental Service, to determine the amount of heat produced when cavities are drilled.

Here is a summary of Dr. Barry's talk:

The theoretical basis for this investigation is the fact that pain may result from sudden application of heat to sensitive tissues. While it is obvious that heat will be generated by friction of a rotating bur applied to the wall of a cavity, few systematic attempts appear to have been made to measure this or to control its effects.

The temperature at which heat becomes painful depends upon a number of factors. While adaptation, rate of application, and body temperature changes may cause wide variations, there is evidence that temperatures above 130 F. are usually distinctly painful. With the assistance of Dr. Kenneth A. Evelyn, Clinical Fellow in Medicine, we measured the heat generated in burs during 30 seconds of normal drilling on dry tooth specimens. The temperature changes were recorded on thermocouples calibrated to the temperature ranges recorded. Initial temperatures were 79-80 F. After thirty seconds of drilling, the tip or grinding surface of the drill varied between 97 and 148 F. This rise in temperature was least (18) with a very small round bur drilling out a decayed surface of dentine; it was greatest (68) with a large inverted cone, which was not quite sharp, drilling enamel.

It is evident that if these initial tests can be confirmed, the heat generated by drilling can be sufficient to cause pain, without regard to the pain produced by the traumatic cutting of the peripheral dentinal nerve fibrils. Dentists are quite familiar with the susceptibility of teeth to thermal changes; in fact, odontalgia is frequently precipitated by variations of mouth temperature.

In the management of pain, it may be helpful to consider that there are some ten different levels at which pain reactions may be susceptible to modification or control. These are: (1) Removal of pain producing stimuli, (2) Desensitization of tissues which include terminal nerve fibers, (3) Anesthetization of nerve fibers or trunks, (4) Section of posterior nerve roots (rhizotomy), (5) Interruption of spinothalamic tracts (chordotomy), (6) Depression of specific cerebral centers (analgesia), (7) Widespread depression of cortical activity (general anesthesia), (8) Selective cortical activation to reduce discomfort or anxiety (suggestion or distraction), (9) Modification of responses to pain: (a) Sedation, in which pain is not diminished but associated emotions of fear or tension are, (b) Frontal leucotomy, in which the reaction to pain is diminished by cutting the fibers connecting the thalamus and the frontal lobes, (10) Induction of amnesia for painful experiences (scopolamine—used mostly in labor).

Evidently, the method of choice for control of pain is to remove the cause. Since the adequate stimulus for pain is usually injury to some body tissue, operative procedures which necessarily imply trauma are likely to be painful. However, our preliminary experiments seem to indicate that in drilling, the temperature rise may be an important element in odontalgia. Should this observation be substantiated by further investigation, it would supply a rationale for the use of a stream of air or water to cool the bur during the process of drilling. Such cooling devices have been occasionally used but are not widely employed in dentistry.

On the next level, the experimental work of Schumacher concerning the effect of inflammation on the pain threshold may have a possible application in the field of dentistry. It has been shown that inflammation may reduce the pain threshold by as much as 24%. Measures to alleviate inflammation before drilling, when possible, might reduce discomfort to a considerable extent. At higher levels in the central nervous system, three analgesics have been used rather widely in medicine and surgery. These are aspirin, codeine, and nembutal. The latter sometimes has undesirable effects in psychiatric patients. If used preoperatively, they might reduce discomfort to an appreciable degree. Similarly, phenobarbital may be helpful in minimizing fear, tension, or anxiety which may be more distressing than the actual pain incidental to dental procedures.

Distraction and suggestion are known to have a marked effect on the disagreeable quality which so frequently accompanies painful experiences. When used skilfully, they may supplement other procedures, and in extreme cases they have sometimes produced apparent insensibility to pain.

At the April meeting of the Dental Staff, Dr. Moses H. Lurie, Surgeon in Oto-Laryngology at the Massachusetts Eye and Ear Infirmary, spoke on "Problems common to the oto-laryngologist and oral surgeon".

DEVELOPMENT of the VETERANS LANGUAGE CLINIC at the MASSACHUSETTS GENERAL HOSPITAL

One of the new problems posed by World War II is the care and rehabilitation of veterans who sustained head injury. These veterans suffer now from aphasia, and it is with that particular part of their problem that the Veterans Language Clinic at the Massachusetts General Hospital is primarily concerned. Never before has a large group of otherwise healthy young adults who are aphasic been presented to the medical profession for re-education. Therefore, it is extremely important that, first of all, methods of treatment for the improvement of this language disorder be worked out. Secondly, it is necessary to plan for the restoration of the patient to useful activity.

With these factors in mind, the Veterans Administration has launched a national program to cover this aspect of the care of disabled veterans. Two consultants, one in the West and one in the East, were appointed to formulate and carry out a satisfactory program. Centers for the care of aphasic veterans were established, one near Los Angeles and the other at the Cushing Veterans Administration Hospital in Framingham. Early in the development of this program and before consultants were appointed, the Boston Regional Office of the Veterans Administration approached the Massachusetts General Hospital and the Director of the Language Clinic to arrange for the care of some of the local aphasic veterans. Some early work was attempted, well over a year ago. As a result of this, the clinic program was established at the Massachusetts General Hospital. The Director of the Language Clinic was appointed Consultant in Aphasia for the Veterans Administration in the eastern part of the country.

This clinic serves as an out-patient clinic for ambulatory veterans in the metropolitan Boston area who can come in regularly for treatment for their speech disorders. The work of the clinic is closely coördinated with that of the aphasia clinic at the Cushing VA Hospital; but this report merely covers the work at the Massachusetts General Hospital, which is a contract clinic, supported by the Veterans Administration. In their development, both clinics should be considered as pilot clinics in which a type of organization and treatment program is being developed which can be applied in other parts of the country.

An adequate program for the care of aphasic patients includes very varied types of treatment. It is based upon intensive language therapy given by trained therapists, experienced in this field of language disorders. It is recognized that the greatest improvement is realized under a schedule of five treatment periods a week. Most of these periods of therapy are for individual instruction, although occasionally group periods of therapy can be added with benefit to the patient. This is the first part of the program worked out in the Veterans Language Clinic; and in order that it may be adequately covered, a supervisor of therapy, Miss Ellen K. Donohue, who has had wide experience in this field, is in charge. She is assisted by two trained therapists, Miss Edna Mauriello and Mrs. Natalie Fisher. Needless to say, this part of the program is very severely handicapped by a chronic problem at the hospital — namely, lack of space. It is very difficult for aphasic patients to adjust to a change of rooms for treatment periods. It is impossible for them to work in an atmosphere which presents interruptions and distractions, and at present these ideals of treatment cannot entirely be met because of generally crowded conditions in the hospital.

Many aphasic patients have various degrees of motor disorder, raging from a pretty complete hemiplegia to varying degrees of weakness and incoördination of one or several limbs. Consequently, these patients must have very active physiotherapy. To date, this has been obtained at the Regional Office of the Veterans Administration, but arrangements are being made so that Language Clinic patients may be cared for in the hospital Physiotherapy Department. Along with physiotherapy as an important form of treatment, comes occupational therapy which stimulates the use of hands and provides for the occupation of time for these patients. Again, arrangements are being made for this part of the treatment program to be carried on so far as is possible by the Occupational Therapy Department of the Massachusetts General Hospital. A program of diversional activities and craft training has been arranged for, using some of the space in the Elizabeth Peabody Settlement House, which is near the hospital. This is under the supervision of the Misses Dagmar Pierce and Rosamond Sabine. The Settlement House has been very generous in providing space for this work, as well as for social get-togethers for the men. In a large city of this sort, with patients coming from different parts of town, this is very important. At the Settlement House it is possible to have some music, some food, and to undertake the work already outlined as the purpose of the meeting.

This program has been devised and developed by Mrs. Malcolm Tobey, the social worker for the Veterans Language Clinic. Many will remember Mrs. Tobey as a social worker in various hospital clinics, and she is working closely with Miss Barbour in developing this aspect of the veterans' therapy. Mrs. Tobey's function is a complex one. She must act as a liaison between the Language Clinic, the Veterans Administration, and various community facilities. In these areas she has been very helpful, and she is doing much in developing that important part of the therapeutic program which reintroduces the veteran back into civilian life. One of the great problems for these men is how far they can go in obtaining employment and what types of employment are feasible for them. Many factors, of course, have to be borne in mind —such as partial paralysis, susceptibility to occasional convulsive seizures, and the fundamental language handicap, combined with their feelings of personal inadequacy. With the full coöperation of the Vocational Rehabilitation Department of the Veterans Administration, interesting opportunities are being worked out in this area.

All patients are referred to the Veterans Language Clinic by one of the many Veterans Administration divisions. The new patient is given a careful neurological work-up, and again the various hospital facilities — including the Electroencephalographic Laboratory—are of great help. In addition to the neurological evaluation, and as a part of it, the clinical psychologist makes a careful examination of mental abilities and language handicap. This psychologist is Miss Marjorie MacMullen, who is known to many members of the hospital family as the psychologist in the Cortical Function Laboratory, where she worked until her services were taken over by the Veterans Language Clinic. Through the activity of the social worker, the psychologist, and the neuropsychiatrist in charge of the clinic, it is possible to work out what types of therapy are required for a given patient. In some cases, the disorder is more profound than can be handled in a clinic for ambulatory patients. In such cases, this clinic acts in a steering capacity and makes referral of patients to the Cushing VA Hospital.

Veteran patients come for treatment on a regular schedule throughout the day. Since the clinic was opened in October, patient visits have increased from a limited number to 190 during March. Not all of these patients are aphasic veterans. Some stutterers have been referred as well, and it is anticipated that other language disorders will be referred to the clinic for treatment. This is a development that we are particularly glad to have, because it adds necessary variety in the types of cases being given therapy. Clinic figures show that there has been a very steady growth in the number of patients and patient visits, and it is recognized that more therapists must be trained —not only for this clinic, but in anticipation of expansion in other areas.

An ambitious program for the training of language therapists to work with these and other types of language disorders is being planned at the Massachusetts General Hospital as a part of the work of the Veterans Language Clinic. It is the intent of the Director of the Veterans Language Clinic to use this clinic increasingly as a teaching center for therapists who wish to enter this field with good clinical training. In the past, when small programs of this sort have been carried on in the hospital Language Clinic, we have had the very helpful coöperation of other hospital departments— such as the Eye Department, the Ear, Nose and Throat Department, the Neuropathology Department, and the Psychiatric Department. We are counting on these departments to help with lectures and otherwise, in furthering a good program of clinical teaching for language therapists.

Edwin M. Cole, M.D.,
Director, Veterans Language Clinic
Massachusetts General Hospital

The Board of Trustees, at their meetings during March and on April 4, voted:

- To authorize the Department of Physical Medicine to enter into an agreement with the Children's Hospital and Simmons College in order to offer a four-year course for the training of physical therapists, leading to a degree at Simmons College and certificates in physical therapy at both hospitals;
- To approve the request of Dr. John A. Breen that he be granted Baker Memorial and Phillips House privileges in recognition of his long service in the Dental Department;
- To accept with regret the resignation of Dr. Frederick C. Gevalt, Jr. from the position of Assistant in Medicine;
- To accept with regret the resignation of Dr. Henry F. Howe from the position of Assistant in Surgery;
- To promote Dr. John J. Rupp to Assistant Anesthetist, beginning April 5.

To appoint:

- Dr. Thomas F. Broderick, Jr. as Senior Resident on the Orthopedic Service for six months, beginning April 1;
- Dr. Cully A. Cobb, Jr. as Assistant Resident in Neurology for one year, beginning April 1, with the understanding that, if satisfactory, he may be appointed as Resident at the expiration of Dr. Quarton's appointment on October 1;
- Dr. William A. Dickson as Assistant Resident on the Children's Medical Service for one year, beginning April 1;
- Dr. Robert H. Fennell, Jr. as Assistant Resident in Pathology, beginning July 1;
- Dr. Lytt I. Gardner as Assistant Resident on the Children's Medical Service for one year, beginning April 1;
- Dr. Marion T. Jenkins as Assistant Resident in Anesthesia for two years, beginning August 15;
- Dr. Walter Pick as Resident on the Children's Medical Service for one year, beginning April 1;
- Dr. Richard Schatzki, whose resignation as full-time Radiologist became effective April 1, to the position of Assistant Radiologist so that he may assist one afternoon a week in the teaching of Residents;
- Dr. Henry J. Zukowski as Assistant Resident in Anesthesia for one year, beginning July 1.

At their meetings on March 12, 19 and 26, and April 2, the General Executive Committee voted:

- That the appointment of Dr. Walter S. Kerr, Jr., as Third Assistant Resident in Surgery be terminated as of March 31, in order that he may serve on the Urological Service;
- To promote Dr. Peter T. Brooks to the position of Second Assistant Resident in Surgery, beginning April 1;
- To promote Dr. William C. Quinby, Jr. to the position of First Assistant Resident in Surgery, beginning April 1.

To appoint:

- Mrs. Ruth Graham as Research Fellow, in recognition of her work in cytology;
- Dr. Robert S. Hormell as Graduate Assistant in Orthopedic Surgery for one year, beginning July 1;
- Dr. William H. Horwitz as Graduate Assistant in Pediatrics;
- Dr. Apostolos Kartsonis as Clinical Fellow in Surgery;
- Dr. Byrl J. Kennedy as Clinical Fellow in Medicine, with half-time work in the Staff Clinic as of March 1;
- Dr. John B. Stanbury as Graduate Assistant in Medicine;
- Dr. Frederick C. Y. Ts'ui as Clinical Fellow in Surgery;
- Dr. B. Lincoln Wales, Jr. as Graduate Assistant in Pediatrics;
- Dr. Howard J. Weinberger as Clinical Fellow in Medicine.

* * *

Several months ago we announced that a column devoted to McLean Hospital would soon be a regular feature of THE NEWS. Since McLean is the oldest unit in the Massachusetts General group, this special department has been much too long delayed. We are now glad to report that beginning with this issue we plan to publish McLean material every month. Much in the way of research and development of special techniques is constantly being carried on out at Waverly, and we hope to include each time not only facts of general interest, but an article from some member of one of the various departments at McLean — just as a department at the General is represented each month by a lead article.

We didn't give the Staff out there time enough to prepare such an article on professional activities for this number. But —to start off with — we thought you might like to hear two delightful and interesting true stories we picked up on a recent visit to McLean. The first has to do with a very famous orange tree out there in their greenhouse. Here is the story, as given in a *McLean Gazette* of 1942:

> The orange tree in the greenhouse is over eighty years old. The seed from which it grew was planted by Mrs. Mary E. Sawyer Tyler, who for thirty-five years was Matron of the McLean Asylum, as the Hospital was then known, in Somerville.
>
> Mrs. Tyler was very proud of her orange tree, as such trees were rare in this part of the country and since oranges were not very plentiful in those days, and when she and Mr. Tyler left the Hospital they took the tree to their new home. At that time it was in a large tub, but it soon outgrew their house and Mrs. Tyler gave it to the Hospital.
>
> The tree was set in the ground in the greenhouse at Somerville where it remained for many years. When the Hospital moved to Waverly the tree was moved to the new greenhouse and again planted in the ground where it has flourished and borne much fruit. For several years more than three hundred large juicy oranges were picked from the tree each year, between Thanksgiving and Christmas, but for the past ten years it has had quite a struggle for existence.
>
> Mary E. Sawyer was born March 22, 1806, in Sterling, Massachusetts, and died in Somerville in 1889. In 1835 she married Columbus Tyler, the Steward of McLean Asylum, and was appointed Matron of the institution at that time. When a child, Mrs. Tyler was the owner of the lamb which was the subject of the well known rhyme, "Mary had a little lamb".

To give the story a happy ending, you will be glad to know that the tree has taken a new lease on life and is again in robust health. To prove it, we were told that this past season five bushels (!) of delicious oranges were produced by Mary's tree, now over eighty-five years old.

The second story explains the presence of some cannon balls we saw out at McLean. Also from a *McLean Gazette* of 1942, we quote:

> From all accounts, the weather around Boston on April 19, 1775, grew quite warm in the course of the day. And more than warm to Major Pitcairn and his company of British regulars, in flight from Concord and bedevilled by Yankee rebels hidden behind trees and walls and buildings all along the route. It was with unspeakable relief that Pitcairn hailed a large detachment of troops and artillery. But, as we all know, a tough road lay ahead of the strengthened army. There were many miles yet to go, and in ever increasing numbers their foes were gathering along the line of retreat, to pour a galling fire into their ranks.
>
> Some accounts of the retreat (of the older schoolbook type) read as if the British put up little resistance, but beat it to Boston as fast as they could hustle. As a matter of fact, they were by no means wanting in courage or discipline, and must have done a good deal of shooting, handicapped though they were. They constantly sent flankers into the woods and fields to rout out the snipers; and there is evidence at hand, right here in Waverly, of the return fire with which they met the attack of the provincials.
>
> Some time ago, on the hill which slopes to Concord Avenue beyond the hospital buildings, three cannon balls were found, and are now kept as valued relics in Dr. Wood's office. Two are the size of small grapefruit, and the other that of a plum. These were undoubtedly from British guns, as the Americans had no artillery. Moreover, in many of the trees that have been cut down on the hospital grounds toward the avenue, deeply imbedded bullets have been found—further evidence of British efforts to get back at the pesky rebels hanging on their flanks.
>
> Thus Wellington Hill, as it was then known, received its baptism of Revolutionary fire, and today McLean Hospital is the possessor of three small cannon balls and of a small portion of American soil made historic by clash of arms in the War for Independence.

* * *

During the war we received several interesting letters from Lt. Col. Norman E. Freeman (*WS* 1935) and many reports from his friends regarding the fine work he was doing over in India. More recently a letter from Dr. Freeman, published in our December issue, told us of his interest in Vascular Surgery and said he was starting on some investigative work on the Physiology of Major Blood Vessels.

Since then we received this release from the Public Information Service of the University of California. With the release came a fine picture of Dr. Freeman receiving the Army Commendation Ribbon from Major General George P. Hayes, Commanding General of the Sixth Army. We regret that previous commitments prevent our including the picture in this number, but assure all of Dr. Freeman's friends that they will see it in a very early issue.

Here is a copy of the release:

> A new technique for surgical repair of damaged arteries, used in a record number of 18 successful arterial operations, has been developed by a young University of California Medical School vascular surgeon, Dr. Norman E. Freeman.
>
> Writing in the *Annals of surgery,* Dr. Freeman has reported that his success has been achieved simply by cutting away the damaged part of the artery and suturing healthy arterial tissue crosswise rather than longitudinally. Dr. Freeman performed the operations while he was a Lieutenant Colonel in the Army Medical Corps at DeWitt General Hospital, Auburn.
>
> All of the 18 patients were military personnel who had suffered damage to arteries as a result of battle wounds. In most of the cases a false opening was present between the artery and the vein, a condition which is known as an arterio-venous fistula.
>
> Among the operations reported was one on a patient who had a damaged abdominal aorta, a major trunk of the arterial system. Surgical restoration of this patient's artery was the second successful one ever reported. Ordinarily, damage to the abdominal aorta results in bleeding to death before surgery can be attempted.
>
> In his operations Dr. Freeman said it was necessary to cut the artery from the vein, since the vessels were connected by scar tissue. The wound in the vein was then closed, after which any damaged portion of the artery was cut out. Sometimes a whole section of the artery had to be excised and the two ends stretched to meet before being sewed together. Wherever possible the artery should not be severed, since it is better to leave part of the wall as a foundation for repair.
>
> Dr. Freeman explained that in patients who do not die shortly after wounds of arteries, there develop aneurysms—tumors—which are actually "blow-outs" of the arterial wall. These aneurysms and open wounds of the arteries impair the circulation; but the body attempts to make up for this by overdeveloping the circulation in other arteries of the affected region of the body.
>
> Few surgeons have ever attempted to repair these wounds, preferring to tie off the blood vessels and cut out the tumor or fistula, in the belief that impaired circulation and restricted activity of the patient was preferable to what was believed to be a good chance of death resulting from surgery.
>
> Some operations had been performed in which the artery was sewed up longitudinally. The surgeon pointed out that longitudinal suture usually resulted in a slight permanent constriction of the artery, with a consequent restriction of circulation, resulting in pain, particularly on walking. No such pain was reported by Dr. Freeman's patients, except in some cases with vigorous exercise. Furthermore, X-rays of the repaired sections showed that it was almost impossible to detect where the wound had been: the constriction present in longitudinal operations is readily apparent.
>
> The operative technique has only limited peacetime applications, though there are occasional accident cases in which patients wounded by gunshot, knives, or glass develop aneurysms or false connections between arteries and veins. In rare cases a congenital or false opening is present. By means of the developments worked out in war casualties, the treatment of civilians suffering from these conditions is now possible.
>
> In recognition of his development of this operative technique, Dr. Freeman was recently awarded the Army Commendation Ribbon.

♣ ♣ ♣

Dr. George S. Reynolds (*Thd. S* 1924) writes briefly from his office, 100 North St., Pittsfield, Mass.:

> Finished up my Army career by relieving Eddy Cave as Chief of Surgical Service at Camp Edwards General Hospital and having a Colonel's rank handed me on separation.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Walter J. E. Carroll and Dr. John R. Frazee of the Oto-Laryngological Department have been promoted from Assistant Surgeon to Associate Surgeon, and Dr. Herman J. Sternstein, also Oto-Laryngology, from Clinical Assistant to Assistant Surgeon.

Dr. Francis J. West, a recent Infirmary graduate now practising in Boston, has been appointed Senior Clinical Assistant on Eye Service.

Following are the names of those appointed as Resident Staff in Ophthalmology: Dr. Frederic B. Breed, Dr. Thomas P. Cronin, Dr. Marshall W. Woodard, Dr. Warren D. Haley, Dr. Taylor R. Smith, and Dr. Samuel T. Adams, with Dr. William B. Brewster, Jr., Dr. Joseph M. Faust, and Dr. Donald R. Loeb as alternates in that order.

Dr. Edwin B. Dunphy spoke on April 11 to the Staff of the Joseph H. Pratt Diagnostic Hospital, New England Medical Center, on "Di-isopropyl fluorophosphate in the treatment of glaucoma".

Dr. LeRoy A. Schall gave an address on April 1 at the New York Eye and Ear Infirmary, before the Oto-Laryngological Residents of New York City. His subject was "Cancer of the nose and sinuses".

At the Annual Meeting of the American Otological Society, Inc., held April 21 in St. Louis, a paper on "Observations made in controlled experimental study of osteogenesis following fenestration of the vestibular labyrinth" was given by Dr. Schall and Dr. Dorothy Wolff. Dr. Philip E. Meltzer presented a paper on "Indications for revision".

Dr. William P. Beetham gave a series of lectures at the Gill Memorial Eye, Ear and Throat Hospital, Roanoke, Virginia, during the week of April 7. His subjects included: "Diabetic retinopathy", "The crystalline lens in diabetes", "Dry eyes", and "Management of some corneal diseases".

On March 30, a tea was held in honor of Mrs. Kitrena Akins who has been with the Infirmary for nineteen years. A large number of the personnel were present, and Dr. Faxon, after commending Mrs. Akins on her long and excellent record of faithful service, presented her with a gift. Mrs. Akins will be greatly missed by her many friends in the Infirmary.

Dr. R. Wenner Machamer (*Oto-Lar.* 1945), who has been visiting Boston for a few days and renewing acquaintances at the Infirmary, is opening an office in Cleveland, Ohio, where he is on the staff of the Lakeside Hospital and the Western Reserve University.

Dr. John J. Ayash (*Oto-Lar.* 1946) has accepted a position as Oto-Laryngologist at the MacCannel Clinic, Minot, North Dakota.

Dr. Frederic W. Ogden (*Oto-Lar.* 1942) is now practising in Fayetteville, Arkansas.

Among recent visitors to the Infirmary were Dr. John J. Ballenger (*Oto-Lar.* 1943) of Winnetka, Illinois, Dr. Gaston N. Duclos (*Oto-Lar.* 1943 & *Oph.* 1945) of Montreal, Canada, Dr. Morton Peterson and Dr. Harry Peterson of Cape Town, South Africa, and Dr. Luz Pang, a noted Oto-Laryngologist of Honolulu, Hawaii.

Received by Dr. Schall was a letter from Dr. M. R. Mobley, Jr., Florence, South Carolina, announcing the arrival of a daughter. Dr. Mobley concludes: "I will probably come to Boston within the next month. . . . I am looking forward with pleasure to seeing you at that time."

The following letter was received by Dr. Schall from Dr. David Y. Li of Chungking, China.

> I have been busy since I became the Public Health Commissioner of Chungking municipality more than one year ago. The responsibility is great, but the work is interesting. There are fourteen clinics, one dental clinic, one laboratory, and five hospitals under this Bureau. At present we are busy in getting ready the work for the prevention of cholera epidemic here.
>
> I should like to introduce to you Miss May Yang, the sister of Dr. Lily Yang of the Pediatric Department of our municipal hospital. Miss May Yang went to Boston last fall. She has been studying at Simmons College where Miss K. D. Hardwick is the Director. . . . Any assistance rendered to her will be much appreciated personally, as Miss Yang is far away from her home and for the first time she studies in a foreign college.

We knew Dr. Lester A. Brown (*Oto-Lar.* 1937) was out of the Army because we had received a home address from him—478 Peachtree St. NE., Atlanta, Georgia. This letter gives us a little more information about him.

> My uneventful life since last I wrote you has been more or less: released from the Army in April 1946; spent a little time in New York after that, a part of which time was with Dr. Phil Meltzer [*Aural* 1919] of Boston; following that I went back into practice and have done nothing else since except try to make a living and do a little teaching on the side at Emory University School of Medicine.
>
> At the present time I am in the throes of the terminal stages of building a new office and I am really not sure whether it is the process of trying to practise medicine in an extremely crowded office, whether it is the

A part of the newly equipped Dental Clinic
Members of the Staff, from left to right: Dr. Kurt H. Thoma, Dr. Ralph D. Thompson, Dr. George M. Noss, Dr. Daniel J. Holland, Jr., and Miss Lillian A. Peck

> tortures of having to build a new office, or whether it is old age which makes for such a bad disposition.
>
> I trust I shall get back to Boston one of these days before the place has changed so much I won't recognize it.

New addresses:—

- Dr. John R. McDaniel (*ES* 1940), 85 St. Dunstan's Road, Asheville, N. C.
- Dr. John F. Tannheimer (*r.p. P* 1944), Veterans Hospital, Newington, Conn.

Brief bits:—

- Dr. Lewis K Dahl (*r.p. WM* 1942) was promoted to the rank of Major before his release from military service.
- Dr. Frederic W. Ilfeld (*Or.* 1937) has established his office at 6367 Wilshire Blvd., Los Angeles, for the practice of orthopedics.
- Dr. Charles D. Roberts (*r.p.* 1938) was released from the Army in October 1945 and is busy practising internal medicine. His address is 109 East Palisade Ave., Englewood, N. J.

If our men who are now in military service could realize with what interest their letters are read by those who served earlier in the war (and by the rest of us, for that matter), they would write oftener and in broader detail.

This letter from Lt. John W. Bell, MC, USNR (*ES* 1946) is a "first" from him. It is headed *U.S.S. President Hayes,* P.A. 20, c/o Fleet Post Office, New York, N. Y., and reads:

> This state of long silence existed, I assure you, not from absence of desire for communication but rather from a stringent absence of anything interesting to report; for, since leaving M.G.H. a year ago, my medical activities have slowed to a walk, you might say.
>
> My first two months of Navy duty were spent at the Separation Center in Boston, examining separatees at the rate of 500-600 a day. In June I was detached from this station and sent to San Francisco to serve on the *U.S.S. President Hayes,* where I have been ever since. This ship is a dependent transport, part of the Navy's transport fleet. I know from correspondence that many of the MGH men and several of my colleagues at Medical School are on similar duty. Earle W. Wilkins (*WS* 1946), for instance, is on the *General Anderson,* P.A. 111, and I have talked with him several times when his ship has pulled into the dock astern of ours. Blair Thatcher [*ES* 1946] is also aboard a transport vessel, I believe.
>
> Concerning the *President Hayes*—we were on the Pearl Harbor-San Francisco run and made ten round trips since June 1946. The "General" ships are larger and have been making longer trips—including Guam, Midway, Philippines, Japan, etc.—picking up a few dependents at each stop. We carry an average of 120 women and children as cabin passengers and from 50 to 500 or so troop passengers—including sailors, marines, and soldiers—exclusive of our ship's company of 185.
>
> We have been fortunate (or unfortunate, as you may view it) in having little medical activity during this time. My usual sick call is 10 to 15 every morning. We have rarely had more than 2 or 3 bed patients in any month. Also, no emergency surgery to date—not even the always anticipated appendix. Just a little elective minor surgery now and then. I am one of two medical officers aboard; and, though it is theoretically a good idea, there is rarely enough to keep even one occupied.
>
> We have a sick bay of 24 beds, a nice little operating room, a dressing room, laboratory, combination sterilizing-scrub room, X-ray dark room, doctors' offices, an isolation ward, dental office, and several medical storerooms, plus a diet kitchen for the mothers and babies. Also, we regularly have two Navy nurses aboard to help with the infant problem. So—no one can complain of inadequate facilities.
>
> Since Christmas we have been in the Norfolk Navy Shipyard, undergoing reconversion into a better transport, as little has been done to the ship since its commissioning in 1941. In the Medical Department we are getting a new $35,000 air-conditioning system, a women's ward, and a few other improvements. We should be back in San Francisco about mid-May.
>
> I was fortunate enough to spend 30 days recently helping out on the Surgery Ward at the U.S. Naval Hospital at Portsmouth. This was interesting and refreshing and also gave the opportunity of washing the hands again.
>
> Like many, I am anxious for a period of shore duty which might offer more work of medical interest. Also, it may be assumed, I am even more anxious for release from Navy service and early resumption of residency training. However, it would appear that our group will not be released till April 1948.
>
> It is a great pleasure to keep up with M.G.H. via The News. Wish I might report more of real interest, similar to the recent letter from Dr. Jack Cannon.

How good to hear from Dr. Linn F. Cooper (*WM* 1928)! Back in January 1943 we reported him a Major at a Station Hospital in Florida. Nothing from him since, until this note the other day. We still wonder where he was during the interim. Perhaps he'll write and tell us. His note, from 2222 Que St. NW., Washington, D. C., says:

> After separation from the Service in January 1946, I spent my entire three months of terminal leave loafing, and then returned to Washington.
>
> Instead of practising during the past year, I have been teaching at Georgetown University Medical School. My plans for the coming year are still uncertain.

This letter, headed Coral Gables Clinic, 227 Aragon Avenue, Coral Gables, Florida, has come from Dr. (recently Capt.) Robert P. Keiser (*Or.* 1942).

> This will notify you of a change not only in address but in status. Having enjoyed 2½ years of orthoepdic surgery at O'Reilly General Hospital, I have been retired because of an eye disability (noncombatant), and am now enjoying even more, despite the disability, a civilian status in orthopedic surgery at the above address.
>
> The News has been a regular source of enjoyment to me while in the service, and I hope to continue receiving it.

Another news voice—that of Lt. Col. Joseph K. Surls, MC (*Or.* 1920 and *ES* 1922). He wrote, briefly:

> The 314th Station Hospital [to which Colonel Surls was first assigned] trained at Camp Rucker, Alabama, and went overseas in January 1944. It went into function at Truro, Cornwall, England. It was at the western extremity of a chain of Station Hospitals which were placed across southern England, near the coast, in preparation for the Normandy invasion. It became Transit Hospital No. 1 during the invasion.

Dr. Edward J. Ottenheimer (*ES* 1924) served with the Yale Unit during the war, as Assistant Chief of the Surgical Service, 39th General Hospital. A recent letter reports his return home.

> I was separated from the Service in October 1945, and have returned to Williamantic, Connecticut, where I have resumed my surgical practice—this time with an associate. Our offices are at the Windham Community Memorial Hospital.
>
> I want to thank you for sending me The News throughout the war. It was a source of great interest to follow the activities of so many MGH friends, in both the Pacific and European Theatres.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 57 Boston, Mass. June 1947

McLEAN HOSPITAL AFFAIRS

The work of a psychiatric hospital today is indeed quite different from what it was even a decade ago. While psychotherapy and the various types of physiotherapy and occupational therapy still have their place, the present day treatment of the acute psychoses and, indeed, the treatment and management of many of the more chronic types of mental disorder has been revolutionized through various methods of altering the body physiology through the various types of insulin and electro-shock treatments and their combinations.

The use of psychosurgery was introduced into our clinical work in 1940. This operation—called the bilateral prefrontal lobotomy— is now finding a wider and more general application, especially in the more protracted or chronic types of mental disorder. While the foregoing types of treatment have been in the past considered as somewhat experimental, they have now been quite generally accepted, even though they are still applied on a somewhat empirical basis.

Because of the profound changes produced by these methods in the individual physiology of the patients receiving them and thus producing a reversal of the psychotic or emotional symptoms, these changes have offered an excellent example of psychosomatic relationships. The opportunity, therefore, for psychiatric and physiological and psychological research studies into the more precise nature and significance of these changes are ample and considerable. These opportunities have been utilized by Dr. Frederick Wyatt, Chief of our Psychology Department, as well as by others on our clinical and research staff. Electroencephalographic studies are being carried on by Dr. Paul Jossmann.

Our Clinical Psychiatric Staff have been unusually active in the study of treatment of large numbers of patients whose stay in the hospital is often only a few weeks and at most a few months. Dr. Mark Altschule, who has for the past two and a half years been working with us in a study of the physiological changes produced during convulsions, has already recorded and published many articles, with other clinical staff members, on these observations and changes. We are fortunate and pleased, and we know that our friends in the General Hospital will be glad to know, that Dr. Altschule has just been appointed Director of Internal Medicine and Clinical Research in Physiology at the McLean Hospital and he will continue with us on a full-time basis beginning June 1, 1947.

While the war cut into some of our research projects and took many of our psychiatric staff, including all of our residents, we are now glad to have a full quota of residents and a complete psychiatric staff, as far as physicians are concerned. We are still handicapped by a shortage of nurses, thus preventing us, even at this late date after the war, from opening up one of our largest buildings—the Proctor Home—where we can care for about forty male patients. There are cottages and other wards still closed, so that we have the capacity for fifty additional patients whose care and treatment is denied at this hospital because of the nursing shortage. This must sound familiar to everyone.

One of the great advances we did make during the war was the actual establishment and building of a Scientific Research Department for the study of Brain Chemistry. These laboratories were opened about a year ago and are under the direction of Dr. Jordi Folch-Pi, an outstanding biochemist, formerly attached to the staff of the Rockefeller Institute. Dr. Folch is assisted by Dr. Alfred Pope and a large staff of technicians. The work of this Institute will undoubtedly throw great light on our clinical problems and add materially to the fundamental knowledge of mental disorders.

Thus, we have today at the McLean Hospital a very active treatment and investigative center. At the same time, the hospital provides excellent care for a group of patients who, because of the particular nature of their mental and physical illness, require continuous treatment and care under institutional direction. With the development of our research and treatment facilities and through the application of more scientific knowledge which we hope to gain, it is quite possible this latter group of continuous or chronic patients may eventually be further diminished, since we have in recent years improved and cured many patients who were essentially continuous treatment patients and considered chronic.

Kenneth J. Tillotson, M.D.,
Psychiatrist-in-chief

Dr. John W. Perry is leaving the first of June, and in September goes to Zurich, Switzerland, on a Rockefeller Foundation fellowship.

Commencement exercises were held in the Samuel Eliot Memorial Chapel on May 7 for the nineteen members of the graduating class of the McLean Hospital School of Nursing. The ceremonies included the invocation by Rt. Rev. Robert P. Barry, an address by Rev. Michael J. Ahern, S.J., a report of the school by Miss Margaret C. Tibbetts, Director of the School of Nursing and Nursing Service, songs by the Glee Club, directed by Homer Whitford, and organ music by Helen Borngesser. Mr. Ralph Lowell, Chairman of the McLean Hospital Committee, presided, and Dr. Tillotson announced the names of the graduates.

An outstanding feature of the program was the presentation of the Wetherill Award to Mr. Frederick M. McConnell. This award is given to the student who has most consistently shown a spirit of thoughtfulness for others throughout his course of study or has most noticeably developed this characteristic while in the school. Dr. Wood made the presentation.

* * *

A letter to Dr. Churchill from Paris, France, dated 18 December 1946, notifies him that he has been made Associé Etranger of the Académie de Chirurgie. The letter was signed by Professor Jacques Leveuf, Secretary General.

A similar letter, from Bruxelles, Belgium, dated 26 January 1947 informs Dr. Churchill that he has been made Membre Associé Etranger of the Société Belge de Chirurgie. This letter was signed by Professor Paul De Moor, Secretary General.

* * *

The hospital has received, in memory of Mrs. James J. Storrow, a beautiful estate in the town of Lincoln, eighteen miles from Boston. It is planned eventually to use the main house for a Convalescent Home. In the meanwhile, it is available to nurses, dietitians, physical and occupational therapists, and other groups of female personnel for outings, picnics, suppers, etc. A limited number can be housed over night.

Anyone wishing to take advantage of this opportunity will please make application at Dr. Thorndike's office.

Men guests will be welcome, but may not stay over night.

* * *

LOST

One microscope slide box—a 100-slide box, numbered 70 on the outside—containing neuropathological sections. Please return to Dr. Stanley Cobb, or telephone any knowledge of its whereabouts to him at Extension 800.

While in Boston to give his five Lowell Institute lectures on diseases of the liver, Professor Harold P. Himsworth of London has been the scholar in our midst at the M.G.H.

Acceding to a request of Dr. Means, he made the ward round one morning on the East Medical Service and, on another morning, on the West Medical Service. The visiting physicians were asked to absent themselves on these occasions so that the house staff and students could have Professor Himsworth entirely to themselves. According to all accounts, the project was a great success. Discussion was uninhibited, and all present profited greatly by the experience. Professor Himsworth also very generously participated in many of our activities—grand rounds, thyroid clinics, G-I rounds, etc.

Harold Percival Himsworth, M.D., F.R.C.P., is Professor of Medicine in the University of London, and Director of the Medical Unit at the University College Hospital. He rose to fame in research first in the field of diabetes and the hormonology of insulin. During the war he became interested in the liver, because of coming in contact with cases of TNT poisoning in munitions plants. There followed a brilliant series of researches on the pathogenesis of liver lesions, the results of which were set forth in his recent lectures. On the side, he has made valuable clinical observations on the antithyroid drugs.

Professor Himsworth leaves us wiser and better for his visit. He has earned our affection and gratitude.

J. H. M.

On May 5, the Surgical Department was host to fifteen surgeons from the Ambrose Paré Surgical Club of France. The group made the trip to this country by air without mishap, although poor weather and difficulty with the landing gear introduced a few exciting moments. Prior to their arrival at M.G.H. they had expressed a preference for observation of surgical procedures and technique. The entire forenoon, therefore, was spent by them in the operating rooms of the White Building, where they observed induction of anesthesia and the surgical procedures of Drs. Allen, Churchill, Sweet, Barr, J. C. White, and Aufranc. Many of the group returned for another morning here. During their week's stay in Boston they visited also the Lahey Clinic and the Children's Hospital. They plan to include a number of American medical centers in their itinerary this year.

The group included Drs. Jacques Baranger, Le Mans; Tierny, Arras; Vialle, Tours; Boutron, Nugent le Rotrou; Luzuy, Blois; Bompart, Paris; Michel-Béchet, Avignon; André Béchet, Avranches; Mutricy, Alencon; Bureau, Nantes; Graffin, Romilly; Mazingarbe, Montargis; Grinda, Nice; Stérin, Arras; Dupertout, Le Mans.

Dr. James M. Faulkner (*EM* 1925) has been appointed Dean of Boston University School of Medicine, effective June 1, 1947.

Dr. James T. Heyl (*WM* 1939) has been appointed Medical Director of Phillips Exeter Academy. During the past year Dr. Heyl has been an assistant in the Department of Bacteriology and Immunology at Harvard Medical School, with a clinical affiliation at Peter Bent Brigham.

* * *

A conference of clergy and psychiatrists was held in Washington on March 17 and 18, under the auspices of the Institute of Pastoral Care and the M.G.H. Representing the Hospital and the Institute on the program were Erich Lindemann, M.D., and Rev. Rollin J. Fairbanks, both of whom spoke on "Clinical procedures of coöperation between the psychiatrist and the clergyman".

The Institute of Pastoral Care announces the election of two new Associate Directors—the Reverends James H. Burns and Henry H. Wiesbauer. Mr. Burns was also appointed an Associate Protestant Chaplain, after having completed a year as Clinical Fellow with the Institute. Mr. Wiesbauer is Director of the Pastoral Counseling Center, a non-denominational counseling service, sponsored jointly by the Institute and the Cathedral Church of St. Paul.

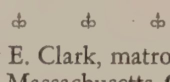
* * *

Miss Mary E. Clark, matron for twenty-one years at Massachusetts General Hospital, died in Plattsburg, New York, on April 13.

Many of our Staff, including Dr. Washburn, Dr. Faxon, and Dr. Means, remember Miss Clark very well. Dr. Faxon recalls how she used to carry a large bunch of keys dangling from a chain round her waist, very much as did those who, in similar positions in feudal times, were known as chatelaines.

Ill health brought to an end her long and faithful service at Massachusetts General. After her recovery she was induced to accept the position of housekeeper at the newly-opened Physicians Hospital in Plattsburg, where she stayed until failing health again forced her to resign. At the age of 75 she had devoted 40 years to hospital work.

Miss Clark was 85 years old at the time of her death.



The Board of Trustees, at their April 18 meeting, voted:

To accept with regret the resignation of Dr. Erna G. Anderson from the position of Assistant Physician to the Children's Medical Service;

That Drs. James M. Baty, Richard C. Eley, Henry E. Gallup, Robert N. Ganz, Gerald N. Hoeffel, Warren R. Sisson, Richard M. Smith, and Lendon Snedeker be appointed as a Consulting Staff in Pediatrics in order that they may be called in by the Obstetrical Staff for the care of the newborn;

To appoint Drs. Jarrel G. Burrow and Howard W. Woodbury as Dental Interns for the period of one year, beginning July 1.

At their meetings on April 16, 23 and 30, and on May 7, the General Executive Committee voted to promote:

Dr. Ernest Craige to the position of Resident in Medicine, effective as of October 15;

Dr. Royal Schaaf to the position of Resident in Medicine, effective as of January 1, 1948;

Dr. Donald P. Todd to the position of Resident in Anesthesia, effective May 1.

At the same meetings the General Executive Committee voted to appoint:

Dr. Sidney W. Cohen as Graduate Assistant to the Children's Medical Clinic;

William L. Money, Ph.D. as Research Fellow in Medicine;

Dr. Francis F. Rundle as Research Fellow in Surgery, beginning May 1;

Morris Soodak, Ph.D. as Research Fellow in Biochemistry, beginning March 1.

* * *

Excerpts from the April *Baker Memorial News Letter*:

PROMOTIONS: Miss Margaret Meenan is the new O.P.D. supervisor, succeeding Miss Campbell. Miss Evelyn King, now head nurse on Baker 8, will be the freshman admitting officer.

PENICILLIN: Does penicillin require a constant level of concentration in plasma to be effective, and how often must it be given to maintain its effectiveness? At first it was given every two hours, now three-hour intervals are more commonly used, and at least one Staff member thinks every four hours is effective. If he is correct, the longer interval offers an opportunity for saving nurses' time. The difference amounts to two boilings of the syringe and needle—six times per 24 hours instead of eight. Multiply that by the number of patients on penicillin and you have a substantial result. But if it impairs the efficacy of the remedy, we do not want it.

Another suggestion about penicillin has to do with the method. We have seen many patients in the hospital who were here only because they got the needle-medicine every two or three hours day and night. For oral use there were methods of buffering penicillin against gastric acid, but it took a lot of it, and at $5.00 per 100M units it ran into big money. The price is now down to a figure where oral dosage costs less than the i.m. solution did, and it may not be economical for a patient to hire a room in a hospital just because his doctor can turn him into a human pincushion more conveniently there than at home. But again we come back to the criterion of greatest weight: is it as efficacious? If anyone knows, we would like to have the benefit of his observations.

ELASTOPLAST has lately come into considerable favor for holding dressings on. It does a beautiful job, but it is moisture resistant and does not show staining. Eventually, drainage of the dressing establishes itself by creeping along under the adhesive. In case of abdominal dressing the leakage shows up under the patient as a spot on the sheet. It is necessary to turn the patient to detect it. Pupil nurses are taught to look at dressings frequently. If a spot shows, they outline it with ink so they can distinguish any increase in extent next time they look. A hole in the elastoplast could reveal spotting but might not permit estimation of its extent. Turning a postoperative patient every twenty to thirty minutes seems rather strenuous. Furthermore, by the time the ooze shows up underneath, the dressing may be thoroughly soaked. This looks like a real problem. Will the surgeons please take it from here?

BEDS OPENED: About one-third of the eighty beds closed in the General Hospital last fall have now been opened by the use of subsidiary nursing personnel. They are trained to work under the supervision of graduates, especially on the evening and night shifts. The basic idea is not new, but its application on its present scale is new to us and most helpful. These employees require training, as there are few, if any, trained candidates for the jobs. That is why the process of opening is only gradual.

EASTER GIFT: In 1945 their child had become anaemic. Upon seeking advice they were told that medical science could not give any hope of permanent improvement. What their feelings were as they stood by helplessly watching for the inevitable outcome only the parents of an invalid child can know. But with all their grief they had room in their hearts for pity, and they planned a glorious memorial. Their letter to the New England Eye Bank, dated in January 1946, says in part:

> Our little girl . . . , age 9, is at present under the care of Dr. . . . , and is suffering from a fairly advanced case of Bright's disease. We cannot now foresee even the approximate date of her death. However, we wish by this letter to record our desire to donate her eyes to you when the time comes at which she will have no further use for them. . . . It is highly probable, in fact, as nearly certain as anything can possibly be, that her death will take place in the Massachusetts General Hospital. . . . We shall assume that you will arrange the necessary operation at the proper time.

More than a year after the letter was written the time came, and their instructions were carried out—on Easter Sunday.

Charles L. Clay, M.D.,
Assistant Director

DERMATOLOGY DEPARTMENT

An extra Staff Meeting was held in April, to carry on further discussion of dermatologic formulas for the new revision of the MGH Formulary. Several interesting cases were shown at the last meeting; and Dr. Perley, Senior Resident, gave a statistical analysis of cases hospitalized on Ward G during 1946. The following is a summary of his data:

A total of 209 dermatologic cases were admitted for an average stay of 26 days. In order of frequency, the 10 most common conditions were contact dermatitis, stasis dermatitis, atopic dermatitis, infectious eczematoid dermatitis, psoriasis, seborrheic dermatitis, exfoliative dermatitis, erysipelas, herpes zoster, and pemphigus. The variety of cases included 42 diagnoses. Patients with pemphigus required the longest period of hospitalization, and those next in order were dermatitis gangrenosa, exfoliative dermatitis, mycosis fungoides, dermatitis herpetiformis, atopic dermatitis, erythema induratum, seborrheic dermatitis, psoriasis, and stasis dermatitis.

During the year, 140 cases of syphilis were also hospitalized on Ward G. The average period of hospitalization per case was 11½ days. These included 25 patients with primary syphilis, 30 with secondary syphilis, 24 with latent syphilis, and the remainder of assorted types.

Thus, the total number of admissions for Ward G in 1946, including all cases, was 349 patients, with an average stay of 20 days per patient. This gave 90.5% bed occupancy for the year for the available bed facilities on Ward G.

Dr. William E. Flood (*r.p. D* 1942) recently paid us a short visit. He is now engaged in a very active practice in Ft. Worth, Texas.

Mrs. Mary Jane Romero, for 30 years a technician in our department, is back home after a year's visit in Scotland. She is returning to M.G.H. as a member of the Blood Bank staff.

The weekly postgraduate conferences for residents and graduate students have continued throughout the year and will terminate this month.

In addition to the citations already mentioned in The News, the following have been received:—

[We are departing, in this instance, from our usual policy of publishing articles from or about MGH-ers, only. Because of Dr. Howard's long and close association with the hospital, we are including this citation received by his son. *Editor*]

Col. Charles P. Howard (son of Dr. Herbert B. Howard, Director at M.G.H., 1897—1908)—Legion of Merit . . . Colonel Charles P. Howard performed exceptionally meritorious services with Headquarters, United States Forces in Austria, from May 1945 to August 1946. As Deputy Regional Military Government Officer, then Acting Chief of the Plans and Operations Division and later as Deputy Chief of the Policy Branch, Executive Division, United States Allied Commission, Austria, he applied his broad practical experience in government planning and public administration to the problems of Austria with exceptionally keen insight, mature good judgment, and unfailing industry. His efforts were a notable contribution to the accomplishment of this Commission.

Colonel Howard was recommended for this decoration by General Mark W. Clark, Commander-in-Chief, U. S. Forces in Austria. It was presented through Major General McBride, Commanding General, First Service Command. [Colonel Howard had previously received the Bronze Star Medal for meritorious service against an enemy of the United States during the war.]

Col. Charles P. Sheldon, MC (*ES* 1931)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services in the Southwest Pacific Area, from 4 June 1942 to 25 January 1945, and from 7 March 1945 to 18 June 1945. As Medical Supply Officer, 105th General Hospital, in Australia, Colonel Sheldon served with outstanding merit in directing the unloading of 84 carloads of fragile equipment from the holds of several ships and in arranging for its safe and expeditious transshipment by rail and truck to Gatton, Queensland, 60 miles away, where the hospital was established. His marked administrative capacity was demonstrated to conspicuous advantage as he assumed the posts of hospital Adjutant and later, Executive, and most skilfully coordinated all interdepartmental functions and planned and developed many vital activities which did much to insure the success of the hospital and maintain the military efficiency of its personnel. Subsequently, as Chief of Hospitalization, Office of the Surgeon, Advance Section, later Intermediate Section, United States Army Services of Supply, his conspicuous professional knowledge, organizational ability, and exhaustive studies were readily reflected in the noteworthy manner in which all medical requirements of both a constructional and operational nature were met for the entire New Guinea Area. In commanding the 116th Station Hospital, his distinctive services achieved remarkable results, as twice the normal capacity of patients were efficiently treated at a time when bitter combat was occurring nearby. Finally, as Chief of the Hospitalization Section, Office of the Chief Surgeon, United States Army, Pacific, he completely and effectively reorganized, coordinated, and supervised the hospitalization program for the Southwest Pacific Area, providing for the rapid establishment of fixed hospitals with outstanding economic and logistic practicability. By his inspiring leadership, exceptional ability, and unremitting devotion to duty, Colonel Sheldon was in large measure responsible for the successful accomplishment of many complex and important medical activities in the Southwest Pacific Area. . . . Awarded by the Commander-in-Chief, United States Army Forces, Pacific.

[For decorations received by Col. David Bruce Dill (*res. fel. M* 1925-27) and Lt. Albert J. Stunkard (*EM* 1946), *see* letters from them which appear elsewhere in this issue. *Editor*]

New addresses:—

Dr. Richard B. Capps (*CM* 1931 & *EM* 1933), 1215 East 56th St., Chicago 37, Ill.
Dr. Richard S. Dodge (*r.s. Or.* 1946), c/o Dr. R. Nelson Hatt, Dillingham Bldg., Honolulu, T. H.
Dr. Joseph D. Enterline (*ES* 1943), Box 381, Millwood, Wash.
Dr. John R. McDaniel (*ES* 1940), 102 Tocoma Circle, Asheville, N. C.
Dr. Fred W. Ogden (*Oto-Lar.* 1942), Cravens Bldg., Fayetteville, Ark.
Dr. William Parson (*r.p.* 1942), Ochsner Clinic, New Orleans, La.
Dr. Ellsworth H. Trowbridge, Jr. (*r.p. N* 1940), 1406 West 50th St. Terrace, Kansas City 2, Mo.

Brief bit:—

Dr. Robert L. Mason (*WS* 1924) finished terminal leave last February, with the rank of Colonel. His address is 17 Allen Road, Wellesley Hills, Mass.

Dr. Hugh Montgomery (*EM* 1932) was promoted to Commander before his release from the Navy. A short note from him says:

> I returned from Guam in November 1945, started terminal leave November 29, and ended terminal leave on March 1. For the past several months I have been back in consulting practice in Internal Medicine, with office in the Hospital of the University of Pennsylvania.

Will any of us ever forget that letter from Dr. Montgomery which was published in the November 1945 News!

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. John Nicolacopoulos, Professor of Ophthalmology at the University of Athens, Greece, was recently a visitor at the Infirmary. Dr. Nicolocopoulos spent the day observing operations and procedure with patients in the Eye Clinic.

Dr. Lyman G. Richards has been elected President of the American Laryngological, Rhinological and Otological Society, and Dr. John R. Richardson and Dr. Edgar M. Holmes have been made members of the Society.

Dr. Philip E. Meltzer has been appointed a Director, and Dr. Lawrence R. Boies an Associate of the American Board of Oto-Laryngology. Dr. Boies was a resident in Oto-Laryngology at the Infirmary in 1931.

Dr. LeRoy A. Schall has been invited to give a series of lectures in July and August before oto-laryngological societies in Rio de Janeiro, Buenos Aires, Santiago (in Chile), and Lima, Peru.

At the April meeting of the American Laryngological Association, Dr. Harris P. Mosher was elected to Honorary Fellowship and also received the Newcomb Award in recognition of his scientific achievements.

Dr. Frederick H. Verhoeff has been invited to give the Centennial Address at the Section of Ophthalmology, on the first day of the American Medical Association's Centennial Celebration at Atlantic City, June 11.

Others on the Centennial program from the Infirmary staff are: Dr. Garrett L. Sullivan, who will be one of the leaders of the discussion after a paper later in the afternoon of June 11; Dr. LeRoy A. Schall, who will give a paper with lantern-slide demonstrations on "Malignant growths of the sinuses" during the Section on Laryngology, Otology and Rhinology; and Dr. Philip E. Meltzer, who will open the discussion following Dr. Julius Lempert's talk on the fenestration operation.

The Neurological-Ophthalmological Conference for the presentation of interesting cases is held on the first Thursday of the month in the Ether Dome at M.G.H. from 9:30 to 11. All members of the staff are cordially urged to be present.

Dr. Isaac M. Taylor, one of our Medical Residents, has received a long and interesting letter from Lt. Albert J. Stunkard, MC, AUS (*EM* 1946), from Sugamo Prison, Tokyo, Japan, APO 181, c/o Postmaster, San Francisco. An excerpt from the letter reads:

> As to my doings, I worked for three months in Tokyo at the 361st Station Hospital which is the Neuropsychiatric Hospital in Japan. It was excellent work, under a competent psychologist, and I learned a great deal. About three months ago I got the chance to come out here, which I took, and I am glad I did. Many of my experiences, while not much compared with rounds in the Bulfinch, are probably good for the soul. I am "rodent control officer", consulting engineering expert on our biweekly suicide attempts in the prison, malingering expert, and popularizer of Buddhism among flagging spirits in the prison.

Enclosed with the letter was a copy of a weekly publication, *The Sugamo Jaily Mail*—one of the most attractive Army newspapers we have seen. Every article in the issue was good reading; but one, entitled "A thumbnail sketch of prison records" will give Lieutenant Stunkard's friends a mental picture of his present setup. We quote:

> A casual glance at the office of Prison Records at 0800 in the morning would disclose just another well functioning office. At 0830 the first of the interrogators and visitors arrive, and from then until 1600, the office is a beehive of activity.
>
> There are many interesting phases of work in the Prison Records Section, but I believe the most interesting jobs are on the Pass and Interrogation Desk. . . . The men who work there are picked for their ability to meet the public, and they have many problems. In the course of a day they come in contact with all nationalities. The Japanese nationalists, with their colorful kimonos and strange customs, and the legal minds of many nations—Russia, France, Great Britain, Netherlands, China, India, Japan, and America—can be seen daily as they come and go from their very important job of interrogating the war criminals. The colorful display of uniforms from the different nations reminds one of the national settlement in Shanghai before the war.

And then—best of all—the following:

> ### COMMENDATION
>
> Recently a commendation was received by one of our Officers here at Sugamo—our Medical Officer, Lieutenant Stunkard.
>
> Lieutenant Stunkard was praised for his devotion to duty in caring for patients, regardless of race or ideology. The commendation was endorsed by Colonel Crary and General Bethea, Chief Surgeon, GHQ.
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> This commendation was initiated by a highly lauditory letter from one of the suspected war criminals now incarcerated at Sugamo. The letter cited many exemplary deeds enacted by Lieutenant Stunkard.
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> The following is quoted from a letter of endorsement from General Bethea to Lieutenant Stunkard. "I wish to add my personal appreciation for the devotion to duty demonstrated by the medical officer concerned. Please convey to him my thanks and appreciation."
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> The conduct of Lieutenant Stunkard is an excellent example of the devotion to duty which should be a part of every soldier's life. Both as a soldier and a medical man, he has shown those qualities which are necessary for a successful occupation and an efficient postwar army.
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> A unanimous vote of praise is due Lieutenant Stunkard from the entire command. He reflects the high standard of efficiency so vital to the operation of Sugamo Prison.

Although Dr. David H. Clement is not an MGH graduate, he is known to many of our hospital family because of his work here while he was a third-year student at H.M.S. in 1934; and during the war a letter from Dr. Grantley W. Taylor listed him among the many MGH-ers in Naples. Dr. Clement writes, from 158 Whitney Avenue, New Haven 11, Connecticut:

> Since last October I have been engaged in the practice of pediatrics here in New Haven, and am teaching pediatrics at the Yale Medical School. I am also active in the hematologic problems of children.
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> Before the war I practised pediatrics in Buffalo, and during the war I served in the 23rd General Hospital in the Army—a unit affiliated with the Buffalo General Hospital. Overseas I was fortunate enough to encounter MGH graduates in Africa, Italy, and France.
>
> During that period away from this country THE NEWS was received regularly and was especially appreciated by those of us overseas. Dr. Bill Beckman, I believe, was responsible for my being introduced to THE NEWS.

About a year ago we reported a new address for Dr. Ira Dixson (*WS* 1930). From the same address—Arneill Clinic, 100 Metropolitan Building, Denver 2, Colorado—has come this nice letter from Dr. Dixson.

> It must be an awful headache trying to get news out of such retiring and introverted alumni as myself. Your polite request has caught me in an unguarded and soft moment.
>
> My military service extended from November 1942 to January 1946. There was nothing exceptional about it. I had only two posts, which from my wife's point of view, at least, was just as well. After preliminary training at Miami Beach, I was Chief of Medicine at the Station Hospital at Peterson Field, Colorado Springs, from January 1943 to January 1945, and then learned how fortunate I had been after I was transferred to the Regional Station Hospital at Salina, Kansas, where I was Chief of Medicine from January 1945 to January 1946. I attended the School of Aviation Medicine at Randolph Field and got my Flight Surgeon's wings as sort of a side line to my main job. In September 1945, I received a Certificate of Commendation from the Commanding General of the Second Air Force. The Commanding General has, obviously, never caught up with my real self.
>
> The one distinctive thing about my military career was that thirteen months after I began terminal leave, I was promoted to Lieutenant Colonel, having worn a Major's leaves from 1942 to 1946. This made no impression on my children.
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> After my two years in Colorado Springs, it suddenly dawned on me that there was some election about where we were to live. Since the war had upset the family moderately, I thought I would upset it still further by beginning a new postwar practice in Denver—first, because I liked Colorado, and second, because I wished to be in a larger community than Stockbridge, Massachusetts, so that I could better stick to my specialty of Internal Medicine. I was extremely fortunate in becoming associated with a group of six others, headed by Dr. James Arneill, Sr., the only other internist in the group. He is the greatly beloved Professor Emeritus of Medicine of the University of Colorado Medical School here in Denver, and he still plays winning golf at 78 (his age, not his score).
>
> After over a year of practice in my new venture, I find myself happy and enthusiastic about it. Elizabeth and I must be getting

old, for three of the children are old enough to be away from home. We just have Molly, now six, with us. We live at 668 Gilpin Street, and I hope any alumni of the Hospital will be kind enough to let me know when they come my way.

Now this ought to hold you for quite a while.

Dr. David Bruce Dill was a Research Fellow in Medicine at M.G.H. from 1925 to '27. In reply to our inquiry as to his military career and present activities, Dr. Dill has given us the information in this concise form, which could well be used as a pattern by all our alumni who served with the armed forces. Such a brief yet complete summary from each of you would make a very valuable addition to your war record—which record the office of The News has tried to make as complete as possible for every alumnus. Here is Dr. Dill's record:

Jan. 6, 1941—Accepted appointment as Major, Specialist Reserve.

Feb. 3, 1941—Assigned to active duty as Major AC, Aero Medical Laboratory, Wright Field, Dayton, Ohio.

Duties consisted of planning and directing physiological research on man in flight, including the evaluation of aviators' oxygen equipment, clothing, and special rations.

Commended by Commanding Officer for "the conscientious and efficient manner in which you performed the duties assigned you as the first Chief of the Physiological Branch, Aero Medical Laboratory, Engineering Division. Your unusual devotion to duty, your attention to details and perseverance and capacity for accomplishment of arduous tasks contributed in great measure to the prestige of this Laboratory. It is desired to particularly commend you for your investigations of high altitude physiology and the early organization of a sound research program in this Laboratory. Your recognition of the problems resulted in an accomplishment of which I am justifiably proud."

July 1, 1942—Promoted to Lieutenant Colonel, AC.

Apr. 8, 1943—Transferred to QMC.

Apr. 30, 1943—Assigned as Chief, Special Forces Section, Research and Development Branch, Office of the Quartermaster General.

Aug. 14, 1943—Assigned as Assistant for Product Analysis, Research and Development Branch, OQMG.

October—December 1943 — Observer for OQMG in North Africa and Italy. Military Observer on temporary duty with Air Transport Command, Central and Southwest Pacific Areas.

March—October 1945—In charge of QMC Technical Intelligence Mission to Germany.

June—October 1945—Chief Technical Intelligence Branch, Office of Theater Quartermaster, Frankfort, Germany.

Dec. 3, 1945—Began terminal leave.

Jan. 8, 1946—Promoted to Colonel, QMC.

Jan. 30, 1946—Awarded Legion of Merit, cited Headquarters, Army Service Forces for "significant contributions to the scientific progress of the United States Army. His achievements materially aided the war effort and will be of lasting peacetime benefit."

March 1946—Awarded Army Commendation Ribbon by the Quartermaster General, Major General T. B. Larkin—"Your service with the Quartermaster Corps has been exceptional . . . and I wish to commend you for your outstanding contribution."

May 1946—Awarded Army Commendation Ribbon by the Air Surgeon, Army Air Forces —"Colonel Dill's major accomplishment was his application of scientific methods currently used in the fields of respiration physiology, heat regulation and nutrition to the development of AAF personal equipment. As a result of his effort, initiative, and devotion to duty, this officer has contributed much to the Army Air Forces."

Dr. Dill adds that he left the Harvard University Fatigue Laboratory along in January, to become Civilian Scientific Director of the Medical Division, Army Chemical Center, Edgewood, Maryland—his new address.

Dr. Mark Exley (*r.s. U* 1938) served in the armed forces for the duration of the war. He was for a long time with U.S.P.H.S., attached to the Coast Guard, acting as Chief of a Urological Section, with stations to make up and down the Middle Atlantic coast. From 209 West York Street, Norfolk 10, Virginia, he writes:

I have been busy as a bee since being released from the Service. I was a Commander in the U. S. Coast Guard, attached to the U. S. Marine Hospital in Norfolk at the time of my release.

Went to Amarillo, Texas, with a group in Urology, but left after two and one-half months, as that part of the so-called "super colossal" state did not appeal to me. Have been practising Urology here in Norfolk for over a year.

The monthly copies of The News are certainly very interesting, and I hope they will continue to come.

A letter from Paris during the war, followed by his home address—2007 Wilshire Boulevard, Los Angeles 5—and now this note from Dr. Lewis Cozen (*Or.* 1938).

It is very interesting to watch the progress of our former colleagues and teachers through The News.

During the past year I have acquired a wife, an apartment, and an office. The change back to civilian life after a five-year stretch in the Army has been hectic but pleasant.

There are a number of orthopedists here from M.G.H.—Vernon Thompson, Francis McKeever, John Wilson, and Fred Ilfeld.

Dr. Joseph P. Holihan (*ES* 1943) has returned home. His present address is 30 Morton Street, Andover, Massachusetts. He writes:

I arrived back in midsummer, after eighteen months in the ETO. The last four were spent in very pleasant fashion in Paris, albeit I was a dermatologist at the time. The rest of my military career was a repetition of that of thousands of others, and merits no special comment.

At present I am thoroughly enjoying a prolonged vacation.

This "first' reached us via Dr. Means, to whom it was written. It is from Lt. Richard W. Greene, MC, AUS (*M* 1945). His address is 61st Station Hospital, APO 782, c/o Postmaster, New York, N. Y.

It has now been over a year since I talked with you when I was in Boston completing my National Boards. I wish again to express to you my gratitude for the fine medical training I received while interning at M.G.H. It is something which is appreciated more and more after one leaves there. Though the time was shortened slightly, due to the war, nevertheless I think we benefited from that because of the added responsibility we had. My nine months at the M.G.H. will certainly always be remembered as one of my most enjoyable, as well as one of my most intensive, experiences. I look back now with pleasure to the first three months when Bob Berg, my Resident on B-6, suffered with my inexperience, though he always continued to be understanding and encouraging. At the time, I was more scared than humored. Please give my best to my "visits", all of whom I enjoyed very much: Drs. Aub, Richardson, Jones, Fremont-Smith, and Pittman.

My medical residency at the University Hospital in Syracuse continued to be excellent. The quality of medicine was always Grade A. Needless to say, the training you and Dr. Rawson gave me on the thyroid, and Drs. White and Williams on the heart, afforded me an added advantage and was especially valuable for the two afternoons per week when I taught third year students. All my "attending" men there were American Board men, and two were exceptional—Dr. E. C. Reifenstein [*res. fel. M* 1940] and Dr. Charles Hitchcock. During my last four months there I again had contact with Harvard, as Dr. Westerfeld, who had been Assistant in Biochemistry at Harvard, came to Syracuse as Professor in Biochemistry and brought two assistants with him— one from Dr. Cohn's laboratory and one from the nutrition lab.

After leaving Syracuse in April, I was activated into the Army in May 1946. At this time the 9-9-9 plan had been abolished, so I had no opportunity for a full residency. My first assignment was to receive basic training at Fort Sam Houston in San Antonio. During the five weeks I was there I saw several MGH graduates, including Joe Gardella, Richmond Holder, Lytt Gardner, Jim Judd, and John Wilson. Besides these, there were many Harvard classmates of mine there.

After finishing my basic course, I was immediately assigned overseas and arrived in Italy, via a Victory ship, the first week in August. I was assigned at once to the 61st Station Hospital here in Leghorn—a 500-bed hospital—as Chief of the laboratory. I had 12 men under me and I was responsible for all the laboratory work, including bacteriology, serology, clinical pathology, and biochemistry. Besides, I was considered the pathologist, performing all autopsies and doing the microscopic tissue work. Although I was not qualified for this type of work, I did the best I could and learned considerable which will be of use in civilian medicine. I averaged about four autopsies per week. If proper instruction had been available it would have been even more worth while.

After three months in the laboratory, a trained pathologist arrived to take over the lab, and I was glad to get back into clinical medicine. In October I was assigned my present position—Dispensary Officer of the Headquarter's Dispensary in Leghorn. This dispensary is unique as far as Army dispensaries go, in that there is an opportunity to practise considerably more medicine than most dispensaries see. I service 4500 troops, and though there are the usual colds, boils, athlete's foot, and venereal disease, there is also a good scattering of medical diseases such as pneumonia, hepatitis, rheumatic fever, asthma and other allergies. Unfortunately, thyroids and diabetics are rare. Besides the troops, I also am "family doctor" for 700 dependents in the area, which gives me experience with older age groups, females, and children. The position can be summarized as giving good general practice.

My wife and child arrived in November and we are comfortably settled in an apartment adjacent to the dispensary. I have seen a good deal of Italy, including several trips to Pisa, Florence, and Siena. I spent a week in Udine and a week end in Venice and Lido, and have flown over Rome and Naples. In January we are going to take a trip to Switzerland.

The Italians are in a state of surprisingly good health, except for a steep rise in T.B. rate. However, the suffering described in the newspapers I have yet to see. One can easily learn enough Italian in a few weeks to be able to buy in their shops, which contain more consumer goods than in the U. S.

There are three Harvard boys at our hospital —James Stewart, who interned at M.G.H. last year; Ted Groff, who interned at P & S in New York City; and Bob Ray, who was orthopedic resident at Children's in Boston. All the other medical officers are a good group (18 in all), and all have had about the same amount of training as myself.

Because my position leaves considerable free time, I've been able to review a good deal of medicine and also I'm taking an extension course in differential equations from the Uni-

No. 3 in a series of Staff photographs
Dr. James H. Means—Chief of Medical Services
With Dr. Means is Professor Harold P. Himsworth of London

versity of Chicago—mathematics being one of my hobbies.

Although I've been well treated in the Army, I am looking forward with great anticipation to my day of discharge, which at present is in the spring of 1948. It may come sooner, depending on political developments. It will certainly seem good to be back in civilian medicine again.

This letter from Dr. Donald M. Glover (*WS* 1922) epitomizes his activities with the 4th General and lauds the fine work done by members of the 105th.

I was somewhat impressed by the effectiveness of your "ear to the ground department" which welcomed me back to civilian life about a day ahead of my release. Much appreciated, anyway.

For the record: I was CO of the 4th General from early 1945 until all the members of the affiliated group were sent back in October. I also worked in the Chief Surgeon's Office in Manila for four months, until I left there in December—almost 47 months after leaving the U.S. I then worked in the Office of the Surgeon General until I was released on 3 February 1946. Collected an unmerited Legion of Merit in Manila.

It was my good fortune to see a good deal of the members of the Harvard Unit (105th) while over there—especially Thorndike, Cave, Eppinger, Harrison, Branch, Marks, Rowe, and Campbell, all of whom performed distinguished service in that Theater. The 105th was certainly one of the outstanding hospitals over there, and many of its members distinguished themselves with other units and headquarters.

I am now back at the old stand, 10515 Carnegie Avenue, Cleveland, Ohio, trying to pick up loose ends and make a living again.

We hope this letter from Lt. Joseph A. Elliott, MC, AUS (*M* 1945) will prompt more of our younger alumni who have gone into military service to write us about their experiences since donning the khaki or blue.

After my two months at Carlisle in the 69th OTB, I was sent down to Moore General Hospital at Swannanoa, North Carolina, which was a mistake somewhere high up in the Army because it was only 120 miles from my home in Charlotte. However, they soon found out about this and rectified their mistake by sending me back to Pennsylvania. At Moore General I had six weeks in wards filled with patients with tropical diseases. Since most of them were well on the road to recovery, my duty was mostly administrative.

From Moore I went to Indiantown Gap, only 40 miles from Carlisle, so I was more or less familiar with the country. I spent six months there working in the separation center, attempting to do ear, nose, and throat work, for which my qualifications were doubtful. I got one short break in the monotony by being sent down to Walter Reed Hospital on temporary duty, only to end up doing physical exams on West Point applicants.

I managed to get shipped out of there just before they closed the doors, and moved a little closer to the bright lights. I arrived at Fort Meade, Maryland—yes, you have guessed correctly — separation center work. However, the duty was a little more interesting, since for the first six weeks I worked mornings at the separation center doing dermatology and VD and spent the afternoons at the Regional Hospital sitting in on the skin and VD clinics. Last August I came up to Murphy General.

I have almost given up the idea of going overseas. I won't cry over that, either. The outlook for the future seems to be more and more of the same. The latest report says that all ASTP graduates will serve a minimum of three years as commissioned officers. I am keeping my fingers crossed, hoping they will discover they have more medical officers than they need and reduce the length of service.

I have been enjoying The News very much, especially in being able to keep up with some of the boys who interned with me at the General.

The News is always particularly appreciative of letters from members of the hospital family who have been released from military duty and are back in private practice—especially letters from those of you who are in far away sections of the continent. For that reason, we were very glad to receive this one from Dr. Rodney F. Atsatt (*Or.* 1926), from 1734 State St., Santa Barbara, California.

My news is just like everyone else's, I imagine. Back at home, hard at work, glad to be home, glad to be at work.

My four years of Naval service was very satisfactory in many ways. In succession, I was Orthopedic Officer for S.O.Q. at San Diego; Medical Officer, Section Base, Santa Barbara; Senior Medical Officer, Midway Islands; and Chief of Orthopedic Surgery at USN Base Hospital #18 at Guam.

In the latter hospital we had a chance to work with fairly fresh compound fractures. It was here that the first definitive surgery was done. During the month of March 1945 (Iwo Jima), the Orthopedic Staff worked 16 hours a day for 31 consecutive days. Shiploads of patients would arrive every two or three days—900 at a time. Of these, 250 patients would be orthopedic. They had to be admitted, treated, and evacuated to make room for the next load. We were certainly busy. The casualties from Okinawa were not so bad, as there were many other hospitals open by that time and the cases were more evenly distributed.

Home certainly looked inviting on October 15, 1945. I was glad to have been out there for twenty months, but more glad to be home.

Mr. Wilbour C. Lown, who was in charge of our Photographic Laboratory from 1930 until he joined the Navy in 1943, sends this account of himself from U.S. Naval Medical School, National Naval Medical Center, Bethesda 14, Maryland.

Terminal leave was over October 5—exactly three years of active duty. Time added a half stripe and the usual ribbons.

On August 26 the Navy adopted me as a Civil Servant and medical motion picture production here will continue to be my work unless the Bureau of Medicine and Surgery changes its plans—a not improbable procedure.

Mrs. Lown and I enjoy Washington and its people but still maintain our headquarters on the Hill. This will mean at least one yearly trip to Boston and continued contact with those at the M.G.H. who mean so much to us.

THE NEWS

No. 58 Boston, Mass. July 1947

ORTHOPEDIC SERVICE AFFAIRS

Without question, the most notable event of 1946 for the Orthopedic Service at the Massachusetts General Hospital was the resignation of Dr. Smith-Petersen. After seventeen years as Chief of the Orthopedic Service at M.G.H. and Clinical Professor of Orthopedic Surgery at Harvard Medical School, Dr. Marius N. Smith-Petersen has resigned from this combined position which he has graced with skill and distinction. He stepped aside voluntarily while at the zenith of his powers and before the age of retirement had been reached. During his tenure of office the staff has increased in number, the house patients have been moved from the old Ward I to new and modern quarters in White 5, and a sizeable group of Orthopedic Residents (House Officers) have left the walls of M.G.H. to carry its methods and techniques to other communities.

Two major contributions which Dr. Smith-Petersen made to Orthopedic Surgery should be noted here. The treatment of intracapsular fractures of the hip by means of the three-flanged nail revolutionized the treatment of this entity. Untold suffering and permanent crippling have been prevented and many lives have been saved by the proper use of this simple but beautifully functional mechanical device. It is undoubtedly one of the greatest contributions to the amelioration of human suffering to come from Massachusetts General in the past quarter of a century. The second contribution—perhaps equally important — which Dr. Smith-Petersen has made to the advancement of surgery of the hip is the introduction of vitallium mold arthroplasty. The restoration of a useful degree of painless motion in a hip ankylosed because of disease or trauma can now be confidently anticipated in the majority of suitably selected cases.

After Dr. Smith-Petersen's retirement as Chief of the Service, he visited Norway last summer and performed 26 hip arthroplasties — teaching the technique of the operation to a few qualified surgeons of that country. Because of this and of other services which Dr. Smith-Petersen rendered to the Norwegians during the war, he was personally decorated by the King of Norway. Upon his return home, at a most felicitous dinner in his honor, a suitably inscribed silver tray —on which were mounted replicas of the three-flanged nail (non-cannulated) and the vitallium cup — was presented to Dr. Smith-Petersen by his Visiting Staff. With that memento went our best wishes for many happy busy years of professional life at M.G.H. where bearing the title of Emeritus Chief and Consultant, he will still be available to give us sound counsel.

During a period of several months following the resignation of Dr. Smith Petersen, the post of Acting Chief was ably filled by Dr. George W. Van Gorder Visiting Orthopedic Surgeon on our Staff.

As newly appointed Chief of the Orthopedic Service, the undersigned has found the duties and responsibilities—although requiring a good deal of time—to be most pleasant. For the care of our patients we have an able and loyal Visiting and House Staff. The work is being carried on with no more than the usual evolutionary changes which are inevitable in any active service. Wednesday morning Ward Rounds — an institution on the Orthopedic Service for many years—now begin at 8 A.M., at which time the House Staff and the visiting men on service spend an hour examining patients and discussing the problems of treatment. These rounds are primarily for the benefit of the House Staff and are, therefore, restricted to those directly connected with the care of the patients. At 9 o'clock the Grand Rounds are held in the Surgical Amphitheatre on White 3A. Visitors are welcome at these rounds and there is usually a large attendance. Interesting cases are presented and discussed in detail, opinions are freely aired, and the various methods of treatment are thoroughly explored. At 10 o'clock an End Result Clinic is held in the Surgical Amphitheatre. At this time patients who were operated upon two years earlier are called back for review. These End Result Clinics are of great importance, for they give the Staff a chance to see the final operative results and to assess the various methods of treatment. On the first Wednesday of each month special types of cases are called back in groups for examination, so that a number of patients having similar conditions are seen at the same time. The usual heavy schedule of undergraduate and postgraduate teaching goes on practically throughout the whole year.

Almost everyone on the Staff is involved in some experimental investigative problem. Drs. Klein, Reidy, and Joplin are presenting a paper before the Orthopedic Section of the A.M.A. on "The treatment of slipped femoral epiphyses". Drs. Larson and Aufranc are reviewing the results of cup arthroplasty in various types of hip disability. Under a grant from the National Foundation for Infantile Paralysis, a long-time study has been in progress for a number of years on "Unequal growth in the lower extremities due to infantile paralysis". Dr. Alan J. Stinchfield, who is acting as Research Fellow on this project, is assisting Dr. Reidy and myself in this study.

During the war years, the care of fractures at Massachusetts General fell almost completely into the hands of the Orthopedic Service. A reorganization of the fracture assignments has been accomplished, and it is now functioning efficiently and with renewed interest under the supervision of the newly appointed Chief, Dr. Edwin F. Cave. The general surgical service is again represented by a number of the younger general surgeons who are taking an active part in the care of fracture patients. Fracture Rounds are held, as usual, on Friday mornings at 8 o'clock in the Surgical Amphitheatre on White 3A. There is always a large attendance, and the discussions concerning treatment are frank and free.

The Fracture Course, which was so popular before the war, is to be given again this fall, beginning in September. This course will include not only the management of fractures but of other traumatic conditions, and should prove to be a most attractive and well attended course.

Joseph S. Barr, M.D.,
Chief of Service

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Dr. Paul D. White and Dr. Aub were among a group of fourteen distinguished American physicians who received Czechoslovakia's highest honor—the Order of the White Lion— for their services to that country in 1946 as members of the Unitarian Service Committee Medical Teaching Mission. Ambassador Juraj Slavik, who made the formal presentation, has called the Unitarian Missions "the most important work for health and rehabilitation which is being done in the world at present." The medals were presented at a reception at the Czechoslovak embassy in Washington, on June 4.

Dr. White has also been awarded an honorary degree from Charles University in Prague, in recognition of his work as chairman of the Unitarian Service Committee's Medical Teaching Mission in Czechoslovakia last summer. Formal presentation of the degree will be made at the sesquicentennial celebration of the university in 1948.

Dr. Chester M. Jones has gone to Europe on a two-months' teaching tour.

The Unitarian Service Committee, under the auspices of the United Nations World Health Organization, has sent a Medical Teaching Mission to Austria and

Hungary for the months of July and August. This is a mission similar to the one which went to Czechoslovakia a year ago and included on its staff Dr. Aub and Dr. Paul D. White, who was Chairman of the mission. This year eight doctors from this country will be joined by two others from Switzerland, to form a team which will spend approximately one month in Vienna and other university cities in Austria, and a second month in Hungary, lecturing on various phases of modern medicine. Dr. Jones is the only lecturer on internal medicine in the group from this country.

The other American members of the team are: Dr. Maurice B. Visscher, Professor of Physiology at the University of Minnesota; Dr. McKeen Cattell, Professor of Pharmacology at Cornell University; Dr. John J. Bittner, Professor o Cancer Research at the University of Minnesota; Dr. Alexander Brunschwig Clinical Professor of Surgery at Cornell University; Dr. Joseph P. Evans, Associate Professor of Surgery (Neurological Surgery) at the University of Cincinnati; Dr. Stuart C. Cullen, Chairman of the Division of Anesthesiology at the University of Iowa; and Dr. S. Bernard Wortis, Professor of Psychiatry at New York University.

The group left New York by plane on June 26. They expect to be back in this country the first week in September.

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Dr. Elliott C. Cutler (*WS* 1916), Chief of the surgical service at Peter Bent Brigham Hospital, was presented with the Henry Jacob Bigelow Medal—the highest award of the Boston Surgical Society—at the society's meeting on June 2.

On May 15, Secretary of War, Robert P. Patterson, added an Oak Leaf Cluster to the Distinguished Service Medal which had been awarded Brigadier General Elliott C. Cutler, Chief Surgical Consultant at Headquarters of the European Theatre of Operations in World War II.

The citation accompanying the cluster reads:

> Brigadier General Elliott C. Cutler distinguished himself by exceptionally meritorious service to his government in a duty of great responsibility, from October 1942 to May 1945. As Chief Surgical Consultant, Headquarters ETO, he was responsible for the development of adequate care of all wounded and injured in the Theatre, and to meet this great responsibility General Cutler developed and promulgated policies, instituted training programs, developed channels of free interchange of medical and surgical knowledge between medical officers of all allied nations, and, by constant inspection of all echelons, assured the highest standard of surgical care.
>
> General Cutler was a source of inspiration to the hundreds of surgeons at whose hands the American soldier received the finest care the world has ever seen.

The names of the 30 students enrolled here for the first session of the Summer School of the Institute of Pastoral Care, show 9 different denominations and 11 States, from Massachusetts to California. Canada is also represented.

THE RECORD ROOM

There is hardly a more important centre in the hospital than the Medical Record Room, with its vast store of material, carefully indexed and filed, and ready for those who wish to study deeply into cause and effect in the treatment of diseases and injuries — usual and unusual —all the way from a headache to a carcinoma or from a simple contusion to a compound comminuted fracture.

The clinical records of the Massachusetts General began when the hospital opened on September 3, 1821, and never has there been a break in the file during all these 126 years. Every patient who has ever entered here has a record—indexed, cataloged, and filed. In the beginning they were written in large folio volumes by the Visiting Physician and the Visiting Surgeon, and with ink made at the hospital. They are as legible today as when they were written. In 1822 they were placed in charge of the Apothecary. In 1841 a special Committee was appointed to see that they were "carefully preserved". During the period from 1839 to 1853 all records were indexed in three large leather-bound volumes by a physician especially appointed. The writing of the records themselves now became the duty of the House Physicians and Surgeons, and later — in 1851—of the House Pupils. In 1857 the head of the Library Committee became directly responsible for them, and it was decided that a Pupil must have all his records fully completed in order to receive his diploma at the end of his service. This requirement is still in effect.

The period toward the latter part of the 1800's saw records of less completeness and lacking in important data. It became increasingly evident that someone should be appointed to have complete charge of the precious documents and, at the end of 1897, the writer of these brief notes was appointed.

In 1896 the Pathological Laboratory was established under the able care of Dr. J. Homer Wright and became intimately associated with the Record Room. for here was the final word on a diagnosis, and reports from the Laboratory were immediately sent to be filed with their respective case histories. Out of this combination grew the famous Clinico Pathological Conferences of the late Dr. Richard C. Cabot which, as long as he lived, drew large groups of students.

During the next 28 years great changes took place in the records, and the bound volumes were replaced by the loose-leaf system. Then, later, came the unit system — filing under one cover all information concerning a given patient, no matter in what department he might have been treated, or might *be* treated in days to come.

In 1925 the management passed into the hands of Mrs. Genevieve C. Chase. recently retired. It is now in charge of Miss E. Louise Seymour, a Registered Record Librarian, as were the other two incumbents.

This department constantly increases in volume of work. It occupies a large space in the basement of the Out-Patient Building, and its present staff of 58 carries on the work of assembling, cataloging, filing, transcribing summaries, and servicing the reading rooms, central file, admissions, etc. for not only the General Hospital but Baker Memorial and Phillips House as well. The department is never closed—twenty-four hours round the clock. Three out of five of the night staff are college students.

The term "Record Librarian" was adopted about 1912, when a group of five women from the large hospitals of Boston began regular meetings for mutual helpfulness in the handling of hospital medical records. This movement spread until, in 1928, at the invitation of Dr. Malcolm E. McEachern of the American College of Surgeons, people thus employed all over the country attended a meeting of the College held in Boston. At the end of that meeting a group of ninety had formed a country-wide Association, under the presidency of the writer. This group now numbers over 1800 members and is known as the American Association of Medical Record Librarians. Its members may be found in every State in the Union, as well as in Mexico, Hawaii. and Porto Rico. The Canadian Association is an outgrowth of it.

Hospitals would now be lost without their Record Libraries, for medical research could not be carried on without them.

Grace W. Myers,
Honorary President,
American Association of
Medical Record Librarians

* * *

At the annual dinner-meeting of the MGH Dental Staff on May 13 at the Harvard Club, Dr. John A. Breen, recently retired Chief of the Friday Clinic, was honored with the presentation of a scroll, signed for the hospital Trustees by Mr. Francis C. Gray and by Dr. Faxon. Dr. Peter A. Dempsey, Dental Surgeon at M.G.H., presented Dr. Breen with a handsome writing set from the men on his service.

Examination of our "Who's Who" in the MGH Dental Service would reveal that John Breen began his clinical work in 1913 when the number of staff members was three or four. As the service grew, he became a natural guide and an admired teacher to the new staff men who were associated with him. During his years of service he has been a useful contributor to management and administrative policy of the clinic. We hope you will visit us often at the hospital, John and we wish you a little sunshine every day.

During the evening Dr. Thoma, Chief of the Dental Service, presented Dr. Faxon with $2000, which will be held bv the hospital for special use by the Dental Department. The fund was contributed by various members of the department and by Dr. Thoma's friends.

Dr. Oliver Cope, Assistant Professor of Surgery at Harvard Medical School and Visiting Surgeon at M.G.H., spoke interestingly on "The education of the clinical specialist". Much of his point of view could appropriately be considered in Dental Education.

F. C. D.

The International Council of Nurses held its Ninth Quadrennial Congress during the week of May 12 to 16, at Atlantic City. At this significant convention the Massachusetts General Hospital was represented by Miss Ruth Sleeper, Miss Katherine Hardeman, and Miss Norma Larson. During the Congress, Miss Sleeper, in behalf of the National League of Nursing Education, presented to the International Council an award for its outstanding leadership in the upbuilding of nursing to provide better nursing care of the sick throughout the world.

Miss Sleeper has very recently been appointed chairman of the Education Committee of the International Council of Nurses. This Committee will meet here in Boston very shortly, bringing to us as guests leading nursing educators from England, Greece, Belgium, and other nations.

The arrival of the members of this Committee will climax a series of more than thirty visits by nurses from all parts of the world. During May and June, the guests who observed the activities of the Nursing Service and School included sixteen nurses from England; two apiece from France, Australia, and Sweden; and one each from Poland, Denmark, Scotland, South Africa, India, Chile, and Norway. Miss Escobar, from Chile, and Miss Helmert, from Norway, are remaining here for a short time in order to do some work on the wards.

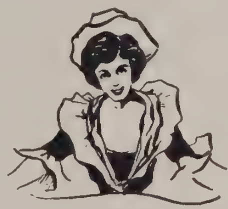
The Alumnae Association of the School of Nursing enjoyed an unusually fine program for its "MGH Homecoming", which took place on June 14 and 15. Featured were a luncheon on Saturday, the 14th, given by the Trustees of the Hospital; a discussion by Dr. Paul D. White of "Progress in knowledge and treatment of cardiovascular diseases"; a discussion and demonstration of "Nursing care of patients with pulmonary edema", by Miss Barbara Chapman, Head Nurse on Bulfinch 3; a dinner on Saturday at the Hotel Vendome, with Dr. Oliver Cope as speaker; and a Sunday afternoon tea held at Walcott House. Several hundred alumnae, from all classes of the school, returned for the homecoming.

Picnics at the Storrow estate in Lincoln, now owned by the hospital, are becoming a popular activity with both student and graduate nurses. Three groups of students, numbering between twenty-five and fifty, have held highly successful picnics out there during June, and more outings are planned for the summer. A sizable group from the Out-Patient Department also made the trip to Lincoln for a picnic supper on June 10.

* * *

There are 80 names at the present time registered in our file of foreign visiting physicians and surgeons who are studying our methods and techniques here at Massachusetts General. In addition to visitors from several States of the Union, 30 foreign countries are represented: Argentina, Austria, Belgium, Brazil, Chile, China, Cuba, Czechoslovakia, Denmark, Ecuador, England, France, Greece, Honduras, Iceland, India, Iran, Italy, Mexico, New Zealand, Nova Scotia, Paraguay, Peru, Portugal, South Africa, Spain, Sweden, Switzerland, Syria, and Venezuela.

The foreign group changes in personnel from time to time, but the above record is typical of the services M.G.H. is rendering to medical and surgical science, the world over.



The Vincent Club has contributed $36,000 to the Vincent Memorial Hospital during the past year—$23,000 of it from the annual Vincent Show.

Commendatory phrases of our own falter before such figures as those.

* * *

Until around the middle of July, a most interesting window display may be seen at the headquarters of the Massachusetts Blue Cross at 38 Chauncy Street. The subject of the exhibition is "Massachusetts General—New England's Pioneer Hospital". Three stages in our development are represented—1821, 1846, and 1947. Pictures of our buildings from the single Bulfinch to the present group, and examples of the evolution of surgical instruments from the earliest crude equipment to those of the present day are among the many items shown. Everything in the exhibition is on loan from M.G.H.

* * *

Faced with a huge deficit, due to rising costs and the volume of its charity work, Massachusetts General Hospital entered 1947 with the need for much new Occupational Therapy equipment and a woefully inadequate budget for the purpose. For some reason, O.T. at M.G.H. is almost entirely charity work. More than 5,000 treatments were given in O.T. in 1946. The average cost to the Hospital per treatment per patient was $1.70. The average receipt per patient treatment was 11¢ — a loss to the Hospital of $1.59 for every patient every time he was treated.

Like many other facets of medical work, O.T. not only must rebuild broken bodies, but also must arouse the interest of the patient in doing that which will accomplish the purpose. The enthusiasm of the patient is very important to the success of his treatment. Hence, the O.T. exercises must be stimulating. That is why such items as carpenters' tools, broken radios, leather for tooling, wood for carving, and sewing machines are much more important to Occupational Therapy than are the professional muscle building devices.

Learning of the problem, the Hospital's public relations counsel began to seek a solution. The Massachusetts Industrial Editors' Association was approached through its Vice-President. He was shown a list of the specific needs of O.T. and the reason for each. Could not the Industrial Editors help the Hospital get contributions of some of the equipment? Quantities of such material must exist in the companies employing the members of the Industrial Editors' Association. If they started searching in their own companies, could they not find items on that list, the condition of which would preclude them from being efficient in manufacturing, yet sufficiently workable for the use of O.T. patients? Would the Industrial Editors help?

The Vice-President of the Association discussed the matter with the President, and they decided to take on the MGH O.T. project. They sent a list of O.T needs to all of their members, together with covering letters. The letters were followed up by personal telephone calls, and here at M.G.H. the equipment began to arrive.

One company sent two electric sewing machines and offered to supply electricians to install them should the Hospital need such help; a cordage company sent a knot-tying book, a variety of its rope and cord products, and offered to establish a monthly prize for the O.T. patient submitting the newest and most novel use of rope; a Boston book store contributed handicraft books on such subjects as leathercraft, whittling, radio, etc.; a shoe machinery corporation sent leather for tooling; other companies sent colored pencils, paper, drawing materials, linoleum pieces, glue, and soldering irons; one large soap company contributed a variety of its products for sculpturing purposes; and other gifts included sheets of plastics, miscellaneous radio parts, greeting cards for use in making decorations, large wooden workbenches, hard rubber sheets, a football, and several different woods for carving and whittling. Many of the contributing companies wish to make similar gifts on a regular basis —particularly those whose offerings are expended with use.

"The patients are very much interested in the arrival of these gifts," said D Arthur L. Watkins, Chief of the Department of Physical Medicine at M.G.H "What especially pleases them is that these business men, whom none of them know, are taking such an interest in their plight. To me, the most gratifying result of this project is the case of the paraplegic patient who wasn't interested in anything we could offer him — until he discovered knot tying."

In her letter of thanks to the cordage company, Miss Ruth Steglich, Acting Supervisor of Occupational Therapy, wrote, "You will be interested to know that we have a paraplegic patient who has been hospitalized for well over a year and that up to this time we have been unable to interest him in anything. Upon receiving your *Book of knots* we gave it to him to look over, and he was fascinated with it — trying the different knots and most anxious to TEACH US! This is a real victory because this patient has been so depressed that his recovery has been severely impaired. If this should be the only patient we are able to help as a result of your contribution, you may still sit back and be very pleased. However, I am sure this experience will be repeated many times over."

And thus, again and as usual, does so-called hard hearted industry prove its warm heartedness in time of need.

The Board of Trustees, at their meetings on May 16 and 29, voted:

To accept the resignation of Dr. John J. Rupp from the position of Assistant Anesthetist, effective July 5;

To promote the following Surgical Interns to the position of Third Assistant Resident in Surgery as of July 1: Dr. Thomas H. Green, Jr., Dr. Falls B. Hershey, Dr. George S. Richardson, Dr. Clifford J. Straehley, Jr.

To appoint:

Dr. Albert J. Finck as Assistant Resident in Anesthesia for two years, beginning August 1;

Dr. Joseph P. Holihan as Assistant Resident in Anesthesia for two years, beginning October 1;

Dr. Werner Hugin as Extern in Anesthesia for one year, beginning May 1;

Dr. James J. McCort as Radiologist, effective on or about July 1.

At their meetings on May 14 and 28, and June 4, the General Executive Committee voted to appoint:

Dr. Fred Alexander as Research Fellow in Medicine, to work with Dr. Evelyn;

Dr. William F. Loomis as Research Fellow in Biochemistry, under Dr. Lipmann;

Dr. Charles G. Stetson as Graduate Assistant in Radiology, beginning July 1.

The Committee also voted to change the title of Dr. Charles S. Wise from that of Research Fellow to that of Clinical Fellow in Physical Medicine, as of January 1.

On July 1, 1947, the Standard Nomenclature of Diseases and Operations was installed, replacing the Massachusetts General Hospital system of cataloging diseases.

The basic method of classifying diseases under this system is twofold — topographic (or anatomic) and etiologic. Three or more digits are used for each element and they are separated by a hyphen, the topographical number being written first. The topographical classification is divided into eleven systems, each dealing with a major system of the body. The etiologic classification is divided into thirteen categories, each dealing with a related group of causes of disease.

All diagnoses may be found in the index and the proper code number located by referring to the page number as indicated in the index. Under no conditions are complete numbers in the Nomenclature to be changed and others substituted.

It is important that diagnoses be recorded on the front sheet of each case and that these conform with diagnoses listed in the Standard Nomenclature.

As we cannot establish or maintain a correct index of diseases without proper diagnoses, we are depending upon the cooperation of each physician to make this system a success.

Copies of the book *Standard nomenclature of diseases and standard nomenclature of operations* will be placed in each ward, each clinic, and at each dictation station.

A story is told (by whom we have forgotten) about a crude, pine table which was up for auction somewhere in England a few years ago. On the table was an ink-stain. The auctioneer, knowing full well the price he could ultimately get for the piece, started the bidding off with the suggestion of one thousand pounds. He told the assembled crowd — many of whom were collectors of the world's rarest treasures — that he was not selling a table, but an ink-stain — an ink-stain made by the great Shakespeare himself on that night when, no longer able to endure Ann's tirades of fury against his doubtless all too true failure to provide for his wife and children, he banged his pen down onto the table where he had been trying to write a sonnet, tore out of the cottage, and on to London — never to return to Ann. How much the table finally brought is not told, and whether the story is true or not does not matter. The reason for telling it now is to emphasize that it was the ink-spot, splashed upon it by a great man, which enhanced the value of the table.

In our Archives Room is a fine old double desk with hinged covers, which was a part of the hospital equipment in the early days of the Bulfinch and later during the life of the South Surgical Service from 1894 to 1912. On the under sides of the covers and on the desk itself beneath them are inscribed the names of nearly 200 House Officers who, over the years, sat at that desk to write up their histories and daily notes. The earliest signature is that of A. F. Sawyer, 1851.

While the desk itself is a sturdy one and of attractive design, it is those signatures — written by young men, many of whose names in later years stood for the highest achievement in their profession — it is those signatures which place this desk in the category of the priceless. With all due respect to the great Shakespeare, this desk of ours is beyond the reach of the highest bidder.

It has long been our desire to assemble the names of the inscribers in an alphabeted list, so that any one of them may be easily found. It has taken a great deal of time to decipher several of them and to check for accuracy in doubtful instances. We hope the list will be welcomed by those of our alumni who often come in to search for special names.

Here are the signatures, exactly as they were written:

F. D. Adams, 1863; F. H. Albee, 1903-04; J. B. Ayer, 1872.

F. G. Balch, Aug. 1, '92 to Feb. 1, '93; H. C. Baldwin, 1884-5; A. F. Barnes, '01; James Dellinger Barney, 1904-05; Edward F. W. Bartol, 1901; John W. Bartol, '91; Howard W. Beal, 1899; A. A. Beebe, '99; H. Binney, 1902; J. G. Blake, May 1860; H. T. Boutwell, 1869; G. W. W. Brewster, '93; F. M. Briggs, 1883-84; William A. Brooks, Jr., '91-92; A. N. Broughton, 1899; Dillon Brown, Feb. 1885; Francis L. Burnett, 1908; Charles S. Butler, '99; J. L. Butler, '04-05.

Hugh Cabot, 1899; Elton C. Cameron, 1926; Arthur L. Chute, Mar. 1, 1894 to Apr. 1, 1895; D. S. Clark, 1914-15; George Oliver Clark, 1903-04; J. Payson Clark, '86-87; Farrar Cobb, '92-'93; Ernest Amory Codman, '95; Wm. Cogswell, '95-'96; Algernon Coolidge, Jr., 1886; F. S. Coolidge, Feb. 1, '91-Aug. 1, '91; Harvard H. Crabtree, '13; A. R. Crandell, 1898; Arthur Hallam Crosbie, 1906-07; John W. Cummin, '97; Edw. F. Cushing, '87-88; Harvey W. Cushing, Apr. 1, 1895; Lawrence F. Cusick, 1905-06.

John Dane, 1893; A. Albert Davis, '93-94; Lincoln Davis, '99; Charles O. Day, Jr., 1909; Hasket Derby, 1857; George C. Dolliver, Aug. 1-Dec. 1, '95; W. A. Dunn, May 1874; W. M. Dunn, '11-12; Thomas Dwight, [1866].

Richard E. Edes, '95; Kendall Emerson, 1902; Waldo E[merson], Aug. 1873; O. H. Everett, 1876-77.

N. W. Faxon, 1906; Luther Mitchell Ferguson, 1914; J. M. T. Finney, Feb. 1,-June 15, '89; Arthur L. Fisk, June 15, '89-Feb. 1, '90; Elisha Flagg, 1902; Carleton P. Flint, '97-98; Burnside Foster, Aug. 1, 1886-Feb. 1, '87; G. H. Francis, 1886-7; [George E.] Francis, 1862.

Homer Gage, '87-88; F. E. Garland, '03; J. Garland, May 6, 1920; J. E. Garland, July 31, 1876; Harold G. Giddings, 1909; C. M. Godding, 1883; F. Goodridge, '03-04; A. H. Gould, 1901; James C. Graves, Jr., '05-'06; Robert J. Graves, 1903-4; J. O. Green, 1865; Robert B. Greenough, '96.

Herbert J. Hall, '96; Torr Wagner Harmer, 1908; H. F. Hartwell, 1899; Floyd F. Hatch, 1915-16; Carl Arthur Hedblom, 1913; William D. Hodges, 1880-81; J. Homans, '03; J. Homans, Jr., 1861; J. Homans, 2nd., 18[82]; H. Hooper, 1868; Samuel Howe, 1875; Joshua C. Hubbard, '96-97; James Lincoln Huntington, 1908.

S. W. Jackson, [1916].

B. B. Kent, Jr., May 1, 1868; Edw. Kidder, Nov. 1, '93-Mar. 1, '94; F. C. Kidner, 1905; G. M. Kimball, Aug. 1, 1884.

S. W. Langmaid, May 1, 1863; W. George Lee, 1904-05; J. M. Little, Jr., 1902; S. A. Lord, 1894; Howard A. Lothrop, '92.

T. J. Manahan, 1900; G. E. Mason, 1864; Wm. C. Mason, 1877-8; Carleton Ray Metcalf, 1906-07; Richard Henry Miller, 1911; W. J. Mixter, 1907; George H. Monks, 1880; O. F. Montgomery, 1915-16; James G. Mumford, '90.

F. S. Newell, '96; Harvey F. Newhall, 1905-06.

Carl Shepard Oakman, 1904; Walter B. Odiorne, '99-00.

George B. Packard, Jr., 1916; Charles F. Painter, '96; Frederick W. Pearl, '94-95; Edw. A. Pease, Feb. to Aug. '92; O. J. Pfeiffer, 1884; J. K. Phillips, June 20, 1885; Hardy Phippen, '88-89; W. G. Phippen, 1904-06; Charles A. Porter, '92-3; A. C. Potter, 1900; John W. Pratt, Feb. 1, 1886; Henry Dudley Prescott, 1903; Charles R. L. Putnam, [1895].

William Carter Quinby, 1902-3.

Hamilton Rice, 1904-05; D. N. Richards, '11-12; Edward Peirson Richardson, 1906-07; Edward H. Risley, 1907-8; Chandler Robbins, '05; S. Robinson, 1902.

Henry L. Sanford, 1900-1901; L. M. Sargent, Jr., 1855; H. Sargeun [?], 1851-1852; A. F. Sawyer, 1851; C. L. Scudder, '88-89; Ralph H. Seelye, '90-91; H. A. Shaw, Aug. 1, 1890-Feb. 1, 1891; R. F. Sheldon, '12; Channing C. Simmons, 1899-1900; H. W. Smith, '02-03; W. L. Smith, Aug. 1, '91-Feb. '92; Richard Sprague, Aug. 1, 1887-Feb. 1, '88; H. R. Stedman, 1873-4; Donald B. Steenberg, 1915; J. H. Stickney, May 5, 1858; A. K. Stone, Feb. 1, 1888-Aug. 1, 1888; James S. Stone, '94; Malcolm Storer, '89-90; William D. Swan, 1885-6.

G. G. Tarbell, 1864; Augustus Thorndike, Aug. 1, 1888-Feb. 1, 1889; H. S. Thorndike, May 1, 1866; Wm. Thorndike, May 1856; James Rockwell Torbert, 1902.

R. G. Wadsworth, 1901; Hobert E. Warren, '94; J. C. Warren, May '65; Frederic A. Washburn, Jr., '97; Thomas Waterman, Jr., May 1, 1867; Alfred A. Wheeler, '94; John B. Wheeler, 1878-9; G. S. Whiteside, 1898; W. A. Winn, 1875-76; F. B. Winslow, 1901; Charles B. Witherle, Aug. 1, 1880; Willard P. Woodbury, 1907-8.

John D. Yost, '98.

There are a few other old desks in the hospital which bear the signatures of House Officers who used them in days gone by. It is our intention to collect the names from them, also, as time permits. In the meantime, here is a problem for you. If you can solve it or throw any light upon it, we would appreciate it very much.

Inside one of the covers of this desk in the Archives Room is drawn a heart, bulging with love, and shot through the middle with an arrow from Eros's bow. It bears two sets of initials: J. R. and S. C. We hope it happened and that they lived happily ever afterward. But, who were they? Does anyone know?

Dr. George Gardner, formerly of the McLean staff and now Co-Director of the Judge Baker Guidance Center, has been appointed by Governor Bradford to a commission to study ways of preventing sex crimes.

On May 27 the Senior Class at McLean presented to the hospital a bronze plaque in memory of the three graduates who were lost in the war. Mr. Ralph Lowell, Chairman of the McLean Hospital Committee, accepted the gift in the name of the Trustees. The men honored are: John Moriarty, Herbert Small, and Walter Avery.

Alumni Day at McLean was May 12. There was a business meeting in the Chapel during the afternoon, an opportunity to visit the halls, supper in the Pierce Building, and a dance and party in the Men's Gymnasium in the evening.

MASSACHUSETTS EYE & EAR INFIRMARY

The appointment of Dr. Parker Heath as Ophthalmic Pathologist has been announced by the Board of Managers of the Infirmary. Dr. Heath will come to the Infirmary in July. He will also be in charge of postgraduate teaching in Ophthalmology at the Harvard Medical School. An outstanding Eye Pathologist, he has for a number of years been Professor of Ophthalmology and Chief of the Eye Staff at Wayne University, Detroit, Michigan. Publications by Dr. Heath include: Xanthomatosis or lipoid histiocytosis (report of ocular observations in two cases of Christian's syndrome: A correlation with other ocular syndromes), Archives of Oph. *5*: 29-52, 1931; Ocular lipid histiocytosis and allied storage phenomena, Arch. of Oph *10*: 342-364, Sept. 1933; Some physiologic and pharmacologic reactions of isolated iris muscles, Arch. of Oph. *21*: 35-44, 1939; The pharmacological behavior of the intraocular muscles. I. The problem of sensitization and methods for its study, Amer. Jour. of Oph. *23*: 11, Nov. 1940; The pharmacological behavior of the intraocular muscles. II. Sensitization phenomena in the dilator and sphincter iridis, Amer. Jour. of Oph. *23*: 12, Dec. 1940. The last two articles were written in coöperation with Dr. Erich Sachs.

Dr. Edwin B. Dunphy has returned from Philadelphia where he helped conduct the examinations for the American Board of Ophthalmology in June.

Among recent visitors to the Infirmary were Miss Cockayne, Matron of the Royal Free Hospital, London, England; Miss Jeanne Dieltjens, Antwerp, Belgium; and Miss Irene Hall, Matron, Newcastle Hospital, Newcastle, Australia.

Dr. Bernard Zonderman, who left his residency at the Infirmary in October 1946 to enter military service, has been appointed Clinical Assistant in Oto-Laryngology by the Board of Surgeons in Oto-Laryngology.

Dr. Adolph F. Reiter and Dr. Charles S. Lane, Jr. have been appointed Graduate Assistants in Oto-Laryngology. Dr. Roland Lavoie and Dr. Lane will take up their residencies in the fall.

Dr. Elizabeth DeBlois has been appointed by the Board of Managers to the position of Assistant Surgeon in Oto-Laryngology.

New addresses:—

Surgeon (R) Burnet M. Davis (*r.s.* 1942), 4 Woodcote Park Ave., Purley, Surrey, Eng.
Dr. Charles C. Derrick (*P* 1940 & *EM* 1942), 26 Temple St., Springfield, Mass.
Dr. Robert N. Ganz (*CM* 1925), 19 Bay State Road, Boston, Mass.
Dr. Volta R. Hall (*r.p. Psychi.* 1938), 372 Marlborough St., Boston, Mass.
Dr. John Homans, Jr. (*WM* 1942), Cushing Veterans Administration Hospital, Framingham, Mass.
Dr. Frederick C. Irving (*WS* 1911), 1180 Beacon St., Brookline 46, Mass.
Dr. James R. Lingley (*res. R* 1931), 27 Elm St., Worcester 8, Mass.
Dr. Michael J. O'Connor (*Oph.* 1946), 216 Valley National Bank Bldg., Tucson, Ariz.
Dr. Daniel V. Troppoli (*N* 1927), 63 Orchard Ave., Providence, R. I.
Dr. Gray H. Twombly (*WS* 1932), 620 Park Ave., New York, N. Y.

Dr. William S. McCune (*WS* 1937) writes, from 2025 Eye Street NW, Washington 6, D. C.:

THE NEWS has been arriving at regular intervals and has always been read from front to back, not only by myself but also by my wife and family.

My work at this time consists in teaching surgery at George Washington University School of Medicine, serving as Attending Surgeon at the Veteran's Hospital, as Consultant at the Walter Reed General Hospital, and trying to build up a faltering private practice of surgery.

We spent a very happy few days at the General last October, and hope to visit you again in Boston before long.

Four years ago we published a letter from (then) Major Clark Young, MC (*ES* 1923). Nothing from him since then until this letter.

At my separation examination, a year ago, they discovered a spondylolisthesis. X-ray proved it to be a severe one and referred me to Letterman General Hospital for treatment. Dr. (or, rather, Major) Fred Rhinelander [*ES* 1937 & *Or.* 1938] examined me and performed a spinal fusion. I was discharged from the Army with no physical disability several months ago, and have resumed my practice of medicine and surgery in Salt Lake City. My office is in the Medical Arts Building. I left the Army with the rank of Lieutenant Colonel.

Major Rhinelander is making a fine reputation for himself there in San Francisco. He did a magnificent job on me. I'd be proud to show anyone my incision scar.

Best regards. Always enjoy THE NEWS.

In reply to our inquiry regarding his Army status, this interesting letter has come from Lt. Col. Milton S. Thompson (*Or.* 1934), Chief of the Orthopedic Section, Brooke General Hospital, Brooke Army Medical Center, Fort Sam Houston, Texas.

It is true that I have accepted a commission in the Regular Army and that I have been here in San Antonio since April 1946.

The loss of the qualified civilian doctors is keenly felt in Army hospitals. The older qualified specialists (the Surgeon General is a Diplomate of the American Board of Orthopedic Surgeons) can no longer personally participate in the professional care of patients. The Resident Training Program, to permit the

Lt. Col. Norman E. Freeman, MC, AUS (*r.s. WS* 1935) receiving the Army Commendation Ribbon from Major General George P. Hays at the Presidio of San Francisco

younger officers whose training has been interrupted by the exigencies of war to qualify as specialists, is well under way. As is well known, the training is being given in military installations and in affiliated civilian institutions. Basic Science refresher courses are being given in many medical schools. At the present time I have five Regular Army Trainees, or Residents, all of whom, I believe, will be ready to take Part One of the Orthopedic Board examinations.

Every issue of The News tells of friends I want some day to see again.

We have heard from Dr. A. Allison Wills, Jr. (*a. Psychiat.* 1937). He writes:

Since my release from the Navy a year ago, I left the Boston area to become Assistant Medical Director of the Life, Accident, and Group Departments of the Travelers Insurance Company of Hartford, Connecticut.

The News is very much appreciated and keeps me well informed of the activities of many very good friends. I miss the many happy associations with the Massachusetts General Hospital.

I am enclosing a copy of an address I delivered recently at the Annual Meeting of the Bureau of Personal Accident and Health Underwriters at Stockbridge, Mass. You may find something of interest for The News in this paper.

Indeed, there is. Every word of it is Newsable. However, our limited space makes it impossible to transcribe the address in its entirety, and any form of condensation would destroy its value. The subject of the paper is "Medical underwriting the impared accident and health risk", and those who wish to read it may find it in the office of The News. One section, on the disabled veteran, should be of special interest to many of our Staff.

We are so eager to know what all our men are doing after they are released from military service and have resumed private practice. Letters giving such accounts are more than welcome and are always read with much interest by the writers' friends.

A letter of this sort has come from Dr. Harold H. Hamilton (*r.s. PH* 1933). It says:

Reconversion is complete. I reopened my office for the practice of surgery in January 1946. It had been closed since the previous April when Dr. Sherman J. Beers went into the Navy. I was very fortunate in finding an excellent medical replacement in Dr. Robert M. Putnam, who took offices with me. We have been able to practise our respective specialties quite compatibly here at 70 Court Street, Plymouth.

We have had our share of ex-GI's come to settle and practise in and about Plymouth during 1946. Most of these men are well qualified and have become members of the Staff of the Jordan Hospital. Staff meetings have been well attended and discussion is becoming increasingly interesting. Starting this month, we shall have a second staff meeting monthly, to be held as an evening "coffee" in the home of a staff member. This rises out of a mutual desire for more time for discussion of clinical subjects which are always crowded by executive and administrative matters at other meetings.

The News continues to come over my desk regularly and always lives up to its name.

Dr. Gilbert L. Adamson (*r.p. N* 1930) brings his record up to date in this letter from the Winnipeg Clinic, Winnipeg, Manitoba.

In the spring of 1943 I went to Ottawa as Consultant in Neuropsychiatry to Air Force Headquarters, and had the job of organizing neuropsychiatric services in the R.C.A.F. The summer of 1945 I spent in the United Kingdom and Belgium, during which time I had a very pleasant visit to the Medical Board of the 8th A.A.F. After my return I was fortunate enough to be able to visit the psychiatric treatment centre organized by Lt. Col. Roy Grinker in St. Petersburg, Florida. This was a valuable experience, as the R.C.A.F. was at that time developing similar treatment units, though on a much smaller scale.

I was demobilized — or "released", as we say—in December 1945, and have settled down to civilian practice again with only a minimum of disturbing emotional repercussion. Group practice has perhaps made my reconversion easier, but the responsibility of private practice and getting back to lecturing and giving undergraduate clinics put the idea of an orderly (temporary) retreat into my mind and I went away last summer for a couple of weeks of golf in Victoria. Since my golf is not as serious as it was when Dr. Gundersen used to beat me in Boston, the holiday had a rejuvenating effect.

To all of you who have responded so generously in the matter of subscriptions and additional contributions during the past year, The News is glad to report that for the first third of 1947 our deficit is only $17.41, as against a much larger figure for a similar period before the number of complimentary copies was so drastically reduced. We are hoping this $17 deficit can be worked off during the rest of the year.

The struggle to make both ends meet has not lacked its humorous moments. One new subscriber—Dr. Lester A. Brown (*Oto-Lar.* 1937) — responded with, "Whether you know it or not, you certainly are a good salesman and especially for The News." But the choicest response of all—so choice we cannot resist passing it on to you—came from Dr. Linn F. Cooper (*WM* 1928). For some reason or other Dr. Cooper had not replied to our note telling him that since he was no longer in military service a subscription would be necessary if he wished to continue to receive The News. He sent us a note, however, which we published in the May number. As is our custom whenever a person's name appears in The News, we mailed him a marked copy, together with a note saying that although he had not subscribed we were sending him a copy of that issue because of his letter. By return mail we received a 7-word note—nothing more, except the enclosure—just 7 words: "You break my heart. Here's a dollar."

THE NEWS

No. 59 Boston, Mass. August 1947

UROLOGICAL SERVICE AFFAIRS

Since the report of two years ago, a decided change has occurred in the organization of the Urological Service. At that time the service was composed of a Chief and Resident Staff. Now, in addition to these, there are four Associate Visiting Urologists, three Assistants in Urology, and two Graduate Assistants. A Research Fellow is expected this summer to work on special problems, such as urinary tract infections. The service has a liaison with the Surgical Service in Dr. Simeone, and with the Plastic Service in Dr. Bradford Cannon. Thus, all activities of the service are adequately covered — including teaching, and house and out-patient departments — and provision is made for progressive work.

During the past year there were 480 admissions to the Urological Service. A total of 468 operations were performed, with 6 deaths. This is an operative mortality of 1.3 percent. One hundred ninety-eight operations were for prostatic obstruction. There were 3 deaths among those patients — a mortality of 1.5 percent. The majority of the operations were performed by the Resident Staff.

Investigative work during the past year included the following: Studies on the control of urinary tract infections with recent sulfa compounds, stone dissolution by chemical means, the early diagnosis of cancer by stained smear preparations, the cure of early prostatic cancer by radical operation, and a study of blood hemolysis during transurethral resection of the prostate. Interest in the prevention of fatal pulmonary emboli following prostatectomy contined during the year. We are able to report that as a result of careful examination of our patients, a conservative policy of superficial femoral vein division, and a large measure of good fortune, we completed two years of prostatic surgery without a death from pulmonary embolism.

We look forward to another active and progressive year for the service.

Fletcher H. Colby, M.D.,
Chief of Service

* * *

Dr. Churchill and Dr. Walter W. Palmer (*EM* 1911) received honorary degrees at Princeton University this year.

The Doctor of Science award to Dr. Churchill carried the following citation:

> A brilliant surgeon, sympathetic teacher, and outstanding investigator. His work in the surgery of the chest and in the functions of the parathyroid gland, and his fundamental clarification of the problems of wound-healing in the war, established his place as one of the great figures of present-day surgery.

Dr. Palmer is now Professor of Medicine at Columbia College of Physicians and Surgeons. The citation accompanying his Doctor of Science degree reads:

> An outstanding man of medicine, whose early researches in the field of biochemistry contributed to the present-day application of the techniques of the fundamental sciences to the solution of the problems of clinical medicine. His capacity for leadership and for helpful human relationships has been especially effective in developing and inspiring his younger associates, and has played to make his medical clinic one of the great teaching and research organizations of the country.

Rt. Rev. Henry Knox Sherrill, Presiding Bishop of the Protestant Episcopal Church in the United States of America, who was a member of our Board of Trustees from 1928 to 1934 and Chairman of that Board from 1934 through 1946, received the honorary degree of Doctor of Divinity from Princeton this June. His citation reads:

> The accepted leader of the Protestant Episcopal Church, recently chosen in recognition of his enlightened and forceful services in its spiritual and temporal advancement. A fearless advocate of the Church's commitment to its world-wide obligations in the fields of unity and Christian helpfulness, he has by his breadth and his integrity already given the church a new vision of its mission and its opportunities in a changing world.

* * *

It was with deep regret that the Dermatology Department said good-bye to Dr. C. Guy Lane at the end of June. After many years of faithful service, Dr. Lane has retired from the hospital and will devote his entire time to catching up with his extensive private practice.

Dr. Lane came to the Dermatology Department of the Massachusetts General Hospital in September 1919, after dermatologic postgraduate training in New York. Prior to that time he had done some years of general practice and then served in the first World War. In 1928 Dr. Lane was appointed Dermatologist to the hospital and in February of 1936 became Chief of the Dermatologic Service. In 1943 he was asked to continue beyond the hospital retirement age because of war emergency. Many students, house officers, and residents will remember his teaching and sound advice throughout the years.

Outside of dermatologic circles, few realize how much Dr. Lane has contributed to the advancement of our specialty. He has given more than generously of his time to dermatological societies and to various committees of the American Medical Association. He was instrumental in the formation of the American Board of Dermatology and Syphilology and served for many years as its Secretary.

Dr. Lane organized our postgraduate dermatologic training program to make it acceptable to the American Board of Dermatology and Syphilology; with but few exceptions our candidates have qualified as diplomates of the Board. During the eleven years that Dr. Lane has been Chief of the service, 108 papers have been published from our department, of which Dr. Lane was himself the author or co-author of 27.

We are pleased to learn that Dr. Lane has been appointed Emeritus Professor of Dermatology at Harvard Medical School, and we hope he will take time from his practice to attend some of our staff meetings. Dr. Lane's administration of the departmental affairs and his helpful guidance to many of us as individuals will not soon be forgotten.

G. M. C.

* * *

Dr. Robert S. Schwab left for London, England, on July 10, by American Airlines Overseas, to attend the International Electroencephalographic meeting in London. Dr. Schwab represented the U.S.A. as a delegate, and read a paper. He also attended the International Physiological Association meeting at Oxford and read a paper there. His visit was of three weeks' duration.

Dr. Mary A. B. Brazier, who was also in England, read a paper at the International Electroencephalographic meeting.

Dr. and Mrs. William Sargant, who have been visiting Dr. and Mrs. Schwab in Boston, accompanied Dr. Schwab on their flight back to England. Dr. Sargant held a Rockefeller Foundation Fellowship in Dr. Stanley Cobb's department in 1938 and 1939.

* * *

DENTAL DEPARTMENT

The National Dental Meeting was held in Boston this year, August 4 through 8. The following lectures were given at Massachusetts General Hospital:

"Signs of general disease in dental and oral surgical patients", by David Weisberger, M.D., D.M.D., Assistant Professor in Dental Medicine at Harvard University, and Stomatologist and Assistant Oral Surgeon at Massachusetts General Hospital.

"Out-patient and operating room techniques", by the Staff of Massachusetts General Hospital Dental Clinic.

"Periodontal surgery", by Henry M. Goldman, D.M.D., Periodontist at Massachusetts General Hospital, Chief of Stomatology and Dental Research and Assistant Pathologist at Beth Israel Hospital, and Consultant to the Dental and Oral Pathology Registry, Army Institute of

Pathology, Washington, D.C.

"Treatment in oral surgery", by Daniel J. Holland, Jr., D.M.D., Assistant Resident at Massachusetts General Hospital.

"Maxillofacial prostheses", by Henry J. Carney, D.M.D., Maxillofacial Prosthetist at Massachusetts General Hospital, and Consultant in Maxillofacial Surgery at Cushing General Hospital.

"Odontogenic infections of the jaws and their treatment with the aid of antibiotics", by Kurt H. Thoma, D.M.D., Professor of Oral Surgery at Harvard University, and Oral Surgeon and Chief of the Dental Clinic at Massachusetts General Hospital.

Dr. Thoma was in Cuba for ten days during June, giving a postgraduate course in oral surgery at the Military Hospital in Havana.

* * *

Dr. Sven Forssman, in charge of the Industrial Hygiene Division of the National Institute of Health of Sweden, addressed the Medical Staff in the Ether Dome on June 6. Dr. Forssman has been in the United States on a Traveling Fellowship of the Rockefeller Foundation to observe industrial hygiene methods in this country. He came to Massachusetts General after six months' travel in this country and Canada.

His professional background is unusually complete for his present post, since he has a degree in biochemistry, has taught pharmacology, and has done active clinical work. The Division he represents utilizes state and university facilities in the study of the pathogenesis of clinical syndromes of occupational origin. There is considerable interest in the U.S.A. in developing similar programs. The University of Colorado and Yale University are at present engaged in promoting an affiliation between undergraduate medical teaching, hospital study, basic research work, and field activities of established state facilities for a better understanding of occupational medicine. Study of such a liaison is under way at the M.G.H.

Dr. Forssman's talk, after he explained his professional status, concerned the toxic effects of trichlorethylene and carbon monoxide. Workers in Dr. Forssman's department have been able to establish that the body metabolizes trichlorethylene into trichloracetic acid which is harmless. Therefore, the chief toxic effects to be feared are acute ones of narcosis from overwhelming exposure. Dr. Forssman pointed out that chronic effects are unlikely and, if truly related, must occur only in a rare individual who is unable to metabolize trichlorethylene into trichloracetic acid. Not all workers in the field of industrial hygiene are agreed on this point. The uses of trichlorethylene as a solvent, often as a substitute for more toxic materials in industry and as an anesthetic in England, were brought out in the discussion. Trichlorethylene has fallen into discard as a method of treatment for trigeminal neuralgia.

The problem of continuous exposure to carbon monoxide was very great in Sweden during the war, because wood-burning engines were used in the absence of gasoline as a fuel. Dr. Forssman explained the studies done by his department with visual acuity tests developed to rule out the subjective character of the usual complaints of headache, nausea, and dizziness following carbon monoxide exposure. Attacks of mild acute carbon monoxide poisoning, in Dr. Forssman's opinion, are a more likely occurrence than a predictable clinical picture of chronic carbon monoxide poisoning with irreversible organic changes in the central nervous system.

Dr. Forssman's trip in the United States was concluded at the A.M.A. convention in Atlantic City, where, as a distinguished visitor, he presented a paper comparing industrial hygiene methods in Sweden with those he has observed in the United States.

H. L. H.

* * *

NEW APPOINTMENTS: On June 1 Miss Jessie Stewart became Assistant Director of the School of Nursing. A graduate of this School and of Boston University, Miss Stewart has served in many capacities both at the Eye and Ear Infirmary and in the General Hospital. Before taking over her new position, she was a teaching supervisor in the Baker Memorial. In her honor, an after-dinner coffee was held on June 18 in Walcott House by the student body of the School.

A new member of the staff is Miss Elinor Stanford, who came to us on June 16 as a surgical supervisor and instructor. Miss Stanford, a Springfield Hospital alumna and a graduate of Boston University, has most recently been Assistant Director at the Waltham Hospital.

Another addition to the Nursing School faculty is Miss Margaret Snyder from Hood College, Maryland, who is here for the summer only, as chemistry instructor for the student nurses taking the new five-year Radcliffe-MGH coördinated program.

OUTINGS: Two successful picnics have been held at the Storrow estate in Lincoln by the faculty-supervisory group of the School of Nursing. The first, held on June 19, marked the arrival of Miss Elinor Stanford and her introduction to the other members of the staff. On July 2, about twelve head nurses and assistant head nurses were the guests of the supervisors at another Lincoln outing, which featured swimming, outdoor cookery, and a baseball game.

* * *

The Board of Trustees, at their meetings on June 13 and 27, voted:

To accept the resignation of Dr. Francis F. Foldes from the position of Assistant Anesthetist with regret, effective July 1;

To accept the resignation of Dr. C. Guy Lane from the position of Chief of the Dermatological Service with appreciation of his service and especial appreciation of his remaining after he had expressed a wish to resign, in order that the arrangements for the further development of the Dermatological Service could be worked out.

To promote:

Dr. Allan L. Friedlich, Jr. to the position of Resident in Medicine, beginning January 1, 1948;

Dr. Henry D. Moorman, Jr. to the position of First Assistant Resident in Surgery;

Dr. George L. Nardi to the position of Second Assistant Resident in Surgery;

Dr. Thomas S. Risley to the position of Resident in Surgery;

Dr. Benson B. Roe to the position of First Assistant Resident in Surgery;

Dr. Robert J. Tracy to the position of First Assistant Resident in Surgery.

To appoint:

Dr. G. Colket Caner a member of the Social Service Advisory Committee;

Dr. G. Marshall Crawford as Acting Head of the Dermatological Service, beginning July 1, with the understanding that he will continue as Instructor at the Medical School;

Dr. Diane Croll as First Assistant Resident in Pathology, as of July 1;

Dr. Sheridan S. Evans as Third Assistant Resident in Surgery;

Dr. David Gamsu as First Assistant Resident in Neurosurgery for the period July 1 through December 31;

Dr. Joseph Hanelin as Radiologist, beginning September 1;

Dr. William F. Ketchum as Intern on the Children's Medical Service for one year, beginning July 1;

Dr. Cornelius Lansing as Intern on the Children's Medical Service for one year, beginning July 1;

Dr. Edgar B. Phillips, II as Intern on the Children's Medical Service for one year, beginning July 1;

Dr. Kenneth F. Sands as Assistant Resident on the Children's Medical Service for one year, beginning July 1;

Dr. Stanley T. Soholt as Assistant Resident in Orthopedic Surgery for one year, beginning January 1, 1948;

Dr. Jesse E. Thompson as Second Assistant Resident in Surgery;

Dr. William R. Waddell as Second Assistant Resident in Surgery;

Dr. Frank C. Wheelock, Jr. as Second Assistant Resident in Surgery.

At their meetings on June 11, 18 and 25, and July 2 and 9, the General Executive Committee voted:

To promote Dr. Harlan I. Firminger from First Assistant Resident to Senior Resident in Pathology, as of July 1.

To appoint:

Mr. Albert F. R. Andresen, Jr. as a Student Assistant, to work with Dr. William Chapman on his special studies;

Dr. H. Thomas Ballantine as Graduate Assistant in Neurosurgery;

Dr. Alice Doumic as Graduate Assistant in Psychiatry for six months;

Dr. Bartolome Fuster as Graduate Assistant in Neurology for three months, beginning July 1, to work with Dr. Schwab;

Mr. Robert E. Goodnow as Research Fellow in Anesthesia;

Dr. DeForest E. Hale as Graduate Assistant in Radiology, beginning January 1, 1948;

Dr. Louis R. Harnick as Graduate Assistant in Radiology, beginning January 1, 1948;

Dr. Hugh A. MacMillan as Clinical Fellow in Surgery, beginning July 1;

Dr. Paul B. Metcalf, Jr. as Graduate Assistant in Surgery, assigned to the Tumor Clinic;

Dr. Bertram Selverstone as Clinical and Research Fellow in Neurosurgery, effective as of January 1, 1948;

Dr. Edward L. Sleeper as Graduate Assistant in the Dental Clinic, beginning June 18;

Dr. Eugene L. Watkins as Clinical Fellow in Surgery, beginning July 1.

MASSACHUSETTS EYE & EAR INFIRMARY

The Boston Eye Bank, located in the Infirmary, is now being assisted by fourteen affiliated hospitals which have agreed to remove, free of charge, the eyes of those deceased patients who previously requested that their eyes be given to the Eye Bank. In each case, the spouse (if living) or next of kin is required to sign an official release form for the hospital immediately after the death of the eye donor.

The affiliated hospitals are as follows:

In Boston: Beth Israel Hospital, Boston City Hospital, Massachusetts Eye and Ear Infirmary, Massachusetts General Hospital, Massachusetts Memorial Hospitals, New England Deaconess Hospital, Peter Bent Brigham Hospital.

In other Massachusetts communities: Cambridge City Hospital, Lowell General Hospital, Malden Hospital, Newton-Wellesley Hospital, and Springfield Hospital.

The Maine Eye and Ear Infirmary and the Maine General Hospital, of Portland, are also affiliated.

Red Cross chapters in the communities where these hospitals are located stand ready to provide the facilities of their Motor Corps divisions for transportation of the eyes to the Eye Bank and to surgeons. Distant communities are served through the coöperation of Eastern Air Lines and Northeast Airlines.

It is hoped that before long all leading hospitals throughout New England will become affiliated with the Boston Eye Bank, except those in Connecticut that are most accessible to the National organization—the Eye-Bank for Sight Restoration, Inc., in New York City.

The Boston Eye Bank welcomes inquiries from physicians and prospective eye donors. These inquiries should be directed to the Eye Bank office at 243 Charles Street, where donation forms and explanatory literature are available. The telephone number is Capitol 0470, Extension 567.

Dr. Edwin B. Dunphy, Chief of Ophthalmology at the Infirmary, has been elected a member of the American Board of Ophthalmology.

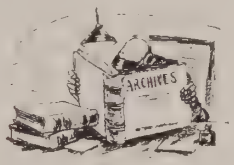
Dr. Dunphy gave two talks at the Summer Graduate Course in Ophthalmology at the University of Rochester, New York, on July 30—the first on "Di-isopropyl fluorophosphate", and the afternoon paper on "Headaches and ocular pain".

Instruction in the esophageal voice for patients who have had to have their larynges removed because of cancer, is now being given at the Infirmary on a full-time basis. Mrs. Mary Doehler, special instructor in the esophageal voice, is not only holding her regular classes Tuesday evening and Saturday morning, but she is also giving special lessons to individual patients each day on the second floor of the OPD. Instruction in the esophageal voice is an Infirmary rehabilitation project that is supported by a grant from the Massachusetts Division of the American Cancer Society.

Dr. G. de Campo, from the Philippine General Hospital, Manila, visited the Infirmary during the latter part of June and the first of July, observing the work of the different departments.

At their quarterly meeting, the Board of Managers of the Infirmary voted to raise the rates, as of July 1, to $8 per day for ward service, $10 for semi-private, and $12 for private accommodations.

Renovations at the Infirmary continue, with the cleaning of the utility rooms on the third and fourth floors and the treatment rooms on the second and third floors.



This picture of the industrious little man, which has headed our Archives column for these last two months and is to indicate Archives material in the future, was drawn for us by Dr. Ernest Craige, Resident in Medicine.

The larger original drawing is now out on the bulletin board near the foot of Treadwell stairs. Do stop by for a moment, to enjoy the almost audible expressions of absorption in the little man's puckered up brow and tightly gripping fingers. We suggest to you who are unable to see the original that you apply your magnifying glass to this smaller copy above. It will be worth your while.

An article in the *Boston Medical and Surgical Journal* of August 28, 1924 said, in part:

> We of the Western Hemisphere are too prone to forget the achievements of the past. In our worship of the Brand New we have scant time for a fitting veneration of that which has gone before and proven its worth and left its mute reminders. Not that we have no antiquarians among us; not but that many of us respect the accomplishments that laid the foundations for our own successes; but by and large we are too engrossed in the strivings of the present to pay more than a passing respect to the labors of those who have achieved success before us, and to the methods by which they achieved it.

Massachusetts General Hospital is not only proud of the achievements of its present-day staff and alumni but, to an equal degree, does it revere the memory of those of her sons who, through the years since 1821, contributed so much to the advancement of medical and surgical science.

Few hospitals in the world possess as valuable and interesting a collection of professional records, personal letters, and other memorabilia which belonged to or concerned members of their staffs as does Massachusetts General. Our Archives collection is in very truth a priceless one.

The names of many who are now House Officers will, in the future, be well known because of outstanding work they are going to do in their chosen fields; and material concerning them and their achievements will, in all probability, be added to our Archives collection, to enhance its value just that much more. We feel sure that on some still more distant day, a young House Officer here at Massachusetts General is going to exclaim, as a future Archivist shows him a manuscript he has asked to see, "Why, here's the signature of the great Dr. So And So, who was a member of the house staff at M.G.H. way back in 1947!"

Files on the various departments of the hospital also tell the story of steady advancement in techniques and equipment, since the admission of that first patient on September 3, 1821. On the long table in the Archives Room we are showing three items that concern our early Ambulance Service. One is the receipted bill for the first horse-drawn ambulance, bought from M. Curley, Carriage Manufacturer, 109-113 East 13th Street, New York, March 31, 1873. It reads:

To one new ambulance all complete as per agreement	600.00
To 4 new bobs, 4 extra boxes fitted to axles, and boxing bob hubs and plating 4 hub bands on bobs, etc.	100.00
	$700.00

This ambulance is now out at McLean Hospital.

Another item is a letter from Alfred P. Rockwell, Chairman of the Board of Fire Commissioners of Boston, written October 5, 1875, thanking the Trustees of M.G.H. for "the tender of the free use of an ambulance in the event of any accident to Members of the Fire Department received in the discharge of their duty".

The third paper gives a report of the Ambulance Service for the year 1883. From this we find that 195 trips were made during that year, and the total amount received by the hospital for Ambulance Service was $160. In contrast, a recent report on our Ambulance Service gives 1,460 trips a year and an income of $4,597.

Every now and then some old medical or surgical instrument of unusual interest is contributed to our Archives collection. Up to now, lack of space has prevented our reporting such gifts in The News, but we are hoping to be able to mention all future contributions, together with the names of the donors.

Dr. Siscoe brought in a most interesting little gadget the other day. It is a small ivory stethoscope, about 6 inches in height (or length), and shaped more or less like an hourglass. It had been given to Dr. Siscoe by Dr. Grace E. Cross of 581 Broadway, South Boston. It is now on display in the Archives Room.

Along with the stethoscope came this note of explanation from Dr. Cross:

> The principle of mediate auscultation was

discovered in 1816 by René Laënnec, a French physician who was on the staff of one of the large Paris hospitals. Previous to this time, auscultation had been confined to percussion and the application of the ear directly over the cavities of the body.

One day Dr. Laënnec was puzzling over a cardiac case in the hospital which it was impossible to diagnose accurately on account of the patient's obesity. Weary and disturbed, he betook himself out into one of the parks to seek rest and relaxation. While there, he noticed some children near by, playing with a tilt or teeter-board; but, instead of using it in the usual way, a child was knocking on one end of the board while a child at the other end had his ear pressed against the board and was shouting with delight at the amplified sounds which he heard.

This gave Laënnec an idea, and he hurried back to the hospital to put it into effect. The only article at hand with which he could make the test was a package of papers lying on the table. Taking some of these, he made them into a firm roll and, applying one end to the chest of the patient and the other to his ear, he was delighted with the magnified heart sounds which he was able to hear. In great exultation he called in some of his colleagues and made the demonstration for them. And thus the idea of the modern stethoscope was born.

The first instrument was a simple tube of wood. Later, this was modified into an instrument having a cup shape at one end, narrowed into a tube at the other. The principle was that sounds received into the cup became concentrated in the narrower tube and so were increased in volume.

The enclosed stethoscope is one of this type. I do not know how old it is. My father, Dr. William P. Cross, who was born in 1816, probably owned it for many years, as he entered practice in about 1846. It came down to me when I entered practice in 1886. There have been many modifications of the stethoscope, but in my own work in diagnosis I often found this original type to be of special use in listening to the sounds of the foetal heartbeat, and I also used it on other occasions as supplementary to the later types.

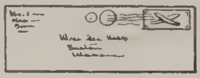
New addresses:—

- Dr. Joseph A. Elliott, Jr. (*M* 1945), Mayo Clinic, Rochester, Minn.
- Dr. George A. Filmer (*Oph.* 1939), 324 Metropolitan Bldg., Denver 2, Col.
- Mr. Wilbour C. Lown, 5906 Wyngate Drive, Bethesda 14, Md.
- Dr. Jack S. Parker (*WS* 1946), 99 Pinckney St., Boston, Mass.
- Dr. Homer D. Peabody, Jr. (*M* 1945), 3147 Front St., San Diego, Cal.
- Dr. John H. Peters (*WM* 1943), Childrens Hospital, DeSoto St., Pittsburgh, Pa.
- Dr. Earl C. Slaughter (*Oto-Lar.* 1940), 1105 Park Ave., Norfolk, Nebr.
- Dr. Frederick C. Y. Ts'ui (*clin. fel. S*), 112 Pinckney St., Boston 14, Mass.
- Dr. Derrick T. Vail (*Oph.* 1924), 700 North Michigan Ave., Chicago 11, Ill.

Brief bits:—

- Dr. Marlow B. Harrison (*EM* 1938) dropped in on us not long ago. Never have we seen anyone so pleased to be back. He said he had anticipated a delightful visit, but found when he reached M.G.H. it was just like returning to one's very own family in one's very own home. He had used the A.M.A. meeting as an excuse to get here before going back to San Francisco.
- Dr. Clyde H. Landers (*gr. asst. M 1941-42*) was released from the Army quite some time ago and has returned to his home—2271 North Holliston Ave., Altadena, Cal.
- Dr. John J. Rupp, who resigned his position of Assistant Anesthetist on July 5, is going to Tucson Medical Centre, Tucson, Arizona.
- We have been told that the following men, who ended service here on June 30, have entered military service. To date, we have the new addresses of only two of them—given below. As soon as we learn where the others are stationed we will publish that information in The News.

Lt. Armand L. Bengle, Jr., MC, USNR, U. S. Naval Hospital, Newport, R. I.
Ernest S. Crawford
Dr. John G. Freymann, U. S. Public Health Service, 1113 Medical Arts Bldg., Omaha, Nebr.
Laurence K. Groves
Arvil J. Hinshaw
Edward V. Johnston
Gale H. Keyes
George H. Lawrence
Joseph K. Maloy
Isaac V. Manly
George W. Mellinger



Dr. Edwin F. Alston (*P* 1944) is out of military service. This letter has arrived from him and Mrs. Alston (Ann Ogden, Medical Art, 1945), from 3712 Albatross Street, San Diego 3, California.

> Our chief and happy news is that we are now civilians again, as of May 28, 1947. At present I am waiting to take the California State Board Medical Examinations in July. Following this little party, we plan to loaf until about October 1. According to present plans, I will then embark upon an assistant residency in medicine at the University of California Hosptial in San Francisco.
>
> Please send our copies of The News, which we always read with greatest interest, to my permanent address, given above.

Only roundabout news concerning Major J. Maxwell Chamberlain (*NS* 1934 & *WS* 1937) came to us from Fort Lewis and Korea during the war. Our persistence in trying to get into direct communication with him has been richly rewarded by this delightful letter.

> The News found me again, and I wish to compliment you. It just occurred to me that both the Bureau of Missing Persons and the MGH wives are losing out on a good thing in you. In fact, at this moment there is a certain traffic policeman in Boston who would pay you a good fee for my address.
>
> However, you will be interested to know that my address has changed again. It is now 532 Park Avenue, New York, where, in addition to other things, I hope to prove that Hollywood is not always right. I shall endeavor to show that a Park Avenue doctor can be successful on MGH principles! If it can't be done, you and The News will probably catch up with me.
>
> I shall not speak of "present" (only beginning) activities, which may be of interest to my friends who read The News, because one day I shall meet them again, and with the aid of time and two very gentle cocktails what are now small indiscriminate weeds will have matured into plants as large as the "Trees in Brooklyn".

Dr. James E. Conley (*WS* 1941) rose to the rank of Lieutenant Commander before he was released from military duty. This letter from him tells us about his present interests and includes news of two other members of the MGH family.

> I enclose a little propaganda from Milwaukee which pertains to some of my activities during the past few months.
>
> As you know, I am practising surgery in Milwaukee, which seems to be the retiring place for University of Michigan and University of Wisconsin M.D.'s. However, there is one other left wing medico from Harvard and Massachusetts General in Milwaukee—Sandy Holbrook [CM 1933 & EM 1934], with whom you are familiar. Gerald Shortz, a recent Fellow in the Anesthesia Department, is our Anesthetist at Columbia Hospital, Milwaukee; and I have him to thank for the fine intratracheal anesthesia I have had for my sympathectomies. During my first year of private practice in general surgery, most of my work has been aligned with sympathetic nervous system surgery in peripheral vascular diseases and hypertension.
>
> Thanks for The News, which both my wife (former secretary to Dr. Ralph Adams) and I enjoy immensely.
>
> Best wishes for continued success and good news.

The enclosures are most interesting. One is a program of the Third Annual Columbia Hospital Therapeutic Conference held this past May, at which Dr. Conley spoke on "Surgical treatment for hypertension", and Dr. Shortz delivered an address on "Recent advances in anesthesiology". The other enclosure is a clipping from the *Wisconsin Medical Journal* which says that at a meeting of the Milwaukee Academy of Medicine Dr. Conley presented an abstract of the paper that won first prize in the Horace Manchester Brown Memorial Essay Contest—"Sympathectomy for hypertension".

This is a "first"—you see, they still continue to come, so it's not too late for you to escape that undesired distinction of being the "last first"—a letter from Dr. Alfred Hurwitz (*gr. asst. S* 1942) containing an account of his busy life.

> My terminal leave in the Army ended January 1946. In June 1946 I decided to accept the position of Chief of Surgery at the Veterans Hospital in Newington, Connecticut, which is closely affiliated with Yale Medical School. The surgical service consists of approximately 200 beds and is modeled after the pattern of a teaching civilian hospital. The red tape has been minimal and the emphasis has been placed correctly on the development of high professional standards. I have been appointed Assistant Clinical Professor of Surgery at Yale Medical School, and have published my first postwar paper in the *Connecticut State Medical Journal* of May 1947, entitled "The use of a glass button in the treatment of ascites".
>
> I have nothing but the highest praise for the present setup in the teaching VA Hospitals.

Dr. Frederic B. Mayo (*a.r.p.* 1944) is out of the Navy. He writes:

> I have just finished a one-year Fellowship in Medicine at Lahey Clinic and am now Resident in Medicine at the Salem Hospital. I plan to practise here in Salem eventually.

Mrs. Kind took her pen in hand and sent us this nice letter which brings the first direct information we have had regarding Col. Henry A. Kind, MC (*CM* 1935). This idea of pinch-hitting for busy husbands who just can't seem to find time for that letter to The News might well be adopted by other wives.

The letter is headed Box 264, Tilton General Hospital, Fort Dix, New Jersey —and reads:

> My husband has been very rushed of late, and knowing how these things can be put off I am taking the liberty of answering your note.
>
> Colonel Kind is still in the regular Army Medical Corps, where he has been since 1935. After he returned from Europe, where he commanded the 4th Auxiliary Surgical Group of the Third Army, he went to Devens for a refresher course, then came to Tilton Gen-

eral Hospital a year ago as Chief of Medical Service. In April he was sent to Tufts College for a short course in medicine, and from June 18 to July 30 he was at Harvard taking another course in medicine. It was a great pleasure for both of us to be in Boston again with our two daughters.

Colonel Kind has been very busy this past year, for the patient load on his service has run to over a thousand at most times. However, things seem to be easing up a bit now.

We both have enjoyed The News so much. I think the hospital deserves great credit for the service it has rendered its personnel.

The News continued to reach Dr. Ralph F. MacDonald (*ES* 1922) while, as Colonel, he was Division Artillery Executive Officer in New Guinea and Luzon. We lost track of him when he started home by way of Japan. This letter, therefore, is especially appreciated.

I left the Army in April 1946 and, after visiting in Chicago for a short time, I joined the Veterans Administration and am now located as Chief of Surgery at McGuire Veterans Hospital in Richmond, Virginia. It is very good to be out of the Army and back again in surgery, and the associations here are most pleasant.

It is always pleasing to hear from the M.G.H. or anyone connected with it.

Another MGH-er reports his release from military service. Dr. Joseph M. Stowell (*gr. asst.* 1944) writes from 1107½ Thirteenth Avenue, Altoona, Pennsylvania:

I went on inactive duty 24 June 1946, and in August went into the practice of surgery here in Altoona. My last three months on active duty were spent at the Portsmouth Naval Hospital, Virginia.

I am enjoying The News very much.

Some time ago Dr. Chester M. Jones passed on to us this very interesting letter from Dr. John W. Ewell (*WM* 1937). We have withheld it until now, awaiting sufficient space to publish it in its entirety. Dr. Ewell was in military service, as a Major, for over five years—three of which were spent overseas. This letter gives us a close-up of his work over there.

Our first location as a Station Hospital was near Oxford—blessings on that happy chance—where Henry Brewster [*WM* 1940] subsequently came to help us establish a narcosis section for dealing with combat exhaustion among fliers. After a few months Army genius for change reasserted itself and we removed to a staging area and thence to Marlborough—a charming provincial town in the midst of Wiltshire's beautiful agricultural and downland countryside, and on the Kennet, a stream famous for its fishing since Walton's time, which was a delight to the enthusiasts among us.

Again, there was great secrecy about our assignment, and only when D-day was upon us did we learn that we were to act as a Transit Hospital, receiving air evacuated casulties. After the initial excitement and confusion, things settled down to the quiet and routine of an Emergency Ward on the grand scale. Some days we did nothing at all except eat the hospital ration for the expected patients, and stand by. On other days we received the wounded in continuous procession—ambulances interspersed with busloads of ambulatories, running almost in convoy from the fields to our doors, hour after hour. Admissions generally began in the early afternoon when the first planes out in the morning—those glittering flagships of the commercial airlines turned workhorses of the war—were able to get back, and lasting until the last flight was in after dark—in those days of double summer time, long after midnight. The daily totals not seldom reached a thousand or more, and frequently exceeded five hundred. We did little enough for them: a rest between sheets—"Just like home, one under and one over!", as a weary G.I. exclaimed; a good dinner as soon as they arrived, daylight or dark; and on to a hospital train in the morning for the next stage of evacuation—the journey to a General Hospital. Even dressings were not numerous and major surgical undertakings were uncommon, for the reason that the forward work—really forward where the definitive treatment was carried out—was simply marvelous. These men—many of them boys without beards—came back smiling after the most appalling operations, sometimes in ingeniously elaborate orthopedic creations, their treatment well under way, and their records almost without exception painstakingly written up, often typewritten. One cannot say enough for what this means in battlefield accomplishment, and there cannot be any reason now why our figures should not be disclosed to bear this out handsomely. In the eleven months of operation our total admissions were not far from 75,000—about one in every ten of all the American casualties (although small numbers of all other nations, including Germans, were received)—and among this number there were less than a score of deaths—striking support for the published statements that if a soldier made the grade at all, his chance of getting home again was well-nigh perfect.

After the end of the war in Europe, in the midst of disintegration of units and the confusion of redeployment, I was enormously fortunate in going to the American University at Shrivenham. Although beset by all these troubles and always facing an uncertain future, the opinion of the 8,000 students who passed through it must have been nearly unanimous in considering it one of the best things ever undertaken by the Army. That it was regarded seriously in educational circles at home is attested by the presence on its faculty of department heads and leading figures from colleges and universities all over the country.

I could not possibly have been more enthusiastic about it, and was correspondingly pleased, in due time, to become Director of the Medical Division. There were between six and seven thousand people to look after, including eleven hundred POW's as a housekeeping detachment. Five dispensaries were maintained, and three quarters areas with a total of about fifty beds, one of which was a little model—a sort of doll's house hospital. For the work, when fully manned, there was a staff of eight doctors, four dentists, six nurses, and approximately seventy-five men. However, it was very inconstant—new faces every few days, forty changes in commissioned personnel, and more than one hundred percent turnover among the men.

Although it seemed a great pity that, after only two terms, the high tide of redeployment should carry away this creditable Army institution which had so much to offer, I was glad to have its closing bring my opportunity to go home and to face the measure of my little son.

If some excerpts from this letter might be of general interest suitable for The News, I would be glad if you would pass it on. I have enjoyed the touch of home brought with every issue of that friendly, chatty paper and I hope provision can be made for its continued life.

Dr. Russel L. Baker (*r.p. N* 1943) is out of the Army and in private practice at 603 Mayer Building, Portland 5, Oregon. In a recent letter he brings himself up to date.

As you know, I was in England with the Boston City Hospital Unit and 7th General Hospital. When that unit went through Redeployment, I was transferred to another General Hospital as Chief of Gastro-enterology and bound for Japan. That trip was terminated when the Japanese quit. I was then sent to the Regional Hospital at Fort Ord, California, in charge of infectious diseases. After a short time there, during which I became married to Elizabeth Corbett of Carmel, California, I was transferred to Walter Reed General Hospital. While there I did general medicine and chest diseases.

The opportunity for separation came in July 1946 and I took it. In order to obtain an office, I returned here at once and was unable to visit in Boston as planned. However, I expect to remedy that defect in the course of a few months.

My practice is confined to internal medicine and diagnosis. I spend my mornings with students at the University of Oregon Hospital.

I graduated from the Army as a Major.

Dr. Donald P. Murnaghan (*res. fel. & gr. asst. M* 1940-42) told us just enough, during the war, to make us want to know more about the kind of research that was being carried on by the Royal Canadian Air Force, with which Dr. Murnaghan served as a Flight Lieutenant. In reply to our recent inquiry on this subject, Dr. Murnaghan writes:

My experiences with the Royal Canadian Air Force during the war were not coloured with the excitement and gallantry of the medical men who were exposed to the immediate hazards of explosives and battle field privation. In February 1942, some thirty months after Canada had entered the war, the Air Force Medical Branch seemed to be the Service where my training could be best utilized. The Army was stagnant overseas and the Navy was relatively small; everyone in Canada, nevertheless, was well acclimatized to a wartime atmosphere—a strange feeling at first as one entered from the United States to enlist.

My Service career began by by-passing the Manning Depot marching; Aviation School was not then well organized, but taught the important facts of the applications of medicine to flying and the routine of administrative details—mostly abhorred by Medical Officers. The next post was on a Medical Selection Board for aircrew fitness in Regina, Saskatchewan. I soon learned the relative inadequacy of deciding who could or should be allowed in the air on the basis of medical tests alone. Careful screening on recruitment had eliminated the unhealthy; a period of three to six months' basic training occurred before aircrew training began, which often brought to light latent disease before candidates presented themselves to such a Board as I worked on. The routine of a physical and psychiatric assessment on healthy personnel soon became very familiar. Interest in the other events of the unit kept one occupied, fortunately. A research program on the effect of altitude and the training technique of chamber decompression, simulating altitude flights, was in progress at that unit. The analysis of results there was similar to those well known now from many stations. Motion sickness induced by swings of peculiar designs was being investigated below us; the effectiveness of some positions was betrayed by the odor. Electroencephalograms revealed an occasional case of petit mal or psychomotor epilepsy, and a routine electrocardiogram on all candidates, in the recumbent position, unearthed a rare case of atrior ventricular block corrected by posture. Cardiac consultations at the unit or reached by flying to neighbouring stations provided many interesting cases and a few exciting moments. Contact with the U.S. Army Base Hospital personnel in Edmonton during some of this period is remembered with warmth and pleasure. They practised good medicine, fair golf, and had good times off duty. In all this, we did our best to make their stay and ours enjoyable.

A survey of the electrocardiograms of pilots over the age of thirty-five years took me into the Yukon on a brief visit. There it was believed I was the first to bring "in" a portable instrument. The only difficulties encountered included "stickiness" of the oil of the camera motor, due to extreme cold while flying north

No. 4 in a series of Staff photographs
Dr. C. Guy Lane — Retiring Chief of the Dermatology Department

and which thawed out before a warm fire, and the voltage variation on the current supply which caused erratic speed of the synchronized time-marker motor.

After nearly two years of Medical Selection work, I moved on to the equivalent of a base hospital for six months. This was followed by substitution duty for six months as Medical Consultant on several units before being appointed Medical Consultant on a Regional Medical Board—one of six set up in 1943 across the continent, to which diagnostic or disposal problems were referred. In this capacity, with fairly complete hospital and investigative facilities, one had a very interesting year. During this time—1945—releases were proceeding; the Board also acted in a consulting capacity for assessment of a veteran's status at the time of release. This was an interesting and valuable experience, yet devoid of the proximate excitement, novelty, and kudos of overseas service—through no fault of one's own.

I am now in Toronto, pursuing clinical research in cardiovascular problems at the University and Toronto General Hospital. My location will be one which I trust will allow an occasional visit to Beantown.

The News is very welcome and most interesting.

We were very glad to receive this "first letter" from Dr. Irvin F. Hermann (*gr. asst. M* 1941-42), written from 5936 Walnut St., Philadelphia 39, Pa.

Since being released from service with the Army Air Forces in January, I have been well occupied in starting my office for the practice of Internal Medicine.

My activities in the Army were not especially exciting—nor adventuresome. I was assigned to stations in this country, and the one time when I had orders for transfer to Brazil, the orders were cancelled at the P.O.E.

I have lived here in Philadelphia most of my life, and will probably practise here the rest of it—with always a warm spot for M.G.H. and a desire to return at as frequent intervals as possible. I visited the Hospital last March and saw many old friends.

The News was always a welcome item in the mail and certainly served to keep me well informed about most of the people at M.G.H. I greatly appreciated receiving it.

We hadn't heard from Dr. Harvey E. Billig, Jr. (*Or.* 1935) in over a year. Therefore, this letter from the Billig Clinic in Los Angeles, where Dr. Billig is Medical Director, was most welcome.

I wound up my active duty in the Navy last April, and am busily engaged in putting into practical application, at the California Institute of Technology, the results of a great deal of research in physiology of habilitation. With the housing shortage what it is and with the problem of every GI who has been here on duty wanting to return with his wife, family, in-laws, cousins, etc., we have been hard put to it to find places for our patients to stay. Just now we have people from Brazil, Belgium, England, and India who would like to come, if we only knew where to put them.

Dr. Loring Swaim [*WS* 1912] was here for a time on other business and I enjoyed very much spending a good many hours with him. I wish my contact with the Boston I learned to love were not so long distant. However, I have followed each issue of The News immediately upon its arrival.

We were very glad to receive this outline from Dr. Lewis W. Hill (*WM* 1915) of his work during the war.

I went into the Army August 27, 1942 and was sent at once to the hospital at Camp Edwards. Stayed there until I was discharged March 1946. Was promoted to Colonel in January.

I don't suppose any doctor in the Army had an easier or more pleasant time than I did, and when I talk with those who went all over the world and suffered every conceivable hardship and inconvenience, I feel that I did mighty little. At Camp Edwards I had very comfortable quarters, excellent food, very interesting and congenial work, with very little of the military about it. Our Commanding Officer, although a regular Army man of long experience, believed that a hospital was a place to take care of sick people, and all military drill and other military regulations were entirely secondary to that. Our hospital, therefore, was run very much as any large civilian general hospital would be run, and it was run well. When the camp was large, with a population of 52,000 at one time, we were a station hospital. When the units trained at the camp had gone overseas and the camp population became very small, we acted for some time as an evacuation hospital and received large numbers of wounded from the debarkation point in Boston. Later we were made into a general hospital.

Having seen no adult patients since I was a House Officer on the West Medical Service in 1915, I learned a great deal at Camp Edwards that I didn't know before, which I suppose I will now promptly forget. Am back in private practice at the same old stand, and am in charge of the eczema and allergy clinic at the Children's Hospital.

This "first letter" from Dr. Donald R. Hayes (*ES* 1939) bears the heading 121 Chestnut St., Springfield 3, Mass.

I should have written a letter of thanks long ago but somehow never got around to it. I'm glad you folks were not so neglectful and that The News succeeded in "getting around" to me while I was in service. Every issue was received with great joy, and all work was suspended until The News was finished. It was a wonderful contact and was fully appreciated.

Many, many thanks and my apologies for waiting until I'm back in practice to tell you this.

We have received our second spanking from a Postmaster for failing to include zone numbers in addresses for The News. Since there is no way of our knowing your zone number unless you give it to us, will you please try to remember to include it on your subscription cards or any other communications you may send us?

THE NEWS

1811

No. 60 Boston, Mass September 1947

OBSTETRICAL SERVICE AFFAIRS

The well-considered report of the Obstetrical Service rendered by Dr. Smith in March of 1946 leaves very little for the reviewer to add. A complete MGH unit which might do for the Obstetrical Service what the Vincent Memorial is about to do for the gynecological seems, under current conditions, to be beyond our reach. The difficulties of financing and of securing personnel for the M.G.H. in the present unsettled period are so well known to the staff and friends of the Hospital that acquisition of endowment for the physical requirements of a separate ward, private and teaching service is only one facet of the problem.

Accordingly, this report can only serve to discuss activities germane to the private practice of obstetrics in the Baker Memorial and the Phillips House. Demand for maternity beds in the Greater Boston community continues to be pressing, and it can be noted with satisfaction that invasion of the obstetrical floors by surgical patients, commented on last year, has been abated. Notwithstanding this, the birth rate remains high and the thirty beds at the Baker and the fifteen at Phillips House are seldom empty. While it is true that the costs to the patient of hospitalization have risen sharply—though not yet sufficiently to meet the amount necessary to keep the hospital out of the red — the growing popularity of the Blue Cross and other insurance plans enables many individuals to be cared for by private physicians who otherwise would accept ward maternity care. (Any person who chooses to doubt this is invited to review the reports of the Boston Lying-in Hospital for the past three years.) Whether an economic recession, if and when it comes, will reverse this trend is for the future to disclose, but this reviewer suspects that it will.

Shortages in nursing personnel, so well known at the M.G.H. as elsewhere, have not spared the Obstetrical Service. The writer is sufficiently conservative to believe that breast milk is the best food for newborn infants, and is convinced that coaching of the young mother and her child in the art of nursing is very important if breast feeding is to be a success. Under present conditions, with scanty supervision, thorough coaching is impracticable. He also deplores the necessity of decanting the mother from her bed a few days after delivery in order to send her home and make room for the next parturient patient. No mother of a first-born child, at least, can make the transition from the security of the hospital to the changed environment of her home without doubts and uncertainties assailing her. She does, of course, what she must, and she somehow survives; but the way of necessity seldom fulfills ideal requirements.

Despite the foregoing gloomy considerations, it is believed that an obstetric patient at the M.G.H. receives the best care possible in these times and circumstances. The nurses have given faithful and devoted service. The availability of consultation for all manner of complications of the pregnant and puerperal state is second to none. The Children's Medical Service has been invaluable in advice and assistance at all times. Problems which bother us today will, in time, be met and solved. The M.G.H. is meeting the challenge of the community in obstetrics quite as well as in medicine or in surgery.

Thomas R. Goethals, M.D.,
Obstetrician

* * *

The cross-word puzzle on the last page of this issue was made by Mrs. William Glenn, whose husband was a Resident Surgeon here at M.G.H. in 1946. Mrs. Glenn didn't just solve the thing—which, in our estimation, would have been a masterly stroke of work. Nothing so simple as that for Mrs. Glenn. She *compiled* it! We know of no adequate superlative to describe such a job as this.

Since the questions and answers are largely from medical and surgical terminology, and a few concern M.G.H. in particular, Mrs. Glenn decided to send the puzzle to THE NEWS. It would be fun to know how many of you can solve it. Maybe you'd be good enough to send us your completed puzzle if and when you get it done.

We wonder how far an expert cross-word puzzle fan, like Mr. F. P. Adams, would get with it. Perhaps we'll send it to him, just to see. As for us, we felt like the answer to "209 across" while we were simply preparing the thing for the printer!

You will find the questions on separate sheets, enclosed with this issue. The solution will be published next month.

Good luck.

* * *

Dr. T. Duckett Jones, Assistant Physician here at Massachusetts General, is a well-known authority on rheumatic fever. As Medical Director of the newly-formed Helen Hay Whitney Foundation in New York, Dr. Jones will head an investigation to try to find the cause of that leading childhood disease.

Dr. Jones has carried on rheumatic fever research for several years. Besides being a lecturer at Harvard Medical School, he is a member of the Board of Directors of the American Heart Association, Chairman of the Executive Committee of the American Council on Rheumatic Fever of that same Association, and a member of the Advisory Committee on services for crippled children, Federal Children's Bureau.

Dr. Joseph S. Barr, Chief of our Orthopedic Service, has been appointed a member of a newly-created civilian board of Consultants to the Navy Bureau of Medicine and Surgery. The board will coöperate with the Navy in the establishment and maintenance of its graduate medical training program.

Dr. Robert F. Loeb (*WM* 1920) has been named Bard Professor of Medicine and Executive Officer of the Department of Medicine at Columbia University's College of Physicians and Surgeons, and Director of the Medical Service at Presbyterian Hospital.

Dr. Loeb succeeds Dr. Walter W. Palmer (*EM* 1911), who has been Bard Professor of Medicine since 1921. Dr. Palmer will become Professor Emeritus of Medicine in Columbia University and a Consultant of the Presbyterian Hospital.

During the war Dr. Loeb was Consultant to the Office of Scientific Research and Development, and has served as Chairman of the Board of Review of the United States Atomic Energy Commission.

Dr. Frank W. Rounds, who recently ended his service as an Intern in our Dental Department, was elected President of the newly-organized New England Society of Oral Surgeons at the first of its semi-annual meetings in June.

Dr. Thoma was appointed Editor of the Society.

* * *

Mr. James Wall of Somerville has been an out-patient at Massachusetts General for several years. Every so often he needs to return to the Hospital for very special treatment for a serious chronic ailment.

Mr. Wall called upon us in the Archives Room the other day to make us a most generous offer. It developed during the conversation that he is a very skillful builder of made-to-scale models. He showed us a picture of a model stagecoach he had made, the original of which used to run between Boston and an outlying town. He said it took him many months to build his coach, and it has been exhibited several times in public places round Boston.

In appreciation of the excellent treatment he has received over the years at M.G.H., Mr. Wall has offered to construct, as a gift to the Hospital, a scale model of our first horse-drawn ambulance. We are taking him out to McLean to see that ambulance as soon as possible. He needs to study it carefully, including its inside equipment, rear door arrangement, and metal trimmings, in order that his finished model will be correct in every detail.

This, surely, will be a very valuable and much appreciated gift from Mr. Wall.

♣ ♣ ♣

CHEST SURVEY

It is well recognized that a number of chest diseases are usually first detected by roentgenological methods. That this is true has been substantiated by many health institutions, industries, and the Federal Government. The Department of Radiology of this Hospital has been considering this program for nearly six years, but has been delayed by lack of adequate equipment. Equipment is now available and, with the coöperation of the Department of Public Health of the Commonwealth of Massachusetts, we will start on a chest X-ray survey program.

It is hoped that in the near future the program will be functioning. At first, only the new patients in the Out-Patient Department will be surveyed. Later, all patients in the entire Hospital will be included and all employees will be checked.

What does this mean to the person who is examined in this manner? First of all, it must be recognized that this is a survey and must not be considered as a complete "X-ray" examination of the chest. It can give an idea of the presence of gross disease only, and it will reveal many conditions which will be the source of much worry and difficulty to the patient and physician. We hope to learn ways of determining the significant from the insignificant in this large amount of statistical material, but it will take time. To the patient who is found to have an abnormal survey film there is much less to worry about in this General Hospital than if the procedure were carried out primarily as a search for tuberculosis. In a general hospital, such as this, there will be many re-examinations which would not be included in a routine tuberculosis survey. Cardiac conditions, diaphragmatic lesions, mediastinal variations, pleural pathology—much of which may be of no significance—must be thoroughly studied in this Hospital. We estimate that we will have a retake (regular X-ray examination) of approximately 35% of those surveyed, as compared with the estimate of the Department of Public Health of 5%. This is true because the latter is primarily interested in tuberculosis. A general hospital must survey patients for all abnormalities in the chest, as well as for tuberculosis. In a wide outlook, the patient who needs to have a complete roentgenological examination should not be unduly worried, as this complete examination will be done in many cases where a serious condition is not present, but only as a safeguard for the patient.

Numerous benign conditions may be confused with serious conditions if only a single examination is studied, and i should be realized that many patients and attending physicians may be necessarily unhappy due to findings on the survey and the resultant follow-up study. Experience up to the present with a few such conditions should be of benefit to the large majority in the future.

Tentative plans would place the equipment in the room off the Emergency Ward, originally planned for X-ray purposes. Certain minor changes in construction are planned by Mr. Kinsman and his helpers. The out-patients will not enter the Emergency Ward, and consequently the already heavy traffic in this area should not be further congested. This location was decided upon because it is centrally located for the entire hospital and should decrease congestion, as well as facilitate the procedure.

The equipment has been on order for some time, and consists of a photoroentgen unit with a camera devised for 70 mm. film. The films will be checked once daily and will be read in the following categories: 1) Normal chest; 2) Unsatisfactory film; 3) Abnormal without clinical significance; 4) Abnormal with undetermined significance; 5) Tuberculosis suspect. The last two (4 and 5) will require the usual complete X-ray examination, and some will need to have extensive clinical and laboratory procedures. This will reduce routine chest examinations in the Department of Radiology, but the estimated retakes and usual examinations will keep the work at a higher level than now. Recent equipment changes should help in taking care of this load. Reports will become a part of the Hospital records, and the films will be stored in the X-ray Department according to the date of examination.

All in all, this project should be of great benefit to the patient and to the public at large.

Laurence L. Robbins, M.D.,
Radiologist-in-Chief

* * *

Twenty PEV's (Polio Emergency Volunteers) have recently completed their training here under the supervision of Mrs. Marie Andrews, MGH graduate and member of the school teaching staff. This training is part of a large-scale program, under the auspices of the National Foundation for Infantile Paralysis, intended to prepare a corps of volunteers for emergency service in times of polio outbreaks. By relieving nurses and physical therapists of mechanical routines and leaving them free to concentrate on their special skills, the PEV's will help to make possible the intensive care and treatment so vital to the recovery of the polio victim. The MGH volunteers, after eighteen hours of training, are ready to give simple assistance with routine nursing care and with hot pack, heat, Hubbard tank, and pool therapy.

Miss Ruth Sleeper, Director of the School of Nursing and the Nursing Service, as President of the National League of Nursing Education, will preside at the Annual Convention of the League, to be held in Seattle, Washington, during the week beginning September 5.

While the shortage of applicants for training still hampers many nursing schools, our school has accepted for its September class a capacity group of approximately ninety student nurses. They will be welcomed on September 3rd with an afternoon tea in Walcott House and, later, a social evening arranged by the school faculty. It is interesting to know that this class includes one Mexican, one Chinese, and one Japanese-Hawaiian student.

* * *

Dr. Thorndike has brought us this final statistical report on the 6th General Hospital, as regards its admissions and dispositions from 20 February 1943 through 31 July 1945:

ADMISSIONS

Disease	16073	(55.5%)
Injury	4983	(17.2%)
Battle casualties	7131	(24.6%)
POW's	779	(2.7%)
Total admissions	28966***	

DISPOSITIONS

Duty	11095	(38.3%)
Limited service	2802	(9.7%)
Trans. to other US Hospitals	3790	(13.1%)
Evac. to Zone of Interior	10452*	(36.1%)
POW's	763	(2.6%)
Died (includes 16 POW's)	64**	(0.2%)
Total dispositions	28966	

* All Z of I from Casablanca
** 22 (Casablanca) — 15 (Rome) — 27 (Bologna)
*** 18052 (Casablanca) — 8171 (Rome) —2743 (Bologna)

	First patient admitted	Last patient discharged
Casablanca	27 February 1943	14 May 1944
Rome	30 June 1944	22 December 1944
Bologna	9 May 1945	29 July 1945

Largest bed capacity	2423 (Sept. 1944)
Largest number of beds occupied	2344 (4 Oct. 1944)
Largest number of patients handled in one day	771 (4 Mar. 1944)
Largest daily admissions	404 (19 June 1943)
Largest daily dispositions	749 (4 Mar. 1944)
Largest evacuation	747 (4 Mar. 1944)

MASSACHUSETTS EYE AND EAR INFIRMARY

Dr. Edwin B. Goodall, a staff member at the Infirmary, died suddenly at his Boston office on August 6. Dr. Goodall, who was a prominent Massachusetts eye specialist and leading New England Ophthalmologist, was born in Jefferson, New Hampshire and received his M.D. from the University of Maryland in 1909. He was a House Officer at the Infirmary from 1916 to 1918. Besides being a President of the New England Ophthalmology Society, he was a member of the American Medical Association, the American Board and the American Academy of Ophthalmology, and the Massachusetts Medical Society.

Recently appointed as Graduate Assistants in Oto-laryngology are Dr. James J. Hogan, who is a graduate of the Royal College in Edinburgh, Scotland—his appointment beginning May 26, 1947; and Dr. Maurice R. Ruben, who spent two years in military service—his appointment beginning in August.

Several doctors from the Infirmary were invited by the Faculty of the Ophthalmological Study Council to teach postgraduate courses in Ophthalmology during the latter part of the month of July. Among those giving the courses, which were held at Westbrooke Junior College in Portland, Maine, were:

Dr. David G. Cogan, Dr. V. Everett Kinsey, Dr. Charles Dyson, and Dr. Arnold Forrest.

Also aiding in the teaching were Dr. Parker Heath, Dr. A. Ray Irvine, Dr. Trygve Gundersen, and Dr. Paul A. Chandler.

Recent visitors at the Infirmary included Dr. Romulo M. Etcheverry from Argentina, Dr. Luis Florez of Spain, and Dr. Elco Hinhinga, a native of Holland. These doctors made complete tours of the Hospital, noting the various activities of its departments.

Dr. Moses H. Lurie's family made an unusual contribution to the Infirmary this summer. Frederick, Dr. Lurie's son—age 16 and a student at the Cambridge School—volunteered to help in the Mosher Laboratory; and his daughter, Ruth, served every day from nine to four in the Nursery, supervising play under the direction of Miss Linda Hall and the Occupational Therapy Department.

We are very grateful for this contribution, during a summer when young people, particularly, prefer to be at the ocean.

The Board of Trustees, at their meeting on July 25, voted:

To promote from the position of Intern to that of Assistant Resident in Medicine for one year, beginning July 1:

Dr. James H. Donald
Dr. Frederick C. Goetz
Dr. William D. Sohier, Jr.

To promote from the position of Intern to that of Assistant Resident in Medicine for one year, beginning October 15:

Dr. John T. Finkenstaedt
Dr. Rita M. Kelley
Dr. Bernard G. Stall, III

To appoint:

Dr. Joel C. Goldthwait as Second Assistant Resident in Pathology for the period July 1, 1947 through June 30, 1948;

Dr. Henry J. Kowalski as Assistant Resident in Medicine for the period January 1 to Oct. 15, 1948;

Dr. John F. Tannheimer as Assistant Resident in Medicine for one year, beginning October 15.

At their meetings on July 16 and 30, the General Executive Committee voted to appoint:

Dr. S. R. Cooper as Research Fellow in Medicine, to assist Dr. Evelyn in special studies on blood flow;

Dr. Leslie Corsa, Jr. as Research Fellow in Surgery;

Dr. G. Marshall Crawford as a member of the Medical Executive Committee;

Dr. Howard S. English as Graduate Assistant in Neuropathology for six months, beginning July 1;

Dr. Theodore S. Golden as Graduate Assistant in Pediatrics.

The late Major Gist Blair, for many years the Historian General of the Military Order of the World Wars, contracted with Stanford University, a few years ago, for a special historical section in the Hoover War Library, to be designated as the M.O.W.W. Archives, in which historical records, books, etc. were to be placed for safe keeping and use by future students. Among the records are battle maps, battle orders, military diaries, original manuscripts, rare books. and personal briefs. The Archives are inspected periodically by national officers. and the Trustees of the Gist Blair Memorial Fund feel that no safer place exists for the protection of this material.

Dr. Washburn called our attention to a published request made by the Trustees of the Gist Blair Memorial Fund for contributions to this collection, and our Archives Department has sent three books to the Hoover War Library — *The history of U.S. Army Base Hospital No. 6 and its part in the American Expeditionary Forces,* 1917-1918, *A pictorial history of the 6th General Hospital,* and *The 105th General Hospital—Two years down under.*

The volumes were inscribed on the title pages by Colonel Washburn, Colonel Goethals, and Colonel Cave, respectively.

Massachusetts General Hospital is justly proud of this contribution to the Hoover Library collection.

Something that has been bothering us for a long time was brought to a head the other day. Dr. William H. Putney of Concord, New Hampshire, who served with Base Hospital No. 6 in World War I, came to the Archives Room and asked if he might see what we have in our files on MGH-ers in World War I. One thin folder and the book *History of Base Hospital No. 6* was all we could produce. Therefore, this appeal:

If any of our staff or alumni have, stored away at home in attics or chests or drawers, material bearing on the part that any individual or group from M.G.H. played in World War I, the Archives Department would appreciate it very much if you would be willing to deposit such papers, letters, pictures, etc. with us. Your contributions will be accessioned with your name as the donor, and carefully filed and indexed.

It seems as if there must be a wealth of interesting and valuable material concerning our men in World War I that should be assembled in one place—which place is, logically, the Massachusetts General Hospital Archives.

Every time we have gone into the Archives Room since we published that list of signatures which are in the old Surgical desk, we have been met with resentment on the part of the smaller desk in there. Sometimes its displeasure has taken the form of silent and haughty indignation; often we have found it sulking in there behind the door; but this week, when it deliberately thrust out its foot and tripped us up as we were on our way past it, we decided that after all fair is fair and it should be given the recognition it rightly deserves, even if it is a much younger member of the Desk family. So here goes.

This is a single lift-top desk, with a little cupboard which has a door at the left. We understand that this type was used by the junior men. Most of those whose signatures appear inside served on West Surgical, others were on the East Service, and one or two were Children's Medical men. The dates run from 1887 to 1940. Homer Gage was the first to sign, and J. B. McKittrick and George F. Emerson were the last.

Here is an alphabeted list of the eighty names it contains, just as they were written:

E. Alden ['02]; Seabury W. Allen, '97; Richard E. Alt, '33.

J. W. Bartol, '90; L. L. Bigelow, '08; W. B. Breed, '19; G. W. W. Brewster, '93; W. A. Brooks, Jr., '91; Robert K. Brown, '39; John Bryant, '10.

H. M. Chase, Jr. ['02]; Farrar Cobb, '93; Richard Collins, Jr., '33; Russsell T. Congdon, '09; W. P. Coues, '94; T. D. Cunningham, '20; E. F. Cushing, '87-88.

John Dane, '92; A. A. Davis, '93; W. H. Davis, '98; Gordon Donaldson, '38.

George F. Emerson, '40; A. B. Emmons, '04.

Homer Gage, '87; James Gallison, '10; R. Garland ['04].

J. B. Hartwell, '05; G. H. Hill, '95; Byam Hollings, '08; H. L. Houghton, '94; J. B. Howland, '96; C. W. Hoyt ['06].

Frederick C. Irving, '11.

H. A. Johnson ['01]; W. S. Johnson ['99]; D. F. Jones, '96.

H. E. Kennard, '34; Hughes Kennedy, '21; L. C. Kingman, '05.

W. A. Lecompte ['99]; Robert G. Loring ['96]; H. A. Lothrop, '91; Oliver A. Lothrop, '09.

H. W. Marshall ['08]; Andrew R. MacAusland, '11; J. B. McKittrick, '40; C. G. Mixter, '07; G. A. Moore, '11; J. G. Mumford, '89; F. T. Murphy ['01].

Clarence Nelson, '39; W. S. New, '17; J. L. Newell, '32; C. W. Norton ['02].

R. F. O'Neil, '95; C. E. Ordway ['06]; R. B. Osgood ['00].

J. C. Pegram, Jr., '96; H. Phippen, '89; G. B. Pierce ['00]; C. A. Porter, '92; J. J. Putnam, '20.

S. P. Sarris, '39; C. L. Scudder, '88; R. H. Seelye, '90; W. C. Seelye, '00; George M. Sheahan, '08; W. E. Sherman, '21; George G. Smith, '09; H. P. Stevens, '07; J. S. Stone, '94.

S. M. Talmadge ['38].

M. V. Veldee, '19; B. Vincent ['03].

Geo. S. Whiteside, '97; W. Whittemore, '09; Hugh Williams ['99].

Edward L. Young, Jr., '10; Ernest B. Young, '97.

Off at the side we find the name Hayward, with nothing further to identify it. We cannot be certain which of our men who bore that name wrote it; but it is reasonable to suppose it might have been George G., for his years of service here at the hospital were closer to those of the other signers than were any of our other Haywards. If it was he, that inscription is the earliest one in the desk, for Dr. George G. Hayward was elected a Surgical House Pupil in 1879 and ended service the following year.

Important events, concerning Massachusetts General Hospital, that occurred in the month of September during the first half of the nineteenth century:

Sept. 3, 1821 — One patient (the first in the history of M.G.H.) was admitted. Not a single other application was made for admission until September 20.

Sept. 7, 1828 — The Apothecary wa ordered to be styled the House Physician.

Interesting information regarding the early duties of the Apothecary is found on pages 146-148 of Dr. Washburn's *History of Massachusetts General Hospital.* We quote:

> The By-Laws of the Corporation adopted July 5, 1811, ten years before the General Hospital was opened, provided for an Apothecary and House Surgeon to be "elected from the class of students by the Trustees on the recommendation of the Physicians and Surgeons of the Hospital." The Apothecary was to be "ex officio Secretary of the Corporation and of the Board of Trustees and Librarian and Cabinet Keeper of the Hospital." [More about that Cabinet Keeper in a subsequent issue. *Editor*] They were to live in the Hospital, and their duties to doctors and patients are specified. These rules would appear to show that it was originally contemplated to have two House Officers: the Apothecary, to be the Medical man, and the House Surgeon. . . .
>
> In 1821, just before the first patient was admitted to the General Hospital, the Rules were revised. There was then no mention of a House Surgeon. The Apothecary's qualifications and duties were briefly: He must have completed one year as a Student in Medicine, be nominated by the Acting Physician and Surgeon, live at the Hospital, board at the table of the Superintendent — this maintenance to be his only compensation. He was to care for all drugs, surgical instruments, administer the medicines, and perform other duties as ordered by the Physician and Surgeon. He purchased drugs and assisted the Superintendent in his accounts. In 1822 the Rules further state that he was to visit the sick twice a day and in the absence of the Physician and Surgeon to care for emergencies. He was to keep the records. . . .
>
> In the minutes of the Trustees' meeting of September 7, 1828, appears the following: "Voted that the Officer heretofore called the 'Apothecary' at the Hospital, shall henceforth be styled the 'House Physician.'" The Rules adopted May 9, 1830, outline the job of the "House Apothecary", and definitely make him the Pharmacist, with other duties that do not include the care of the patients. It is no longer required that he shall have studied medicine.

Sept. 27, 1829 — John Williams, "a colored man", having been admitted into the Hospital, under permit of Dr. George W. Otis, Assistant Surgeon, it was voted that Dr. Otis be requested to state in writing to the Trustees the circumstances which, in his opinion, constituted this a case of emergency within the meaning of the Second Article of the Second Chapter of the Rules and Regulations. On October 9 Dr. Otis replied that he had never before seen a copy of the Rules and Regulations, and that he did *not* think the case was one of emergency within the meaning of those Rules.

It is interesting to find, in this connection, that in 1844, when the results of a drive for funds for enlarging the Hospital were announced, subscriptions varied in amounts from $20,000 to 25¢ and that it was a "poor black" who gave the twenty-five cents. His name was recorded with the others on the books of the donors.

New addresses:—

Dr. Alice M. Bandeian (*An.* 1943), 86 Dodge St., Beverly, Mass.

Dr. John Bandeian (*gr. asst. S*), 86 Dodge St., Beverly, Mass.

Dr. Frederick C. Gevalt, Jr. (*r.p.* 1943), Sharon Clinic, Sharon, Conn.

Dr. J. Wister Meigs (*r.p.* 1943), 575 Ridge Road, Hamden 14, Conn.

Dr. Charles P. Sheldon (*ES* 1931), 319 Longwood Ave., Boston, Mass.

Brief bits:—

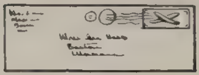
Dr. Robert H. Brown (*ES* 1945) announces the opening of his office for the practice of general medicine at 28 High St., Sharon, Mass.

Dr. William C. Burrage (*EM* 1941) has opened an office for the practice of internal medicine at 57 Deering St., Portland 4, Maine.

Dr. Harrison E. Kennard (*WS* 1934) has reopened his office at 374 Marlborough St., Boston, for the practice of general surgery.

Capt. Robert F. Legge, MC, USN (*Or.* 1935) is still Chief of Orthopedic Surgery at U.S.N.H., Great Lakes, Ill.

Dr. Henry C. Thacher (*CM* 1942) announces the opening of an office for the practice of pediatrics at 34 Court St., Auburn, Maine.



A most welcome letter has arrived from Dr. Clarke T. Case (*WS* 1943). From Apartment F, 447 West Cherry Drive, Columbus 8, Ohio, he writes:

> After much wandering around, I am finally settled down for a little while. When I left the fair portals of the old M.G.H. in June 1943, I went up to the Palmer Hospital in Boston, under Dr. Leland McKittrick. Then I spent two years in Civilian Public Service at a hospital in central New Jersey. This past year I spent on the surgical service of the Veterans Hospital in Topeka, Kansas. The first of July of this year I began an assistant residency in surgery at Ohio State University Hospital here in Columbus, under Dr. Robert Zollinger, formerly of the Peter Bent Brigham.
>
> It seems good to be back in a teaching hospital, and I have a great time comparing and contrasting life here with that at the M.G.H. I hope if any of my old MGH friends pass by this way they will be sure to drop in and see me.
>
> I enjoy each copy of THE NEWS as it arrives, for it keeps me abreast of much that is going on at the M.G.H. Keep up the good work.

Here is a "first" from Lt. Isaac V. Manly, MC, USNR (*ES* 1947). His present address is Box 11, U.S. Submarine Base, New London, Connecticut.

> I was commissioned on graduation from Medical School, March 23, 1946 and placed on active duty here on July 10, 1947. Joe Maloy [*ES* 1947] is here with me, and it looks like a pretty nice setup. We may even get to cut out a wen and burn off a wart now and then.
>
> Thanks for THE NEWS. Mighty glad to be receiving it.

Dr. James S. Mansfield (*gr. asst. M* 1942-43) spent three years in the Army. His overseas service included England and France. He was advanced to the rank of Lieutenant Colonel before his release from military duty, about a year ago. From 12 Bay State Road, Boston, he writes:

> I have been back in the practice of Internal Medicine since November 1946. I now manage to keep busy as part-time physician to the Harvard Law School, Attending Physician at Cushing Veterans Hospital, Out-Patient Physician to the Boston City Hospital, and my own practice. My special interests are in hypertension and nephritis, and in tuberculosis.
>
> It is good to be back as a civilian doctor, and to be in Boston again.

Dr. Robert W. Gentry (*ES* 1943) has a new address—718 5th St. SW., Rochester, Minnesota. This letter from him gives us up-to-the-minute information regarding himself and several other MGH-ers.

> My recent all too short return visit to the M.G.H. was a pleasure. It was an interesting experience to renew old memories, see my many friends, and observe the contributions to and various changes in surgical diagnosis and technique.
>
> During the past four years I have been at the Mayo Clinic — first, on a three-year Fellowship in Surgery, and then as an Assistant to the Surgical Staff. In June 1947 I received the degree of Master of Science in Surgery

from the University of Minnesota.

At present John R. Spencer (*EM* 1943) is busily engaged in clinical surgery, and Donald C. Balfour, Jr. (*EM* 1943) is carrying out some interesting research on the physiologic changes following gastric surgery.

We are looking forward to having Jim Kreisle (*WM* 1943) and Dick Riddell (*ES* 1943) with us this fall.

Another wife has substituted for her husband in the job of getting a letter off to The News. Mrs. Averill writes, regarding Lt. James H. Averill, MC, USNR (*M* 1947):

Following his internship, which ended July 10, my husband reported to the Naval Hospital, Newport, Rhode Island, as a Lieutenant (j.g.).

In your letter you wrote that if former staff members were entering military service, The News would again be sent to them. As a graduate of the Training School at M.G.H., I join my husband in his interest in what goes on at the General, and we would both greatly appreciate receiving The News wherever the Navy may take us.

A short note from Dr. William M. Huber (*r.p. D* 1937) says:

I was certified as a Diplomate of the American Board of Dermatology and Syphilology in April 1947. At present I am engaged in research in Histopathology and Mycology at Vanderbilt Clinic, Columbia-Presbyterian Medical Center, New York City.

Last December we published a long and interesting letter from Dr. Ronald C. Bishop (*M* 1945), written while he was serving as Captain in the Medical Corps with the 280th Station Hospital in Lesum, Germany. Now, from 1982 Troy Avenue, Brooklyn 3, New York, comes this note:

My News has been coming to me via Germany, and that is a long way around. My new address is as above.

I returned to the States March 28, 1947 and completed my terminal leave in May. At present I am working as an Intern at Kings County Hospital here in Brooklyn.

When we published a "first" from Dr. Homer D. Peabody, Jr. (*M* 1945) last December, we said we hoped it wouldn't be his last. It wasn't; and we appreciate very much this letter from him, from 3147 Front St., San Diego, California.

I have recently been released from the Army, having served the past year at Fort Totten Station Hospital, New York.

After a leisurely automobile trip from New York, I started work at the Rees-Stealy Clinic in San Diego and expect to be here for one year. Then more traveling—this time to the Mayo Clinic for a Fellowship in internal medicine.

I would be most happy to see any of the MGH group if they are near San Diego.

Have always enjoyed The News.

A request for information about his war work resulted in this letter from Dr. George B. Beaman (*a. Psychi.*).

For almost two years at Jefferson Barracks I had the opportunity to see nearly every misfit in the United States from Seattle to Key West and *vice versa*. During 1943 alone, I passed judgment on some ten thousand men. Through the summer and fall of 1944, I enjoyed sailing on Balboa Bay when I wasn't working with Cadets at Santa Ana. From Thanksgiving Day until after the Derby, I enjoyed the hospitality of Louisville—by all odds the most friendly town in the United States, in my experience. For diversion, I was the sole Psychiatrist for a time for fifteen hundred convalescent patients. As if tha wasn't bad enough, almost every agency in Louisville wanted to hear me talk. My talks to the Police Department were probably the most profitable—at least I did not get pinched, as usual. After the Derby I was shifted to Buckley Field. And so, Beaman continued to work like the dickens, going on into the fourth year.

Perhaps a few good things did come out of that mad military psychiatric whirl. The general public has learned a lot about emotional illness. At least they have learned that it is not confined to the idle rich or poo unfortunate women. Better acquaintance is the first step in allaying fears of the mysterious. The convalescent hospital treatment idea, although it came late, has, I believe, influenced medical, surgical, and psychiatric practice since the war. The willy-nilly education of all physicians in the Army in matters psychiatric has, by the expressed confessions of some of them at least, made better doctors of them. There are also encouraging signs among psychiatrists.

Another "first time-er" is Dr. Gardiner Pier (*WS* 1943). This letter gives us a rather gloomy picture of his war experiences.

I can assure you that my military career was distinguished only by its uselessness in contrast to that of most of my medical friends.

I went to Carlisle Barracks in April 1944, for the prescribed six weeks of medical indoctrination, where they told us that the vast majority would become Battalion Surgeons. I imagined, in my ignorance, that a Battalion Surgeon in the Parachute Infantry might find greater surgical responsibility, and besides, I liked the idea of working with volunteers So I requested parachute training and spent six more weeks of "surgery" in Finney General Hospital where I did considerable writing on charts. That was July 1944. After four weeks of the Parachute School, where I learned the meaning of the word "rugged", I was qualified.

I had hoped for an immediate overseas assignment, but out of six doctors in my class, I alone was ordered to remain to work in the School. I spent the summer and fall in the Advanced Training Division, taking sick call, training parachute medics, and covering tactical jumps. All this was valuable—especially the tactical jumps, which we medics would make from the lead plane, thus combining a training jump with practical training in first aid which we gave to the injured on the field. Since the jumps were by groups of five hundred or more, and the injury rate ran around 1-2%, we sometimes had half a dozen fractures, sprains, and bruises to care for, twice a week.

Shortly before I was scheduled to ship overseas I sprained a knee badly in a football game and spent the winter, until February, in the hospital. Thererafter, I was on temporary limited duty, and by some misfortune was ordered out to the Third Service Command, where I had three different dispensary jobs—each one more useless and miserable than the last.

Dr. Robert J. Joplin (*P* 1929 & *Or.* 1933) sent us this letter some time ago.

My activities overseas were meager compared with so many you have reported in The News—which paper I read with delight each month.

At Base Hospital 13, in Milne Bay, British New Guinea, I served from September '44 to May '45 as Chief of Orthopedic Surgery. In Hollandia, Dutch New Guinea, I was Chief of Surgery until I became Executive Officer. Fortunately, I was permitted to see Orthopedic patients in consultation and perform operations.

Our department was quite active at Base Hospital 13, where we had a high percentage of knee cases. Though no physical therapy or occupational therapy departments existed, as such, we utilized the hospital area which was formerly the site of a thriving, self-supporting mission where lovely fruit trees and flowers were abundant. Convalescent patients, who were ready for active exercise, were given butterfly nets and permitted to wander through the garden paths where beautiful specimens were always present during the middle of the day. As you doubtless know, the largest and most magnificent butterflies in the world are found in New Guinea. The incentive apparently was sufficient, for over half of these patients returned to active duty in less than three weeks. Maybe you wonder what they did with their daily catch. Of course, if the patient did not want them himself, the nurses had first choice and the doctors got the remainder. I used to pick out a few from time to time, mount them, and send them home to my two little daughters, who were thrilled by their brilliant colors. One day they took several trays of them to school. Their classmates enjoyed them so much they were shown elsewhere. Eventually, I'm told, they found their way to the Museum of Natural History.

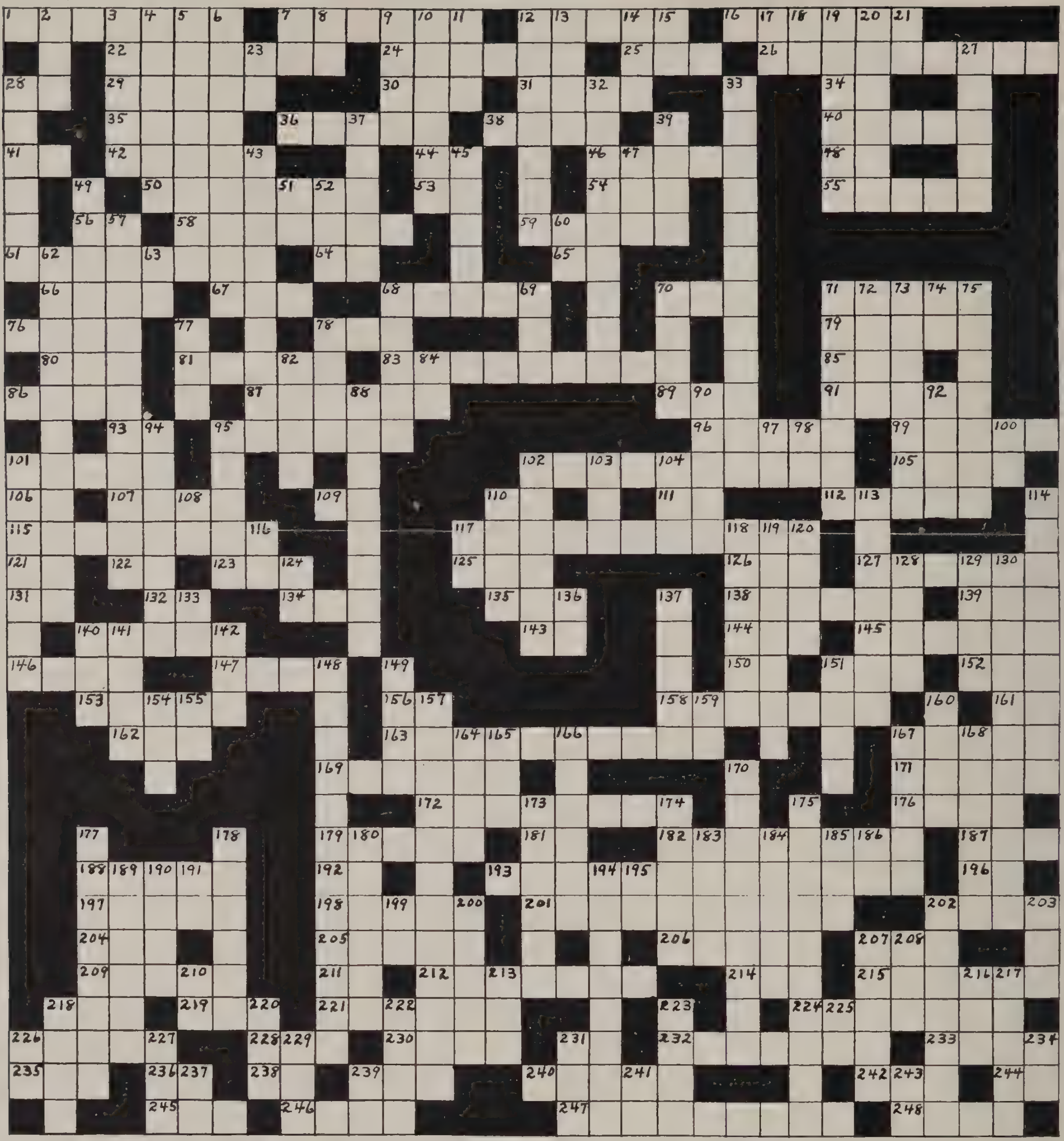
Although our hospital unit was never near enough to the fighting zone to get fresh casualties, we received shipments from forward areas from time to time, for open reductions, removal of foreign bodies, reapplication of plaster of paris casts, etc. Some of these patients were returned to duty while others were forwarded to the States. A large part of our Orthopedic work was more elective than emergency. It compared favorably with civilian practice, since most of our casualties resulted from motor (jeep and truck) accidents, crushing injuries from small boats operating near gangways and landing docks in rough weather and athletic (so-called authorized calisthenics) injuries.

An excellent pattern for those of you who have not reported your military assignments from time to time is suggested by this letter from Dr. Charles P. Sheldon (*ES* 1931).

We MGH graduates borrowed The News from others when our copies failed to arrive and we always, therefore, kept up to date with information concerning our friends at home and abroad. I will say that most of the issues did arrive, and usually very promptly.

To bring you up to date with some of my experiences, I am appending a résumé of my military activities since the spring of 1944.

1. Commanding Officer, 116th Station Hospital, December 1943 to November 1944. This hospital was located at Port Moresby, New Guinea.
2. Hospitalization Officer, Office of the Chief Surgeon, USASOS, SWPA, November 1944 to June 1945. I joined this headquarters at Hollandia in Dutch New Guinea. In January we were transferred to Leyte, P.I. and in March to Manila. My duties involved the allocation of medical units to bases in the theatre; intra-theatre movements of units; selection of hospital sites; establishment of construction standards; liaison with the Engineers on hospital construction; and the establishment, maintenance, and operation of all hospitals within the theatre. These duties demanded a fair amount of travel, so I became quite familiar with the Philippines. I shall never forget the privations of the Filipinos, the damage to their cities, and the fortitude with which they face a difficult future. Riding up Dewey Boulevard in Manila in early March, before the debris had been cleared, was a memorable occasion. For the first time I was able to grasp fully why we Americans were fighting the Germans and the Japs. It was to prevent San Francisco, Chicago, and Boston from looking like that.
3. Promoted to Colonel, June 6, 1944.
4. On June 16 I was released from the



MGH CROSS-WORD PUZZLE, BY MRS. WILLIAM W. L. GLENN

Chief Surgeon's Office by Gen. Guy B. Denit Theatre Surgeon, and returned to the Zone of the Interior on the Redeployment Point Basis. Sailing to San Francisco on the *Klipfontern* was a fitting finale to the tour of overseas duty, as the accommodations were excellent and the food, in characteristic Dutch style, was superb. We sailed back under the Golden Gate August 5, and two weeks later I was officially placed on Terminal Leave for Separation from the service as of November 16.

5. On September 8, I was pleasantly surprised to receive a citation. A true copy is enclosed.

For a long and interesting letter which brings us up to the beginning of this one, see your NEWS for March 1944.

We reported several months ago that Dr. Sheldon is back on the staff at M.G.H.

Another new voice—that of Lt. Col. Robert Lee Patterson, Jr., MC (*Or.* 1935). After more than three years of overseas service he sends this briefest possible statement. How much his friends would enjoy hearing a few details—through THE NEWS.

> I entered the Army in February 1942 as Chief of the Orthopedic Section of the 2nd General Hospital (Presbyterian Hospital Unit, New York City) and remained with this unit for 21 months in England and 12 months in France. During this period I was Regional and Hospital Center Consultant in Orthopedic Surgery.
>
> On arrival back in this country in July 1945, I was made Consultant in Orthopedics to the Fourth Service Command, where I remained till separation from the Army on October 23.
>
> My promotions were in 1942 and 1945. I also received the Legion of Merit in May 1945.
>
> Thank you for always sending THE NEWS and for the fun and interest it gave us. I hope I shall be in Boston soon and be able to visit the M.G.H. In the meantime, my permanent address is 148 East 65th St., New York, N. Y.

The first letter in a long time has come from Dr. Burdick G. Clarke (*EM* 1943). He writes:

> Please change my address to 943 Oak Street, Winnetka, Illinois.
>
> I regret that my own experiences in the Service afforded little interesting subject matter for letters, or that security regulations prevented writing about things of most interest when they occurred. I want to say, though, that during the twenty-six months I spent at sea with the Amphibious Forces I particularly enjoyed THE NEWS. I am sure I was not alone in finding both personal items and professional comment of the greatest interest, even though at times they caused considerable homesickness.
>
> I am in the Department of Physiology at Northwestern Medical School, working in the laboratory of Dr. A. C. Ivy.

Dr. Robert H. Detwiler (*CM* 1940) is back home in Arlington, Virginia. A recent letter says:

> THE NEWS has been coming with clock-like regularity and has been read with appreciation and interest.
>
> Soon after V-J Day, I returned to the States and have since been working hard and drinking gallons of milk. I have seen quite a few of the local MGH boys since they have returned to practice. Everyone here is having trouble finding adequate office space and help, but we hear it is the same all over.

THE NEWS

No. 61 Boston, Mass. October 1947

ANESTHESIA SERVICE AFFAIRS

To say that the Department of Anesthesia now has 46 full-time members or that it works on an annual budget of $185,000 ($59,000 of which comes from outside sources, largely for research), or to say that it is self-supporting (actually slightly more so, so that salaries have recently been raised) — to recount these facts gives one kind of information, perhaps not the most important kind, although it is the easiest to give.

Several attitudes of the department have remained unchanged from the beginning — for example, the aim to solve a given problem as simply as may be safe and satisfactory and at as low a cost to the patient as can be. For some curious reason anesthesia practices are almost always extremely controversial and the foregoing simple statement gives no hint of the opposition engendered by putting it into practice. For example, we believe that our insistence on safe, *simple* anesthesia procedures for thoracic surgery have done much to make it possible for many general surgeons to enter the thorax when the patient's disease indicates that is the best approach. By "safe, simple procedures" we include the demonstration that ether anesthesia given intratracheally is unquestionably the best all-around agent for surgery inside the thorax. We have shown by a good many thousand cases that most of the popularly recommended gadgets are unnecessary. A closed respiratory system with facilities for positive pressure anesthesia is essential. Ten years ago a considerable protest met our stand. Most of the major thoracic centers of the country now have adopted the simple principles used here.

Another example, our belief that nurse anesthetists continue to have their place in a charitable institution has caused and is causing criticism. For the time being — certainly as long as the surgeons here continue to achieve their pace-setting results — we shall probably continue to use, in part, nurse anesthetists, believing that the shift to an all-medical service would unreasonably raise the cost of medical care. With 20 physicians full-time in the department we do not minimize their importance. And when, in a little over a dozen years, the department has grown from no physician to 20, we believe the evolution is rapid enough.

In the turbulent postwar years, a great problem has been how to hold even partially trained young men. At times, it seems as though each of the 7,000 hospitals in the United States is making a determined effort to get at least one physician anesthetist. Desirable as this might be, there aren't enough available trained men. In about a year's time, 15 of the major medical schools of the country have asked us to provide heads of their departments. Well-trained anesthetists have at present a scarcity value probably unequalled in any other field of medicine. It is difficult to hold on to enough well-trained men to give the service we want to give. The expansion of our department since the war is an effort to do our share in overcoming this national shortage.

As with all other medical problems, these are world-wide and not merely national. We have acknowledged this responsibility in accepting and having in training men from three foreign universities: Oslo, Copenhagen, and Basle. Such men are accepted for training only on the guarantee that their national universities will give them teaching positions when they return to their homelands.

* * *

Of all the drugs listed in the pharmacopoeia, probably those making up the group of sedatives is most used and least studied, in man. To this end our research activities are concerned with investigation of these agents in human *volunteer* subjects. Such studies are better carried out in a hospital than elsewhere. The possibility for such studies is one of the great advantages and intangible resources, not to say responsibilities, of an institution like the Massachusetts General Hospital. Two chief lines of work are in progress: one deals with study of a new and promising family of narcotics, the amidones, racemic, levo and iso. The other line is concerned with study of the sleep process as it is influenced by sleep-producing drugs. Two human subjects at a time are studied for about thirty consecutive nights, during which they sleep in separate air-conditioned rooms. These are equipped so that electroencephalograms, records of their bodily movements, and their auditory thresholds (depth of sleep) can be obtained during sleep. A program of objective performance is administered just before, once during, immediately after the night's sleep, and once during the day, in an effort to relate their sleep characteristics with and without sedatives to their mental and motor efficiency. We hope to be able to say what constitutes a good hypnotic agent and finally to get new insight into the nature of the sleep process.

The Anesthesia Laboratory now has an endowment of a little more than $60,000. It is not planned to use the income from this for a considerable number of years, in the hope that eventually this can be built up into a sum that will make long-range planning possible in the activities of the Laboratory.

Henry K. Beecher, M.D.,
Anesthetist

* * *

Dr. Arthur W. Allen was made President of the American College of Surgeons at their meeting in New York on September 8.

Dr. Allen is Chairman of the National Committee for the United States of the International Society of Surgery. On September 13 he flew to London to deliver one of the Moynihan Lectures at the meeting of that Society. While there, he received an honorary membership in the Royal College of Surgeons.

* * *

Dr. and Mrs. Faxon were the first to report having finished the cross-word puzzle. Dr. Faxon says it was the first cross-word puzzle they had ever attempted; but, being the Faxons, they entered into the spirit of the contest—and won the race.

* * *

On September 5 an afternoon party was given the 16 Dietetic Interns who had finished their course here at M.G.H. Dr. Faxon presented the certificates to the graduates, after which refreshments consisting of sandwiches, cakes, and tea were served.

There are 17 students in the new 1947-48 class. Sixteen colleges in the United States, from Maine to Oregon, and one in Argentina are represented in the group.

* * *

Ether Day will be observed this year with a very simple and informal ceremony to be held in the Brick Corridor. Announcements of the time of the program will be given out as soon as plans are completed.

* * *

This is to correct an error that wormed its way into the September issue.

On page one we said that Dr. Frank W. Rounds, who has been elected President of the New England Society of Oral Surgeons, recently ended service as an Intern in our Dental Department. Of course, as you probably know, it was Dr. Rounds's son, Charles E. Rounds, who recently finished his internship here.

We *would* have to pick the front page for such a mistake as that!

Beginning with this issue, in addition to a leading article from the head of one of our services, we are going to publish each month a paper on the history and present activities of one of the hospital clinics. Many of our readers, doubtless, have nothing more than vague ideas as to how our several clinics came into being and how they have grown into the efficient departments they now are, and these write-ups should prove of great interest to us all.

THE NEWS is very pleased to be able to start off the series with this excellent article from Dr. Francis M. Rackemann.

THE ALLERGY CLINIC

DATES IN ITS HISTORY

The word "allergy" was suggested by Von Pirquet (1) in 1906. The response of patients with syphilis and tuberculosis to treatments with extracts of the causative organisms were to him "strange reactions". Large injections of foreign serum produced other "strange reactions", and in Greek that's "Allergy".

In 1910, Meltzer (2) recognized the similarity between the lungs of guinea pigs dead of anaphylaxis and the lungs of patients dead of asthma. After that, Walker (3), Cooke (4), and Goodale (5) demonstrated the extraordinary reactions which skin tests with extracts of foreign substances could produce in certain individuals, and this was "Allergy", also.

In 1916, Longcope (6) in a Harvey Lecture discussed the similarities and differences between anaphylaxis in animals and allergy in man.

It was Dr. Joseph L. Goodale who stimulated Dr. J. A. Turnbull to study patients in the Nose and Throat O.P.D. from this new point of view. Dr. Goodale's paper on horse asthma was published in 1915. Meantime, Dr. Rackemann had spent two years working on anaphylaxis with Dr. Longcope, in New York, and in 1918 he had published a clinical study of 150 cases of bronchial asthma (7). After the war, in July 1919, he took over the beginning of the present Allergy Clinic. The work was carried on in a small room next to the Nose and Throat teaching clinic, and this was good because many patients with hay fever were at hand and because the teaching clinic had rows of chairs and desks which were useful. Extracts for tests and treatment were made in the laboratory in the Bulfinch Building which Dr. Edsall had provided. Volunteer Clinic Secretaries were being recognized for their enthusiasm and their ability, and became extremely helpful. The services of Miss Isabelle Coolidge and Miss Dorothy Mandell were greatly appreciated. In a short time Dr. Donald S. King became interested and helped greatly with the routine for a year or two.

Meantime, Dr. Harold S. Tobey of the Nose and Throat Department was quick to grasp the clinical importance of allergy and for some years he worked closely with those in the "Anaphylaxis Clinic", as it was then called.

In 1921, a part-time paid technician, Miss Lillian B. Graham, came to work in the clinic and helped immensely with the routine. The technique of skin tests and of treatments improved rapidly. It was thought that the study of such a variable disease as asthma could be advanced best by the observation of many patients, in the hope that they could be divided into types or groups and, furthermore, that "key" cases might turn up more often. This policy has not been in vain.

In 1923, a full-time technician became necessary and Miss Margaret A. Scully began her long and faithful service at the hospital. When, in 1926, Miss Graham resigned, Miss Scully carried on in the clinic and laboratory with part-time assistants to help with the heavy routine.

In October 1926, a patient and friend of Dr. Rackemann made a substantial gift to the Medical School for the study of asthma, and now a full-time Fellowship could be offered. Dr. Walter S. Burrage, just graduated from the East Medical Service, accepted it, and he has been working on allergic diseases ever since.

In 1927 the O.P.D. Building was enlarged by a small addition to connect it with the Eye and Ear Infirmary. This gave several new rooms, and at last the Allergy Clinic could have a little elbow room. Since then, the large group of patients have been handled in a suite of small rooms on the top floor opposite the Children's Medical Clinic. The place seems small, particularly on hot days in summer, but the doctors do well in it. When the crowd is noisy enough, conversation becomes private. There are two examining rooms, and "out back" the laboratory is newly equipped with modern facilities for nose and throat treatment, thanks to the enterprise of Dr. Weille.

In 1928, Dr. Abraham Colmes dropped in one day to see what we were doing, and he came again, until finally he was made a Graduate Assistant in the O.P.D. For sixteen years Dr. Colmes worked faithfully, until ill health forced him to resign in the fall of 1944.

Children came to the clinic in increasing numbers and when Dr. Edward S. O'Keefe showed interest in them, all the children were assigned to his care and a sub-clinic for children's allergy was established. In this way a connection with the Children's Medical Clinic was made.

In 1929, Dr. Francis L. Weille, eager student of Nose and Throat diseases, was assigned by Dr. Mosher to come to the Allergy Clinic once a week and help with the examination and evaluation of those many patients who presented lesions of the nose and sinuses, as well as of the chest. He, also, has stayed with us through the years, and under his control we have learned to curb our enthusiasm about nasal operations and to recognize that lesions of the sinuses are part of the picture and not often a cause of the disease.

In 1932, Dr. Frank A. Simon came from Louisville, Kentucky, to work full time in the Allergy Clinic and Laboratory. He stayed two years with us and taught us much about the development of hypersensitiveness, the technique of producing local lesions in the form of what we recognize now as "contact dermatitis".

After him, in 1934, came Dr. Harold C. Wagner, who also stayed two years. Dr. Wagner was another enthusiastic worker and was clever with the technical details. It was Dr. Wagner who devised the method of inoculating kapok with various fungi so as to demonstrate that the asthma which we had found clinically to be caused by kapok pillows and mattresses was due to the contamination of the pillow stuffing with various fungi growing on the kapok fibres. Studies of the mechanism of hay fever and its treatment were begun by Dr. Wagner and are still going on.

Dr. Theron G. Randolph followed Dr. Wagner, and we learned about histamine — that accurate determinations of histamine in the blood were difficult and that the histamine problem was very complex. Indeed, there seemed to be real doubt about the role which histamine might play in allergic diseases.

In 1942 Dr. Adolph Hochwald had escaped from the terrible conditions in Germany and Austria. He had worked previously on the role of Vitamin C in immunity and now was most anxious to apply his knowledge to clinical material. For two years Dr. Hochwald worked with us in the laboratory and clinic and learned from us, as we learned from him. By modifications of the diet he succeeded in producing anaphylactic shock in the white rat.

Meantime, in 1935, Dr. J. Evarts Greene, who had just completed his medical service at the Boston City Hospital, came to work in Dr. Rackemann's office and also in the clinic. He, too, has been with us ever since and has become one of the main supports of the clinic.

At the time of Pearl Harbor, the Allergy Clinic was very much a going concern. From the beginning, sessions had been held four days every week throughout the year, and the numbers of patients ranged from 100 per session in summer to about 50 per session in winter. We came to treat up to 7% of all the patients in the O.P.D. This was possible because of the friendly interest and helpful coöperation of several outside doctors. Dr. Julian C. Gant of Boston, Dr. Raymond J. Savignac of Worcester, Dr. William B. Clapp of Grafton, Dr. Paul Withington of Milton, Dr. I. Jaffe of Boston, Dr. Leo Burgin who assisted Dr. O'Keefe with the children, and Dr. Eda Polcari of Cambridge have all worked faithfully, and all except Dr. Gant are still with us.

Meantime, Mrs. Alice Dalrymple came in 1937 to help with skin tests and injections in the clinic, and now she is in charge of these important matters. A third technician came from time to time, especially in the summer when work is heavy, and this year Miss Tyyne Lamsa, M.G.H., R. N., comes regularly. On October 1, 1945 Miss Margaret A. Scully resigned, and Miss Lena Neri took over in the laboratory.

ACROSS - contin.

187 three times a day (abbr.)
188 "no humbug"
192 conjunction
193 of indefinite form
196 anodal opening (abbr.)
197 Arabian boats
198 pertaining to the cheek
201 stimulating the appetite
202 one of the bones of the upper extremities
204 anger (Latin)
205 final stage of an insect
206 bound with a narrow band of material
207 coating seen on the tongue in various diseases
209 type of mental defective
211 a note of the musical scale
212 affected with jaundice
214 American Academy of Science (abbr.)
215 compounds composed of the same elements, but differing in structure
218 a beverage
219 unit of nutritive value of 1 Gm. of breast milk
221 incrustation that forms on the teeth
224 affected with any wasting disorder
226 units of capacity measurement
228 long-eared quadruped of the horse family
230 covered with oil
231 exclamation
232 loosening of fibres of a diseased nerve
233 fragrance
235 a thing done
236 after a meal (abbr.)
238 plural nominative of "I"
239 possessive of "it"
240 of highest quality
242 king (Latin)
244 preposition
245 an honor medical fraternity (abbr.)
246 measurement of heavy weight (pl.)
247 the art of cultivating the memory
248 bivalent element

DOWN

2 sick
3 old name for physician
4 to make worse
5 sudden paralysis from cerebral effusion
6 to pass urine
7 chemical symbol for titanium
8 initials of noted Boston brain surgeon (1869 - 1939)
9 unable to speak
10 failure of muscular coordination
11 distinctive generative characteristic
12 lamblia
13 cereal plant (Oryza sativa)
14 organ of vision
15 chemical symbol for sodium
17 out of print (abbr.)
18 chemical symbol for rhodium
19 a contagious fever
20 to diffuse by osmosis
21 chemical symbol for nickel
23 factor of blood
27 distal portion of the small intestine
28 small white nodule beneath the epidermis
32 portion of the sternum
33 listening for sounds within the body
37 adhesive substance secreted by pine trees
39 smell (noun)
43 growing old
45 one of the dactyls of the hand
47 material yielding metal
49 pertaining to dizziness
51 duration tetany (abbr.)
52 unit of electrical resistance
57 condition of bodily weakness
60 chemical symbol for molybdenum
62 birth control
63 chemical symbol for cerium
68 watery discharge from eyes, nose, and sores
69 to weep
70 sac containing liquid or semisolid secretion
71 sexual "heat" of female animals
72 prefix, opposite of ana-
73 one of the ferments of pancreatic juice
74 and (Latin)
75 one of the ductless glands
77 human males
78 branches, as of nerves or veins
82 swampy ground
84 Master of Surgery (abbr.)
88 architect of earliest building of Massachusetts General Hospital

Sept. 1947

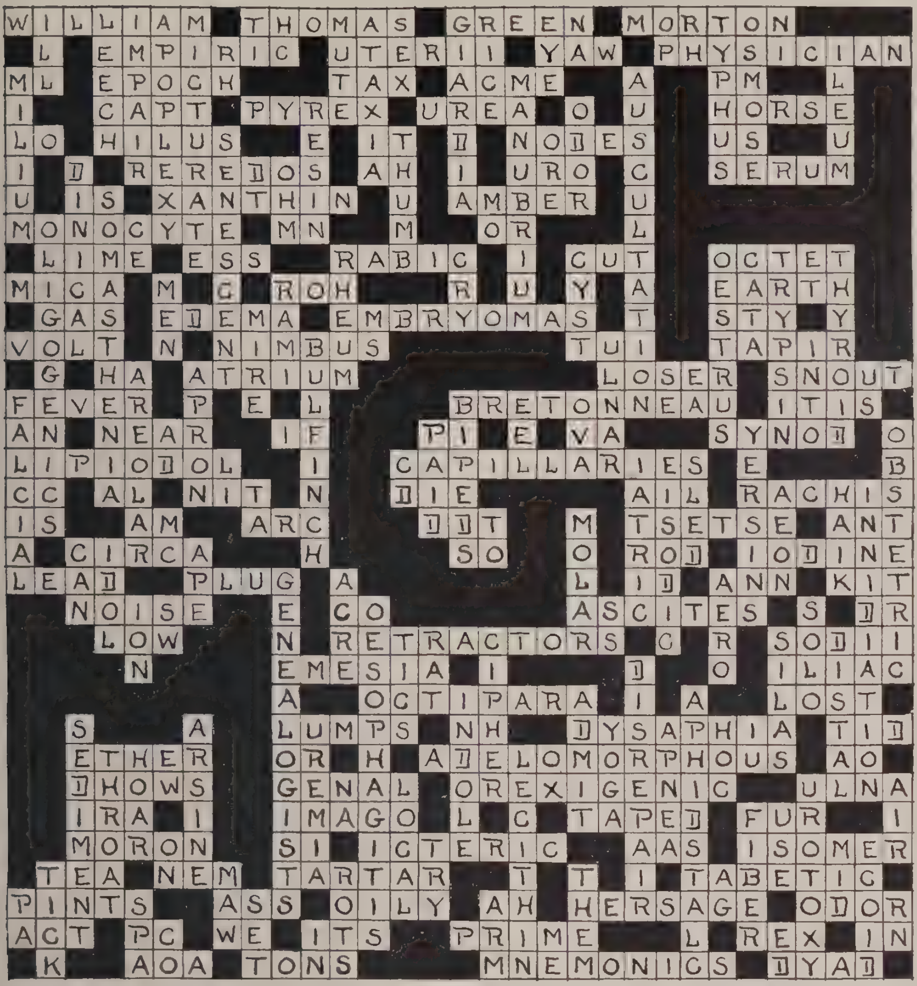
ACROSS

1, 7, 12, 16 1st, 2nd, 3rd, and 4th names of the dentist who first demonstrated the use of ether for major surgery

22 relying on experience, not on theory
24 wombs
25 frambesial sore
26 doctor of medicine
28 small measurement of fluid (abbr.)
29 a period marked by notable events
30 assessment
31 point of perfection
34 after noon (abbr.)
35 an army rank (abbr.)
36 variety of heat resistant glass
38 NH_2CONH_2
40 hoofed animal, now generally domestic
41 exclamation
42 depression in an organ
44 pronoun
46 protuberances
48 pronoun
50 ornamental screen behind an altar
53 hypermetropic astigmatism (abbr.)
54 prefix denoting relation to urine
55 fluid component of blood
56 present tense of verb "to be"
58 yellow pigment
59 fossil resin
61 large white cell
64 chemical symbol for manganese
65 operating room (abbr.)
66 calcium hydrate
67 suffix forming female nouns
68 pertaining to rabies
70 to make an incision in
71 group of eight
76 silicate, easily separated into thin leaves
78 a general symbol for alcohols
79 a planet
80 a physical state
81 excess tissue fluid
83 tumors containing embryonal elements
85 an inflammation of the eyelid
86 unit of electrical pressure
87 rain cloud
89 the parson bird
91 American mammal with flexible proboscis
93 exclamation
95 auricle
96 one who loses
99 forward projecting part of a beast's head
101 pyrexia
102 French physician, noted for work on diphtheria
105 word termination denoting inflammation
106 an article (gram.)
107 close to
109 conjunction
110 3.14159265
111 a southern state of the U.S.A. (abbr.)
112 a convention
115 opaque medium used in radiology
117 small blood vessels
121 small measurement of fluid (abbr.)
122 suffix used in forming names of aldehydes
123 egg of a louse
125 to expire
126 to be afflicted
127 spinal column
131 space between the ribs (abbr.)
132 imperfection in refractive power of the eye (abbr.)
134 segment of a circle
135 an insecticide (abbr.)
138 African fly, dangerous to man
139 small insect of the order Hymenoptera
140 about (Latin)
143 therefore
144 peripheral optic nerve ending
145 a halogen
146 heavy, soft, grey metal
147 something fitting into and filling a cavity
150 the same (abbr.)
151 woman's name
152 wooden tub
153 clamor
156 symbol for carbon monoxide
158 excess intra-peritoneal fluid
161 a measure of dry weight (abbr.)
162 sound made by cows
163 surgical instruments used for exposure
167 genitive of sodium (Latin)
169 act of vomiting
171 pertaining to the flat, upper part of the innominate bone
172 a woman who has borne eight children
176 not to be found
179 protuberances
181 a northern state of the U.S.A. (abbr.)
182 impairment in the sense of touch

DOWN - contin.

90 pertaining to the inner bone of the forearm
92 preposition
94 containing minute air spaces
95 garment worn in front by surgeons in the operating room
97 chemical symbol for selenium
98 a god of the Babylonians, earliest deity associated with healing
100 United States (abbr.)
101 pertaining to falx
102 two-footed animals
103 snakelike fish
104 female reproductive cells
108 right ear (abbr.)
110 remunerated
113 type of serum used in treating bubonic plague
114 pertaining to obstetrics
116 chemical symbol for lithium
117 chemical symbol for cadmium
118 pertaining to medicine or to a physician
119 afferent
120 vehicle on runners
124 toxin-antitoxin (abbr.)
128 an immeasurably long period of time
129 Arab's outer wrap for body and head
130 development of cells in the part to which they have been carried
133 Medical Corps (abbr.)
136 preposition
137 a grinder tooth
140 to be able to do
141 an image of a deity
142 type of monkey
148 people who trace ancestry
149 unit of land measurement
151 prefix used in forming words pertaining to aviation
154 atom carrying a charge
155 one of the semi-cardinal points of the compass (abbr.)
157 inflammation of the oesophagus
159 abbreviation for (Latin) semis
160 performance by one person
164 twitchings
165 rodent
166 system of secret writing
167 man's first name
168 not proximal
170 in a bad state, for want of repair
173 one of the decomposed products formed in the large intestine
174 allow entrance of
175 plant lice
177 dregs
178 any one of the group of arsinical bases
180 accumulation of urinary matters in the blood
183 Hindu system of philosophic meditation
184 partial suspension of breath
185 this (Latin)
186 immunizing unit (abbr.)
189 pharynx
190 grey or white with age
191 emergency ward (abbr.)
194 one of the phospholipids
195 large ruminant quadruped, used as a work animal
199 chemical symbol for sodium
200 pertaining to one place or spot
202 urinary poisoning
203 gaseous mixture of atmosphere
207 a threadlike structure of tissue
208 to employ for a purpose
210 preposition
213 to attempt
216 the middle of
217 colorless framework of a red blood cell
218 blood sucking arachnid parasite
220 gullet or stomach of an animal
222 decays
223 objective of "they" (gram.)
224 powdered magnesium silicate
225 chemical symbol for silver
226 father (colloq.)
227 resort for medicinal waters
229 group of similar objects
231 one of the extremities of the body
234 registered nurse (abbr.)
237 chemical symbol for carbon monoxide
239 chemical symbol for indium
241 pronoun
243 masculine nickname



SOLUTION OF MRS. GLENN'S CROSS-WORD PUZZLE, PUBLISHED IN THE SEPTEMBER ISSUE

are Dr. Albert K. T. Ho, who came to the Infirmary in June, and Dr. Charles Lane, who arrived here in September. Dr. Ho, a native of Honolulu, is a graduate of Jefferson School of Medicine. Dr. Lane, from Hattiesberg, Mississippi, is a graduate of Tulane University, School of Medicine.

On September 23, the Boards of Surgeons met for dinner and an informal meeting at the Infirmary. They reviewed future plans for the Infirmary.

Dr. Norman Jesberg has completed his residency in Oto-Laryngology and is now at the Los Angeles Eye and Ear Hospital.

Last month we said that the Archives Department would be very glad to receive any items of a personal nature bearing on World War I — pictures, letters, etc. — which MGH-ers who were in the previous war might be willing to deposit with us. We are still hoping such items will begin to arrive.

Since then, this communication from Dr. Washburn, who was Commanding Officer of Base Hospital No. 6 in World War I, starts us off with what we hope will be a series of articles on hitherto unpublished events concerning the MGH unit. We ourselves have already thought of a most amusing episode that occurred at Talence, and we are going after that story for the next issue. If you, too, know of any incidents concerning MGH-ers in World War I that readers of THE NEWS would enjoy hearing about, let's have them. It is still not too late to build up such a file for our Archives collection.

Here is Dr. Washburn's letter:

It is unfortunate that the hospital paper of the day was discontinued as a measure of economy during World War I. If we now had in our files such material as THE NEWS published in World War II it would be of much value. It is true that through the devoted efforts of Mrs. J. H. Means and the published *History of Base Hospital No. 6* we do have considerable material available. However, the Editor of THE NEWS thinks that the younger generation knows little of B. H. 6's accomplishments and she wants to get its members to recall some of their experiences for present publication. Hence this communication.

A useful accomplishment was to persuade General Gorgas, then Surgeon General of the Army, to use the civilian hospitals as bases for Army hospitals, in addition to medical schools which alone were first contemplated. The Directors of Johns Hopkins and Massachusetts General, with Colonel Jefferson R. Kean, M.C., visited the Surgeon General for this purpose and emerged from the conference with the request of General Gorgas that the Massachusetts General and Johns Hopkins Hospitals form units for Army service. This was authorized by the Trustees of Massachusetts General Hospital a full year before the United States was at war. The result was that Base Hospital No. 6, with plenty of time to select its officers, nurses, and other personnel and to gather its equipment under the Red Cross, had an organization of men and women accustomed to working together — a great improvement over the hastily gathered personnel of hospitals of the Spanish War.

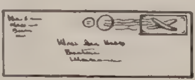
On July 9, 1917 the unit left Boston. It was a carefully chosen group of officers, nurses, and enlisted men, well equipped and reasonably well drilled, and organized for 500 beds. The journey overseas was via New York, Liverpool, Southampton, and Le Havre. It reached its final resting place at Talence, a suburb of Bordeaux, France.

It took over from the French a schoolhouse and a few ward buildings of 20 beds each, which had been used by the French as an Army hospital. The place was sadly in need of cleaning, the eradication of fleas and rats, and the construction of a sewer system. This was soon followed by the building of kitchen, dining rooms, store house, and many more wards, until finally a hospital originally planned for 500 beds housed 4,300 patients and a much increased number of officers, nurses, and enlisted men at the time of the Armistice. With its ice plant, kitchen equipment, central heating, toilet and sewer system, many wards and covered corridors, it became "the marker and pattern for other similar units that were stationed later in this region", as Col. Henry A. Shaw, Chief Surgeon, Base Section No. 2, says in his Introduction to the *History of Base Hospital No. 6*. General Leonard Wood, passing through Bordeaux, told the writer that it was the best hospital in the A. E. F.

In addition to producing this hospital unit, officers and nurses were sent from Base Hospital No. 6 as surgical transfers to operate at the front, and three of its officers went to England to produce hospitalization there.

B. H. 6 Laboratory was so efficient it became the Base Section No. 2 laboratory. The work done there was of a high character. Its work in control of epidemics was of the utmost importance. The hospital was blessed by the tireless and unselfish work of its beloved Chaplain.

The writer wishes to state that he has done this bragging at the request of the Editor of THE NEWS. All interested in detail are referred to the *History of Base Hospital No. 6*.



Dr. John F. Bresnahan (*r.p.* 1918) and Assistant Director at M.G.H. 1914-18, is still with the Veterans Administration, but has been transferred to their hospital

Meantime, a Social Service Department was organized about 1935, and Miss Natalie Jewett has given us the benefit of her long and sound experience in social problems. She visits our patients to look for cats, kapok, and other "house dusts", and she explains how the mother must feed her child. A small fund can provide rubber pillows, and can send an occasional severe asthmatic to the convalescent home.

The Clinic Secretaries are easy to overlook. Since the beginning, at least two young lady volunteers have appeared each morning to look for records and bring the patient and the record together. Without their help the work would be almost impossible. We are very grateful to them.

During the war, doctors at home did extra work — and then some. In the spring of 1944 Dr. John L. Jacobs came to learn about allergy and give us both moral support and real assistance. Dr. Henry S. Forbes likewise showed his interest and took hold hard. One wonders what might have happened if they had not appeared.

When Drs. Burrage, Greene, Clapp, Burgin, and Jaffe came back from Service we were as pleased as they.

In the summer of 1946 young men were once more available, and it is fortunate to have Dr. John G. Wiswell from Halifax and Montreal to work full time, and Dr. John W. Irwin to work both in the office and clinic. They are a good pair and should teach us still more about a very fascinating but very puzzling group of diseases.

BIBLIOGRAPHY

(1) VonPirquet, C.: *Allergie,* Munch med. Wchnschr. 1906, *53*: 1457
(2) Meltzer, S. J.: *Anaphylaxis and asthma,* A.M.A. 1910, *55*: 1021
(3) Walker, I. C.: *Studies on sensitization,* J. Med. Research, 1917
(4) Cooke, R. A., VanderVeer, A.: *Human sensitization,* J. Immunol. 1916, *1*: 201
(5) Goodale, J. L.: *Parenteral administration of horse serum in cases of horse asthma,* B. M. & S. J. 1915, *172*: 751
(6) Longcope, W. T.: *Susceptibility of man to foreign proteins,* Am. J. Med. Sci. 1916, *152*: 625
(7) Rackemann, F. M.: *A clinical study of one hundred and fifty cases of bronchial asthma,* Arch. Int. Med. 1918, *22*: 517

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A Conference on Myasthenia Gravis, with informal discussion, will be held at the Massachusetts General Hospital on October 2 - 4, 1947.

The opening session, on neuromuscular transmission, will take place on Thursday afternoon, October 2, beginning at 2 P.M. Drs. Acheson, Krayer, McEachern, Nachmansohn and others are expected to lead the discussion.

On Friday, October 3, a morning and afternoon session is planned, the morning being given over to the diagnosis and treatment of myasthenia gravis and the afternoon to the problem of the thymus, thymectomy and thyroid. Speakers will include Drs. Aeschlimann, Aranow, Eaton, Schwab in the morning and Castleman, Good, Cope, Clagett, Thorn, and Mr. Keynes in the afternoon.

On Saturday, October 4, a clinic by Dr. Henry R. Viets and Dr. Robert S. Schwab, and a discussion of future research is planned. The meeting will adjourn by 1 P.M.

All meetings will be at the Massachusetts General Hospital.

On Thursday evening, there will be an informal dinner for all attending the Conference, including lady guests. On Friday, a dinner, without ladies, is planned for Mr. Keynes.

All investigators working on the problem of neuromuscular transmission and clinicians and surgeons treating patients with myasthenia gravis are welcome.

Henry R. Viets, M.D.

The first monthly meeting for the season of the Medical Staff will be held in the Ether Dome at 5 P.M. on October 20. Dr. Suzman of South Africa will speak, and tea will be served, as usual, before the meeting.

We doubt if you really appreciate the seriousness of the situation which exists at Massachusetts General Hospital due to the sharp reduction in the number of volunteers, and we feel that if you are informed as to the critical condition here, you cannot but respond to this appeal.

It may be difficult for you to understand why the need for voluteers is just as great now as it was during the war, but such is the case. The fact that during the war nearly everybody was helping in some way or other in the general effort created a stimulus that no longer exists. The desire to help is no longer nurtured by the psychological effect produced by masses of voluteers the country over. Volunteering has now become the much less glamorous and unacclaimed job of simply standing by the hospital until it has worked its way through the aftermath of the war.

It is understandable that after months of continuous and faithful service to the hospital, many of our volunteers welcomed the opportunity to return to their full-time jobs of being good wives and mothers. But the hospital does still need you — badly.

Mrs. Courtney tells us that there are several vacancies every day in the Out-Patient Department alone that are uncovered, and both day and evening vacancies in Baker Memorial and the General Hospital that must be filled. Volunteers are needed for typing and many other activities. Red Cross Nurses' Aides are desperately needed, also, for work in Phillips House and elsewhere.

We not only appeal to you for a few hours of your time, but we ask that you try to persuade as many of your friends as you can to come in and talk with Mrs. Courtney or telephone her — Capitol 4300, Extension 257. After you have exhausted the names of all the probabilities among your acquaintances, try the improbables. They may surprise you with their responses.

To sum up — the situation has moved out of the category of the serious into that of the critical. We need you, and will be most grateful for any hours you or your friends are able to give us.

The Board of Trustees, at their meetings on August 22 and September 5, voted to appoint:

Dr. Gordon L. Block, Jr. as Assistant Resident on the Urological Service, beginning October 1;
Dr. Henry H. Brewster as Assistant in Psychiatry;
Dr. Bernard D. Briggs as Assistant Anesthetist, beginning September 1;
Dr. Lucie J. Jessner as Assistant Psychiatrist;
Dr. Reginald D. Kernan as Assistant Resident in Psychiatry for five months, beginning August 1;
Dr. Harry P. Makel as Assistant Resident in Anesthesia for two years, beginning October 14;
Dr. John L. McClung as Assistant Resident in Anesthesia for two years, beginning July 1, 1948;
Dr. Harley C. Shands as Assistant in Psychiatry;
Dr. Donald P. Todd as Assistant Anesthetist, beginning September 1.

At their meetings held on July 2, August 13 and 27, and September 3, the General Executive Committee voted:

To promote Dr. Raymond F. Kuhlmann to the position of Senior Resident on the Orthopedic Service for one year, beginning October 1.

To appoint:

Dr. Peter H. Knapp, former Assistant Resident, as Clinical Fellow in Psychiatry, as of August 1;
Col. Frank Y. Leaver (RA) as Graduate Assistant in Radiology for one year, beginning October 1;
Dr. Joseph Paravisini as Clinical Fellow in Surgery;
Dr. Mary E. Perry as Graduate Assistant to the Children's Medical Service;
Dr. Aram Roopenian as Graduate Assistant in Plastic Surgery, with the privilege of assisting Dr. V. H. Kazanjian in the care of his patients in the Baker Memorial;
Dr. Armando Torner as Clinical Fellow in Surgery.

In September, for the first time, an extended program of orientation for the incoming student group was introduced in the School of Nursing. Whereas, in the past, students have begun formal classes in midweek, immediately following their arrival, they now are thoroughly introduced to the school over a three-day period before classes begin on the following Monday. During these three days, tours of the hospital are conducted, special diagnostic tests administered, physical examinations completed, various speakers presented to promote full understanding of school and hospital, and a study forum conducted by the preclinical faculty as a guide to wise study planning and habits.

On the social side, the incoming class of ninety new student nurses was welcomed with the traditional tea, sponsored by the Ladies' Visiting Committee and held at Walcott House. On the evening of their first day, they were the guests of the faculty at a highly informal game party in the Rotunda — an opportunity for getting acquainted with both classmates and instructors. The third important social event for the incoming class was the Little Sister Party, given by the upper-class "big sisters" at the Peabody Playhouse on September 12. Games, contests, dancing, and music were all a part of the fun.

Four new Graduate Assistants are working with Miss Perkins in the Department of Nursing Arts: Misses Jean Barker, Catherine Yetman, Marguerite Donnelly, and Mary Conroy. Miss Donnelly and Miss Conroy have been loaned from head nursing for the semester only, in order to take care of the large entering class.

In the science department, three new instructors have joined the staff: Miss Marjorie Johnson, Instructor in Microbiology; Miss Marian Wilson, Chemistry Instructor; and Miss Estelle MacLean, Instructor in Microbiology for the coördinated program.

Three changes of position have been announced by the Nursing Department. Miss Eileen Wolseley, upon her return from a summer at Columbia, has begun work as surgical supervisor in the White Building. Miss Ruth Poules, formerly night supervisor, is now one of the Baker teaching supervisors. Mrs. Conroy, head nurse of EW throughout the war years, has resigned, and her place has been taken by Miss Krasnoger, formerly head nurse on White 6.

On the 5th of September, five members of the class of September 1944 were graduated—the first in their class and the only ones to complete the course without missing time. They were Misses Bayliss, Carlson, Gustafson, Keller, and Landers. All five are returning to M.G.H. as graduates.

A new regular affiliation offered by this hospital opened on September 29, when the first group of students arrived from the Henry Bishop Hospital in Pittsfield for work in Pediatrics. The Leominster Hospital will also send students for this affiliation.

An Open House marked the opening recently of the newly remodeled and redecorated reception rooms at the Thayer House. Students in that residence who formerly relied upon the facilities of Walcott House for entertaining male guests, now have at their disposal four reception rooms, including three "beau parlors" of varying size. A pleasant reception hall and more conveniently located reception desk complete the new addition.

* * *

The other day Dr. Sylvester B. Kelley made a unique contribution to our Archives collection. He brought in a sizable wooden sign which reads "Kelley's Comet". It is now in the Archives Room.

We felt it deserved special notice in The News, and so we secured from Dr. Kelley this explanation of the significance of the sign.

"'Kelley's Comet' was the unofficial designation of the United States Army hospital train 42-A1 which was operated by a small group of officers, nurses, and men from the 6th General Hospital in Italy between January 17 and May 1, 1945.

"The name was applied facetiously by the train crew because after we received an urgent appeal to assume the operation of the train at Leghorn, we did not move from the siding for a period of six weeks. In fact, our anticipation of a busy schedule shuttling patients from the front back to Rome and Naples never materialized, for during our whole assignment we did not carry patients for more than thirty-six hours.

"Among the personnel there are many happy recollections of the extracurricular activities at Leghorn and of the hospitality we so fortunately could extend to all who passed through Leghorn and who were willing to tolerate the noisy, dirty environment of our station."

A picture of the train, sign and all, is on page 65 of *The history of U. S. Army Base Hospital No. 6.*

* * *

New addresses:—

Dr. Henry H. Brewster (*WM* 1940), 45 Columbine Road, Milton 87, Mass.

Lt. Ernest S. Crawford, MC, USNR (*ES* 1947), U.S. Naval Hospital, Portsmouth, N. H.

Capt. William E. Eaton, MC, USN (*D* 1907), Bureau of Medicine and Surgery, Navy Department, Potomac Annex, Washington 25, D. C.

Dr. Howard A. Hoffman (*r.s. U* 1946), 60 Eighth St., New Bedford, Mass.

Dr. Edward T. Smith (*Or.* 1937), 4815 Fannin St., Houston, Tex.

Brief bits:—

Dr. Ralph Adams (*WS* 1935), formerly of Boston, announces the opening of his office for the practice of surgery of the thorax and neck, at 1010 Heyburn Bldg., Louisville, Ky.

Lt. Frederic M. Blodgett, MC, AUS (*CM* 1946) is now at Station Hospital, Keesler Field, Biloxi, Miss. He took the X-ray course at Fort Sam Houston and found it very interesting, but is much happier in the field of Children's Medicine. He is planning to return to M.G.H. when he finishes his military service.

Dr. Edward P. Richardson, Jr. (*EM* 1943) has gone to England for a year, to study as a Clinical Clerk in Neurology at the National Hospital for Nervous Diseases, Queen Square, London WC 1, England. He promised to write us a letter after he gets settled over there.

Dr. Richard C. Webster announces the removal of his office to 1101 Beacon St., Brookline, Mass., where he will practise Plastic and Reconstructive Surgery.

MASSACHUSETTS EYE & EAR INFIRMARY

At the invitation of the various Oto-Rhino-Laryngological Societies of South America and sponsored by the State Department, Dr. LeRoy A. Schall spent July and August in South America. The itinerary took him to Brazil, Uruguay, Argentina, Chile, and Peru, to give surgical demonstrations and perform operations in various cities. In Buenos Aires he conducted a two-weeks' postgraduate course in Oto-Laryngology.

The trip was made mostly by plane. After leaving New York, San Juan, Puerto Rico was the first stop. There he was the guest of Dr. and Mrs. Carlos Munos MacCormick, and two days were spent fishing off the Virgin Islands.

At Rio de Janeiro he found Dr. Guimaeres very happily situated as assistant to Professor Dr. Jose Kos and well on his way to becoming one of the leading oto-laryngologists of Rio de Janeiro. Here, too, were several former Eye and Ear Infirmary visitors — Major Salem of the Brazilian Air Force, who came to Boston for ten days and stayed ten months, Dr. DeLima, and Dr. Kos.

Dr. Schall spent two days at Sao Paulo, where he gave two lectures and performed several operations. He next visited Professor Alonzo's Clinic in Montevideo, where two lectures and one operation was the schedule.

After the two-weeks' course in Buenos Aires, he gave a lecture in Rosario and another in Santa Fe, then traveled by air and bus to Cordoba and Mendoza, where he stayed for three days in each city.

In Chile, seven days were allotted to Santiago and two for Valparaiso, with daily lectures and daily clinical demonstrations to keep up the strenuous pace. Finally, lectures and operations filled the five days spent in Peru.

The trip ended with a visit of two days with Dr. and Mrs. Julio Quevedo in Guatemala City.

Dr. A. Ray Irvine left the Infirmary in September for Baltimore, where he will spend some time at the Wilmer Institute of Johns Hopkins Hospital. After the first of October, he will be residing in Beverly Hills, California.

A recent visitor at the Infirmary was Dr. Jose Nobre Leitao of Lisbon, Portugal. He spent a few weeks here observing our work in the ear, nose and throat service. In October he will return to Portugal, where he is a member of the Portuguese Navy.

Two new residents in Oto-Laryngology

No. 5 in a series of Staff photographs
Dr. Henry K. Beecher, Anesthetist

in Wichita, Kansas, where he is Manager. With his subscription to The News came a "first". It is a brief note, and we eagerly await a longer letter from him. He writes:

Concerning data about myself, you may be sure that in the near future I will comply with your request.

Right now I am knee deep escorting Government Inspectors through the hospital and have a number of reports to make after just having had a visit from General Hawley. After that I want to get away for a few weeks' vacation in Colorado — not having had a vacation for the past six years.

Over two years ago, when Dr. Roger W. Morrison (*ES* 1943) was a Lieutenant in the Army, we published a letter from him in which he described his visit to the Pasteur Institute in Paris. This is the first word we have had from him since — and glad we are to hear from him.

The letter is headed 1640 West Adams Street, Chicago 12, Illinois. It says:

Your pleasant note made me aware that I was not helping the Editor in her labors by maintaining silence.

After the World Tour that the Army gave me, we settled not quite a year ago in Chicago. Here I have been at the University of Illinois, Department of Pathology, having some interesting experiences in that and allied fields. The Chief is Granville A. Bennett, whom many Harvard and MGH people know.

As for special problems I am interested in, I can admit to injecting a few things into rats and doing one or two operations on rabbits, but the results would better remain unpublished. We are interested in applying histochemical methods to the elucidation of some of those fascinating diseases — the lipoidoses. Come spring, we will move to Rochester, Minnesota, to be a Fellow at the Mayo Foundation. In the meantime, should anyone be in Chicago we will be glad to have him drop in.

Both Mrs. Morrison and I enjoy The News.

We wish we might have more letters like this one from Dr. Jesse T. Nicholson (*r.s. Or.* 1933). It says just what Dr. Nicholson might tell us about, should he drop in at our office for a visit. This sort of letter helps so much toward making your News the kind of "family" paper it wants to be.

After reading a succession of interesting notes in each number of The News, from MGH alumni continuing in the Service, it had not occurred to me that an abstract of my mundane civilian activities was in order. I just can't be subtle enough to portray my activities in a "Dr. Pepys Diary". If I just list them, my friends might think this is an obituary. I will, therefore, confine my remarks to my work at the Graduate School of Medicine of the University of Pennsylvania.

Last year I succeeded DeForest P. Willard as the Professor and Vice Dean in charge of Orthopaedic Surgery. This graduate school is probably the first of its kind in this country. It was established in 1918. The purpose was to give a year's basic course in a medical specialty for graduates of medicine. In the past the greatest criticism, probably, was of the emphasis placed upon such basic sciences as Anatomy, Pathology, Biochemistry, and Physiology. At present, with the specialization boards requiring such basic science work, they are no longer considered too theoretical.

There are fourteen specialties represented. My position, therefore, becomes somewhat complicated, in that in addition to coördinating clinical work to tie in with basic science work for the students in Orthopaedics, I must arrange at least basic lectures in orthopaedic problems as related to and for the different specialties.

There are so many more applicants for the Graduate School than can be adequately handled, that considerable discretion can be used in picking the students. The enrollment runs around 350. Of these, twelve are allotted for the orthopaedic department. The twelve are divided into three groups for their clinical work, and they rotate through the Alfred I. DuPont Institute, Philadelphia General Hospital, Philadelphia Children's Hospital, Graduate Hospital, Presbyterian Hospital, U. S. Naval Hospital in Philadelphia, Temple Hospital, Pennsylvania Hospital, and University of Pennsylvania Hospital — all of which leads to the construction of a schedule not unlike a railroad timetable. This is my pastime for the hot summer evenings at present.

Dr. John H. Peters (*WM* 1943) moved round so fast and so often during the war that his last very interesting and amusing letter became past history in between galley proof and page proof dates and therefore never appeared in The News. For that reason, we were very glad to hear from him again and learn what he is up to these days.

On 1 July of this year I came to Pittsburgh to accept a Research Fellowship in the newly-founded Department of Research Medicine at the University of Pittsburgh. Although located in Children's Hospital, the position is not by any means a purely pediatric one, and the plan is to study biochemical and metabolic disease in adults and children.

The housing situation in Pittsburgh is as bad as it is elsewhere, but there seems to be a good chance that we will be established here by the first of October. In the meanwhile I am again a temporary bachelor — the rest of the family having remained with my parents in New Haven. The old, old story!

My functions thus far have not been primarily medical. The task of equipping and organizing laboratories and offices reminds me very much of military life; but the end is in sight, and we should be a going concern before too long.

Any MGH-ers who are in Pittsburgh will find me at the Children's Hospital, 125 De Soto Street.

Kindest regards to all at MGH.

* * *

The News is five years old this month! Nearly old enough to go to school.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 62 Boston, Mass. November 1947

CHILD PSYCHIATRY TRAINING AND RESEARCH UNIT

A liaison between the Children's Medical Service and the Department of Psychiatry has brought forth a cooperative unit of Child Psychiatry. This is not a new department and a new specialty. God forbid! But it has become increasingly obvious over the past ten years that the study of psychiatry in children needed special personnel and new techniques. Psychiatrists who were successful with adults often understood little or nothing of the problems of infants and children. They were often as floored by the behavior of adolescents as were parents, and the school teachers who sought their advice often knew more about children than they did. The pediatricians were somewhat better off. Many of them had accumulated wisdom in practice and had a way with them in handling children, but they had little insight into the reasons for success or failure.

This situation has been changing during the past few years. Some psychiatrists have seriously been studying children and some pediatricians have been studying psychiatry. The work has already produced practical and theoretical results. Of course, the ground work was laid twenty or thirty years ago by Binet, Freud, Piaget, Eichorn, and Healy. Child guidance started up as a workable contribution in many communities. In this community we think of Douglas Thom and Healy and Bronner as our pioneers. Recently the psychoanalysts have made important contributions. Observations of the child in action by such workers in the field as Anna Freud, Burlingham, Marian Putnam, Hilda Bruch, Jackson, Redl, and Erickson, have given evidence that many of Freud's postulates about emotional trauma of children were right.

Dr. Lucie Jessner, a former member of our psychiatric staff and of the McLean staff, has been in close touch with these developments. She has now rejoined the MGH staff to give us the help of her experience and skill as consultant in the Children's Medical Service, in the Psychiatric Service, and in the Out-Patient. She is to initiate investigations and teach students and graduates. In this work she is to be aided by Dr. Erich Lindemann, who has for years had a great interest in children, by Drs. Nathan Talbot and Gertrud C. Reyersbach of the Children's Medical Service, by four newly-appointed Clinical Fellows, and by the Chiefs of the Psychiatric and Children's Medical Services. The four Clinical Fellows are: Dr. Jane A. Allen, recently Assistant Physician in the Memorial Hospital in Worcester; Dr. Margaret Bullowa, from the Menninger Clinic in Topeka; Dr. Samuel Kaplan, who was last year at the Judge Baker Guidance Center; and Dr. Nicholas D. Rizzo, who has an M.S. and Ed.D. in psychology, an M.D., and recently had an internship at the Children's Hospital.

This new venture in coordination between departments is made possible by a grant from the Public Health Service under the Mental Health Act of 1947. There are two projects: one for training child psychiatrists and psychiatric social workers and teaching interns, medical students and nurses; and the other for research. Actually, these two projects are closely integrated, for good teaching is dependent upon an ever-increasing knowledge of the teachers. The specific problems to which the investigative efforts of this unit will be directed are:

1. A continuation of a study of the psychological factors affecting appetite and their effect on growth and development. This study has been pursued for some time by Dr. Talbot and Dr. Lindemann in the Adolescent Endocrine Clinic. Much valuable information has already been obtained and it is hoped that continued work will lead to more definite information.

2. A study of the menarche in normal girls, with special emphasis on the irregularities of ovulation and menstruation, and the psychological effect of menstruation, whether regular or irregular, on adolescent girls.

3. A study of the effect of hospitalization on infants and children. This is a large problem, and for the first year it will be limited to a study of the effects of tonsil and adenoid operations. Psychological reactions to the admission to the hospital for operation, to anesthesia, and to the operation itself will be observed.

4. A study of carefully selected patients, suffering emotional disturbances, with the purpose of detecting the etiological factors. The accumulation of data from such studies should provide information of value not only to an understanding of child psychiatry but also to adult psychiatry.

Because the Children's Medical Service's new pavilion was well on the way to completion before the child psychiatry unit was developed, the facilities for office space for the child psychiatry staff and observation of patients is somewhat limited. It is, therefore, hoped that some individual donor or foundation may be interested enough in this project to provide a grant for building a proper unit on the roof of the children's pavilion which is ideally adapted for such a structural addition. Until this is built, the teaching of groups of interns and medical students will be carried on very largely in the Herman Room of the Psychiatric Ward in the Bulfinch Building. Teaching will also be conducted in the Out-Patient Department and on the wards of the Children's Medical Service.

Stanley Cobb, M.D.,
Chief of Psychiatric Service
Allan M. Butler, M.D.,
Chief of Children's Medical Service

♣ ♣ ♣

Dr. Arthur W. Allen, Chief of our East Surgical Service and President of the American College of Surgeons, was made an Honorary Fellow of the Royal College of Surgeons in England last September, when honors were conferred upon seven American surgeons.

A lecture table and lectern, gifts of the American College of Surgeons, were presented to the Royal College by the American delegates, headed by Dr. Allen, who delivered the presentation address. We reported last month that Dr. Allen delivered one of the Moynihan Lectures, also.

Later, Dr. and Mrs. Allen were received at Marlboro House by Queen Mary.

♣ ♣ ♣

Two awards have been conferred upon Dr. Joseph S. Barr, Chief of our Orthopedic Department, during the past year. The first was a plaque presented to Dr. Barr and Dr. John A. Reidy by the American Academy of Orthopaedic Surgeons at their annual meeting in Chicago last January, for the scientific value of their exhibit on "The effect of roentgen irradiation on epiphyseal growth". The second award to Dr. Barr was a Certificate of Merit given him by the American Medical Association at their Centennial Meeting in Atlantic City last June, for correlation and presentation of facts on the same subject.

Here is an abstract of Dr. Barr's paper which was read at the Chicago meeting:

With the knowledge that roentgen irradiation of epiphyseal cartilages of long bones of rats would retard growth of the extremity, further studies were pursued on dogs.

Twelve puppies, approximately six weeks old each, received roentgen irradiation over the left wrist and right knee. The dogs were divided into three groups

(A, B, and C) of four each and received in Group A 800 r; Group B 1000 r; and in Group C 1200 r.

Metalic markers were inserted into diaphyses of radius and tibia to facilitate measurements.

The animals were sacrificed at intervals of six months, the longest being two years.

Clinical, roentgenological, and histological observations were carried out.

The epiphyseal cartilage was profoundly affected and retardation of growth occurred at the treated epiphysis apparently in proportion to the dosage. The untreated epiphysis of the treated bone was stimulated to greater growth, but insufficient to prevent shortening. The articular cartilage showed microscopic evidence of degenerative changes, but these were minor and did not interfere with function during the period of the experiment and were not apparent on gross examination. There was no evidence of abnormality in the adjacent bone, synovia, joint capsule, skin, or periarticular soft tissues.

[Slides of roentgenograms, microscopic sections, and statistical tables were presented.]

Dr. Barr read a paper on "Growth and inequality of leg length in poliomyelitis" at the Conference at Georgia Warm Springs Foundation in September. Here is a brief of his talk:

So-called normal growth is influenced by many hereditary and environmental factors which determine the size and shape of our limbs. It is extraordinary that symmetrical limbs of equal length are the rule and not the exception.

Unequal growth of the legs, resulting in shortening, may occur as the result of a number of causes:

(1) Growth retardation due to local interference at an epiphyseal plate. Osteomyelitis, tumor, and fractures are the most common examples of this class.

(2) Growth retardation due to interference from remote causes.
Impairment of limb function, as a whole, is an adequate cause for slowing of the rate of growth. Poliomyelitis, obstetrical and traumatic paralysis may retard normal growth.

(3) Growth stimulating factors may produce unilateral increase in leg length.
Vascular tumors (hemangiomas), fractures, and osteomyelitis of the shaft of a growing bone may cause overgrowth in length, apparently because of increased blood supply.

The exact incidence of leg shortening due to poliomyelitis is not known, but approximately one-third of the poliomyelitis cases treated at the Out-Patient Department of the Massachusetts General Hospital, whose onset was before the age of 16, developed marked inequality in leg length. The factors of importance in determining whether a patient with poliomyelitis will develop discrepancy in leg length include age at onset, sex, and the amount and distribution of muscular weakness of the legs. There will be no shortening if the involvement is symmetrical. The greatest shortening occurs in young patients with one normal and one severely paralyzed limb.

Inspection of growth curves of individual cases suggests that the growth retardation is not constant. The maximum retarding effect appears in some cases to occur late in the growing period. Premature cessation of growth associated with epiphyseal closure on the paralyzed side may explain late occurrence of severe discrepancies. Exact prediction of the amount of shortening to be expected in a given case is not yet possible. The possible causes of unequal growth in poliomyelitis include changes in circulation and disuse of the extremity.

Operative correction of adult discrepancy in length is possible by leg lengthening or leg shortening procedures. The latter appears to be preferable.

In the growing child epiphyseal arrest offers a method of equalization which in properly selected cases is very effective. Careful attention must be given to the proper age for intervention and to the operative technique.

Sympathectomy as a procedure to maintain equality in leg length is still subjudice, but it appears to be of value if done early enough.

Every growing child with poliomyelitis should be under the regular supervision of an orthopedic surgeon who is thoroughly familiar with the problem of unequal growth. Regular measurement of the leg length, clinically and by X-ray, will allow early detection of shortening. The surgeon, by suitable selection of operative methods and by promotion of normal function in the affected extremity, will be able to prevent much of the shortening which would otherwise occur. The cork or wooden high sole should become a much less familiar sight. Eventually the time may come when no child will need to face adult life with that handicap.

THE DIABETES CLINIC

The Diabetes Clinic was opened in January 1916. Dr. F. Gorham Brigham, who had spent several years studying diabetes with Dr. Elliott P. Joslin, was placed in charge. In a letter which he later wrote to Dr. Washburn, Dr. Brigham gave the credit for the growth and organization of the clinic to Mrs. Roger I. Lee and Mrs. Benjamin H. Ragle. Dr. Roy R. Wheeler joined the clinic in 1922 or 1923 and, upon Dr. Brigham's resignation, had charge of the clinic until 1934. At this time, Dr. James H. Townsend assumed the responsibility of the clinic and ran it until 1946, when he resigned to give more time to his duties as Chief of the Medical Service at the Mount Auburn Hospital in Cambridge. The present writer has been connected with the clinic since 1937, becoming its Chief when Dr. Townsend resigned. Many other physicians have given invaluable service to the clinic during its 31 years; among these may be specially mentioned Dr. Tuttle of Acton, Dr. Dwight L. Siscoe, Dr. Greene FitzHugh, Dr. David Hurwitz, and Dr. Harriet Hardy.

During the early years of the Diabetes Clinic, there was little coordination of the care of diabetics in the Out-Patient Department and in the House. The head of the out-patient clinic was occasionally called in consultation to see a difficult case in the House, but the management of the surgical diabetics was left, in the main, to the Medical Junior, a relatively inexperienced House Officer; and the care of the medical diabetics was entirely in the hands of the Medical Service. It was Dr. Townsend who realized the importance of a more coordinated and experienced plan of care for the diabetics. During the period that he was Chief of the Clinic, it was arranged that he or one of his assistants should have complete responsibility for the management of the diabetes of surgical patients, and should act in an advisory capacity to the Medical Service in the treatment of their diabetics. This resulted in a vastly improved handling of surgical problems and the "difficult cases", and particularly the management of diabetic acidosis and coma. Since the war, an Assistant Medical Resident has had charge of the surgical diabetics, under the supervision of the Clinic Chief.

Dr. Townsend made another important contribution when he added to the team the full-time services of a social worker and a secretary, who together bridge the gaps between hospital, home, and Out-Patient Department, and make possible a smooth continuity of diabetic care.

At the present time, the Diabetes Clinic is held on Tuesday and Friday afternoons. It is located on the third floor, right beside the Nutrition Clinic, using the same rooms that are occupied in the morning by the Allergy Clinic. Thirty to forty patients are seen on each clinic day, and it is estimated that nearly one thousand diabetic individuals are treated each year.

The patient, on arriving at the clinic, reports to the secretary and is weighed. A urine specimen is analyzed in a near-by laboratory. The patient is then interviewed by a nutritionist, who endeavors to discover and correct the discrepancies between the diet previously ordered and the actual daily intake. To the group of patients awaiting their turn in the Nutrition Clinic, one of the dietitians gives a little talk on diets, menus, recipes, and ways of marketing economically. Eventually the patient is called in to see the doctor, who, besides taking whatever steps are necessary to improve the patient's diabetic state, also examines the patient when other physical complaints are present, or refers the patient to some other clinic for diagnosis and treatment. A graduate nurse and two student nurses are on hand to take blood sugars, and to teach the patient the techniques of insulin administration, urine testing, and special foot care. The social worker and clinic secretary see that the patient gets the proper supplies and medicines, and arrange for return appointments or home nursing care when indicated. Thus the patient passes through the hands of five or six individuals on every clinic visit, obtaining advice and help from each one on the many problems that the patient with diabetes has to face.

This report on the Diabetes Clinic would be incomplete unless mention were made of our need for more physicians to carry the load. Over the years, the major part of the burden has always been carried by one, or at most two, physicians. Those who have devoted a lot of time to the clinic have reaped a reward in increased knowledge of diabetes which should be shared with many more members of the staff. We are especially anxious to find one or two who would like to plan a long-term study of diabetes. This disease is on the increase all over the world. Many problems relating to the nature of diabetes and its complications remain to be discovered. Our clinic affords an excellent opportunity for more doctors to learn what is already known about diabetes and its management, and to add to our knowledge of its intricacies in the years to come.

Reed Harwood, M.D.,
Chief, Diabetes Clinic

* * *

A plan for cytologic study of gastric fluid will be undertaken by the Vincent Memorial Laboratory. The program of study will include appraisal of a variety of methods of collection as well as preparation.

Any physician who wishes a gastric cytological opinion on a patient, is requested to notify the laboratory (Extension 745) before 5 P.M. The patient should then be allowed nothing by mouth after midnight.

To spare the patient unnecessary procedures, routine gastric analysis will be done by us, if requested, together with a cytologic study. Some selection of patients will be exercised, to permit concentration of attention on the most fruitful aspects of this work.

Howard Ulfelder, M.D.
Ruth Graham

Recent weeks have brought two welcome visitors to the School of Nursing Miss Elva Honey arrived from Montreal General Hospital on October 1 for a stay of approximately six weeks. Miss Honey is observing in a number of areas, largely connected with school administration and clinical instruction.

A year's stay is planned by Miss Armine Tuygil, a special graduate student from Turkey who reached here on September 22. Her particular fields of interest are surgical and operating room nursing.

The newly-created position of Assistant Supervisor in Pediatrics is now filled by Mrs. Robert Thatcher Crowley who, before her marriage on September 20, was Miss Patricia Bachelder.

Miss Marie Rearick, for some time Head Nurse on B7, has recently become Supervisor in charge of B7, White 5, and White 11. The new B7 Head Nurse is Miss Lorraine Bott.

The Nursing Department is looking forward to a first glimpse of Anne Cunningham Littler, daughter of Dr. and Mrs. William Littler. Six-months-old Anne will make her MGH debut on November 18 when her mother, Supervisor and Instructor in Pediatrics, shows a class the correct procedure for infant bathing. Anne, of course, will get the bath.

* * *

The monthly Dental Staff conferences were resumed on October 21. The speaker of the evening was Dr. Moses H. Lurie of the Eye and Ear Staff, who talked on "Problems common to the oto-laryngologist and the dentist".

On these monthly meetings, the Dental Staff assembles in the private dining room in the White Building for dinner at 6:30. The meeting is held at 7:30 in the lower OPD Amphitheatre. It is an open meeting for all MGH-ers.

DERMATOLOGY DEPARTMENT

The first Staff Meeting of the year, held on September 26, was given over entirely to discussion of plans and assignments.

The graduate teaching schedule began in October with the usual Thursday evening lectures and conferences.

Three full-time postgraduate students, Drs. R. W. Leeper, William K. Hall, and T. A. Turgeon, have started the course and will continue for the next year. Drs. J. L. Fromer and Basil Gray will continue for additional postgraduate work. Comdr. J. H. Cox has returned to active duty with the Navy, and Dr. J. L. Spencer will continue his graduate study of dermatology at the Boston City Hospital. Dr. Cox spent a year of graduate study in our department, and Dr. Spencer was with us for two years.

A dinner was given for Dr. C. Guy Lane at the Hotel Beaconsfield on Wednesday evening, October 15. Members of the Staff presented Dr. Lane with a gift, in appreciation of his many years of service to the department.

* * *

During the past summer the hospital was overrun by a record enrollment of theological students, clergy, and professional religious workers who were studying clinical pastoral care under the auspices of the Institute of Pastoral Care.

Besides the technical and clinical knowledge which was acquired by this enthusiastic group, certain intangible but nevertheless real gains were made in such areas as increased professional respect between representatives of medicine and religion, a greater compassion for suffering, a renewed consciousness of the importance of the individual, and a deeper reverence for life.

The most recent activity of the Institute is the publication of *The journal of pastoral care,* the first issue of which has been distributed. Two of the editors, Rev. Rollin J. Fairbanks and Rev. James H. Burns, are Protestant Chaplains at the hospital.

Ether Day was observed very quietly this year.

In the morning, Dr. Faxon presented service pins to those employees of the Hospital who have served here for 10 years or more. This custom was inaugurated in 1945, when 240 employees received service pins. The names below represent those who, in 1945, had not then been here for 10 years, and those who, in the meantime, have moved along into a higher bracket and this year exchanged the pins they already had for new ones bearing an additional star representing 10 more years of service. Those who received such pins this year were:

10-19 years employed:

General X-ray — Rosanna Bongiorno; Baker Nursing — Cecelia Naupin; Laundry — Susie Grace; Record Room — Gladys Reardon; Nursing Office — Alice Darling, Margaret Hennessey, Helen Hewit; General Housekeeping — Arakel Ananian, Vartan Andonian; Phillips House Housekeeping — Patricia LaPierre; Maintenance—Donald W. Carpenter, George Cribbins; Telephone — Florence McKinnon; Chemistry Laboratory — Josephine G. Eldridge; O.P.D. Secretaries — Agnes Hayes.

20-29 years employed:

Laundry — John E. Knight; General Housekeeping — Michael Presti; Maintenance — Edward E. Butters, Ignazzio Maggiotta, Albert Wait; Phillips House Housekeeping — Mildred Cartwright; O.P.D. Secretaries — Genevieve Ringrose.

40-49 years employed:

General X-ray — Madge McCallion.

An informal dessert luncheon of crackers and cheese, fancy cakes and cookies, and coffee—to which all of the Hospital family were invited—was served in the Brick Corridor.

A very interesting and carefully arranged exhibition of literature and pictures, describing the early history of chloroform and inhalers, was on display in the Brick Corridor, in recognition of the 100th anniversary of the use of chloroform as an anesthesia. The exhibition bore the caption: Chloroform Centenary, November 4, 1847—November 4, 1947.

In the afternoon, the motion picture of Morton's first public demonstration of ether for major surgery—which took place in our Ether Dome on October 16, 1846—was shown. This re-enactment of the original scene was filmed a few years ago, members of the hospital staff playing the roles of the various characters.

Feby 23.1827

MASSACHUSETTS EYE & EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary is often confused with the Massachusetts General Hospital because of the close proximity and affiliation of the two institutions.

It is particularly important at this time for everyone, employees of both institutions as well as the public, to clearly understand that these are two separate corporations. Although the two cooperate in every possible way to reduce expenses and increase efficiency in the care of patients, each corporation has its own Trustees responsible for the operation of their hospital.

It should be understood, then, that the Massachusetts Eye and Ear Infirmary is a separate and independent voluntary hospital with its own staff, unpaid Board of Managers, and its independent funds. These funds come solely from fees from patients, the Infirmary's share in the Community Fund as a "Red Feather Service", and from gifts and bequests.

The Infirmary and the Massachusetts General Hospital medical staffs act as consultants for each other. Such departments as Personnel and Purchasing act for both hospitals. The Out-Patient Departments of the two hospitals are coadjacent in the same building with the same admitting department.

Dr. Faxon is the Director of both hospitals.

Mr. Francis S. Hill is the Assistant Director in charge of the Infirmary.

N. W. Faxon, M.D.,
Director
Massachusetts General Hospital
Massachusetts Eye and Ear Infirmary

Dr. LeRoy A. Schall, Dr. Werner Mueller, and Dr. Philip Meltzer were present at the examinations given by the American Board of Oto-Laryngology in Chicago previous to the meeting of the Academy. Dr. Edwin B. Dunphy and Drs. William P. Beetham and Parker Heath presided at the exams given in Ophthalmology.

The American Academy of Ophthalmology and Oto-Laryngology held its annual meeting in Chicago from October 12 to 17. Drs. Schall, Mosher, Mueller, and Mysel of the Oto-Laryngological staff and Drs. Dunphy, Casten, and Heath of the Ophthalmological staff were among the representatives from the Infimary.

Dr. Joseph P. McEneaney completed his residency in Oto-Laryngology on the first of October, and intends to open his office on Essex Street in Lawrence.

Dr. David P. Cordray, who graduated from his residency in Oto-Laryngology in 1940, visited the Infirmary in October. He will soon take up his practice in Boston.

Among recent visitors at the Infirmary were Dr. Hector R. Silver and Dr. Victor M. Noubleau, both from San Salvador.

Dr. G. L. Allen, a missionary from the tropics of Nigeria, West Africa, was accompanied by Dr. David G. Cogan, Director of the Howe Laboratory of Ophthalmology, in a tour of the Infirmary.

The Board of Trustees, at their meeting on September 19, voted:

To accept the resignation of Dr. Bernard Bandler from the position of Assistant Psychiatrist;
To accept the resignation of Dr. Frederic W. Rhinelander from the position of Assistant in Orthopedic Surgery;
To accept with regret the resignation of Dr. Horace K. Sowles from the position of Visiting Surgeon and to appoint him to the Board of Consultation.

To appoint:

Dr. Charles E. Hopkins as Assistant Resident on the Children's Medical Service, beginning January 1, 1948;
Dr. Charles U. Lowe as Assistant Resident on the Children's Medical Service, beginning October 1.

At their meetings held on September 10, 17 and 24, and October 1 and 8, the General Executive Committee voted to appoint:

Dr. Jane A. Allen as Clinical Fellow in Psychiatry;
Dr. Margaret Bullowa as Clinical Fellow in Psychiatry;
Dr. Donald L. Cray as Graduate Assistant in the Dental Clinic;
Dr. William A. Dickson as temporary Graduate Assistant to the Children's Medical Service;
Dr. Lloyd R. Evans as Clinical Fellow in Medicine, to work with Drs. White and Bland in the Rheumatic Fever Clinic;
Dr. Lewis Francis as Graduate Assistant in Anesthesia;
Dr. Charles E. Hopkins as Graduate Assistant to the Children's Medical Service for the period September 17 through December 31;
Dr. Alfred T. Joseph as Graduate Assistant. and to allow him to care for Dr. V. H. Kazanjian's patients in the Baker Memorial and Phillips House;
Dr. Samuel Kaplan as Clinical Fellow in Psychiatry;
Dr. John Lü as Research Fellow in Surgery;
Dr. Francis C. McDonald as temporary Graduate Assistant to the Children's Medical Service;
Dr. Fritz Miller of Innsbruck, Austria, as Research Fellow in Medicine for the coming year;
Dr. Herbert W. Park, III, as Clinical Fellow in Physical Medicine for one year, beginning October 1;
Dr. John E. Richardson as Clinical Fellow in Surgery;
Dr. Nicholas D. Rizzo as Clinical Fellow in Psychiatry;
Dr. Charles E. Rounds as Graduate Assistant in the Dental Clinic;
Dr. John R. Sinton as Clinical Fellow in Medicine;
Samuel Waldfogel, Ph.D., as Research Fellow in Psychology;
Dr. Armistead D. Williams as Clinical Fellow in Medicine.

This is to announce a series of exhibits to be hung in the Brick Corridor. These exhibits were especially made and hung for the American Medical Centennial Convention at Atlantic City last June.

We are presenting as the first part of this series the exhibits on Cardiovascular Diseases. Because these were special exhibits and partly financed by the American Medical Association they were not eligible for prizes. We will proudly present in the second series, however, two prize winning exhibits which were prepared by Dr. Joseph S. Barr and the Vincent Memorial Laboratory.

The titles of the exhibits and the dates on which they are to be presented are as follows:

November 10 — Electrocardiography—Dr. Conger Williams
November 17 — Cardiovascular roentgenology — Drs. Gordon S. Myers and Stanley M. Wyman
November 24 — The range of the normal heart—Dr. Fred Alexander
December 1 — The noncyanotic types of congenital heart disease—Drs. Robert E. Gross, Lewis Dexter, Merrill C. Sosman, and C. Sidney Burwell
December 8—Neurocirculatory asthenia —Dr. Mandel E. Cohen
December 15 — Hypertensive heart disease—Drs. Dera Kinsey, Reginald H. Smithwick, William C. Bridges, Lewis Dexter, and John Graham
December 22—Coronary heart disease—Drs. Herman L. Blumgart, Monroe J. Schlesinger, and P. M. Zoll
January 5 — Rare types of heart disease—Dr. David Littmann
January 12—Peripheral vascular disease —Drs. Robert R. Linton, Irad Hardy, Richard Hamlin, Richard H. Wallace, Harrison E. Kennard, Claude E. Welch, Fiorindo A. Simeone, Richard Warren, Richard Thompson, George Emerson, Gordon A. Donaldson, Howard Ulfelder, and Kenneth Evelyn

The titles and dates for the second series are:

January 19 — Gastro-intestinal mobility —Dr. William P. Chapman
Changes following autonomic surgery
Changes following drug administration
February 26—Prognosis of cervical cancer treated by radiation
Radiation changes in vaginal smears —Vincent Laboratory
Cytological diagnosis of cancer (Mass. Medical exhibit)—Vincent Laboratory
February 26—The effect of roentgen irradiation on epiphyseal growth- Drs. Joseph S. Barr, John A. Reidy, James R. Lingley, and Edward A. Gall.

The dates for the exhibits are subject to change.

* * *

In the September number of The News we started publishing a calendar, by months, of important events in the early history of M.G.H. We prepared a

Everyone has been conscious of the increased cost of living during and since the war. We know that salaries and wages have been increased. The following tables show in some measure how these economic changes have affected the hospital.

	SALARIES & WAGES	SUPPLIES	TOTAL	RECEIPTS
1939	$1,407,867	$1,047,011	$2,456,875	$1,904,258
1941	1,611,385	1,287,351	2,898,736	1,922,917
1946	2,636,222	1,737,996	4,374,218	3,162,222
INCREASE				
1939-46	1,228,355	688,985	1,917,343	1,257,964
	87%	65%	77%	66%

A glance at the above table shows that expenditures increased 77% while receipts increased only 66%. This is the reason for the large operating deficit of the past years.

That the hospital was conscious of the need of increased revenue is shown by the following changes in room charges:

	PHILLIPS HOUSE	BAKER MEMORIAL			GENERAL HOSP.	O.P.D.	
1939	$8.50 - $16.00	$4.50	5.50	6.50	$4.00	$.75 - .60	.50-.30
1/23/45	-		-		5.00	-	
7/1/45	9.00 - 16.00	5.25	6.25	7.25	5.00	-	
1/1/46	-		-		-	1.00	
2/23/46	11.00 - 18.00	7.00	8.00	9.00	-	-	
8/12/46	-		-		6.00	-	
1/1/47	13.00 - 21.00	9.00	10.00	11.00	8.00	1.50	

In spite of the fact that rates in some of the units were doubled, costs, which are still rising, threaten to produce another disturbingly large deficit this year. We must economize in every way that can be thought of and, likewise, we must increase our revenue by every justifiable means.

Some conception of why hospital costs have gone up and how helpless hospitals are to avoid this is shown by the following tables published by the Bureau of Labor Statistics:

Index 1926 equals 100

	1939	May 1947		
All commodities	76	146	an increase of	90%
Farm products	68	175	"	157%
Foods	68	159	"	133%
Textiles	67	138	"	106%
Cotton	63	193	"	206%
Fuel	73	177	"	142%
Drugs	77	173	"	125%

Looking at the table you will see that all commodities have increased 90% in costs, whereas the hospital has gone up on its supplies only 65%. Certainly, we can not be charged with extravagance in the use of supplies. Hospitals must have food cotton, fuel, and drugs. Foods, fuel, and drugs have practically doubled in price, while cotton has increased three-fold. The 1947 dollar will buy only half as much as the 1939 dollar. This is the economic problem that hospitals face.

N. W. Faxon, M.D.,
Director

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column for the month of October and another for this November issue, but insufficient space prevented our including them. Being unwilling to forfeit the full value of these entries by cutting them down to fit space, we have decided to hold over the columns for both months until the next (or a very early) issue.

* * *

THE NEWS has always been very grateful to those of the Staff who have sent us unsolicited material for publication. Recently, more and more such articles have been sent us voluntarily, and we appreciate these evidences of interest in our little paper.

It is impossible for us to keep informed and up to date on all the many important activities that are going on in our various services, and THE NEWS wishes very much that all members of the Staff would at any time send us accounts of happenings in their departments. This would help in a big way towards keeping everybody in the hospital family informed about each other.

New addresses:—

Dr. Erna G. Anderson (*CM* 1943), 815 Greenleaf Ave., Glencoe, Ill.
Dr. Daniel W. Badal (*Psychi.* 1942), 3179 Oak Road, Cleveland Heights 18, Ohio.
Lt. John W. Bell, MC, USNR (*ES* 1946), U.S. Naval Hospital, Bremerton, Wash.
Dr. Frank B. Colloten (*a. in D* 1940-46), 73 Bay State Road, Boston, Mass.
Lt. John G. Freymann (*M* 1947), U.S. Public Health Service, U.S. Marine Hospital, Hampton Boulevard, Norfolk, Va.
Dr. Samuel B. Kirkwood (*WS* 1934), 1180 Beacon St., Brookline, Mass.
Comdr. Richard D. Nies, MC (*An.* 1941), U.S. Naval Hospital, Bethesda, Md.
Lt. George F. Odland, MC, USNR (*M* 1947), Boston Naval Shipyard, Chelsea, Mass.
Dr. Jack S. Parker (*WS* 1946), 4 Carver Road, Wellesley Hills, Mass.
Capt. Raymond V. Randall, MC, AUS (*WM* 1946), Box 46, Station Hospital No. 2, Fort Bragg, N. C.
Dr. Frederic W. Rhinelander (*ES* 1937 & *Or.* 1938), 650 Tenth Ave., San Francisco 18, Cal.
Dr. Richard V. Riddell (*ES* 1943), Mayo Clinic, Rochester, Minn.
Lt. Earle W. Wilkins, Jr., MC, USNR (*WS* 1946), Portsmouth Naval Hospital, Portsmouth, N. H.

* * *

Brief bits:—

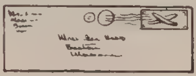
Dr. William C. Coles, who ended service here in Radiology on July 1, is at St. Joseph's Infirmary, Atlanta, Ga.

Dr. G. Marshall Crawford, Acting Chief of our Dermatology Department, has announced the removal of his office to 1180 Beacon St., Brookline, Mass.

Dr. J. Peter Kulka who ended service in our Pathology Department on June 30, is an Instructor in Anatomy at Harvard Medical School. His home address is 44 South Russell St., Boston, Mass.

Dr. James J. McCort (*r.p. R* 1944) returned from military service and took up his duties as Radiologist on September 28. We learned, during a conversation with him the other day, that he had been a Major for about a year before he was released from the Army

Dr. Harrison J. Shull of Vanderbilt University Hospital, Nashville, Tenn., is to join our staff in the Department of Medicine, working with Dr. Chester M. Jones in gastroenterology.



Before Miss Morse left for Czechoslovakia last winter, we asked her to send us something for THE NEWS from over there. A week or so ago our interest and impatience got the better of us, and we secured from the Unitarian Service Committee this account of conditions in Czechoslovakia, as found by Miss Morse, and an outline of her contribution to the rehabilitation program being carried on in that country.

The account was written by Katya Alpert Gilden of the Unitarian Service Committee, and reads:

Miss Lucy G. Morse, Chief of Occupational Therapy, on leave of absence from Massachusetts General Hospital, is now organizing therapy training in a hospital for amputees located in Kladruby u Vlasim, Czechoslovakia.

Miss Morse, together with Miss Dorothy E. Snavely, Physical Therapist, was sent by the Unitarian Service Committee on the request of the Czechoslovak Ministry of Health to demonstrate modern American therapy practice. In the face of many difficulties, they have been doing a real pioneering job — drawing up recommendations for adaptation of building facilities to function as a retraining center, selection of equipment and essential personnel, and classification of patients and treatment.

"It is diffcult to keep one's perspective and remain an OT," Miss Morse reports, "when one is consulted so much regarding the entire rehabilitation program. . . . I am beginning to get a little order out of the chaos of new impressions here.

No. 6 in a series of Staff photographs
Dr. Arthur W. Allen — Chief of East Surgical Service

The job before us is a big one and I know it can't be done in a year. The first job is to set up a demonstration center, and that is what we are concentrating on now. Involved with this is training and publicity among medical and technical persons to get the right patients, etc."

Besides participating in the initial planning of the project, which will be a beautiful and modern center when completed, the Unitarian team has begun the retraining of forty patients who have already arrived. Miss Morse vividly describes her problem in terms of patient and physician: "One patient has a fear of walking on a badly set old fracture. Yet he plays ping-pong without his crutches. The doctor looks upon him a little as a malingerer. Maybe he is, but again PT is doing a fine job with much encouragement, and I am trying to follow suit to give him the benefit of the doubt for a trial period at least. Our doctor listens, expresses himself in no uncertain terms on some things, and accepts our suggestions on others. He is so interested in my end of the work that he finds it hard to keep away. . . ."

The Czechoslovak press has been quick to recognize the value of the Kladruby project. The *Daily Review* of Prague, August 6, 1947, refers to the special attention which America and Great Britain have paid to the rehabilitation of their wounded, and observes: "The first rehabilitation center in Czechoslovakia has been set up in Kladruby near Vlasim. This center, situated in beautiful surroundings . . . is equipped with modern apparatus, swimming pools, workshops, etc., and the first patients to be treated there are war invalids. The Unitarian Service Committee (in cooperation with American Relief for Czechoslovakia) has sent two highly qualified therapeuticians who are to train medical personnel for this important work."

Here is a "first" from Dr. John C. Coolidge (*CM* 1945), with some good news for Dr. Coolidge's friends here in Boston. He writes, from 36 Edgewood Avenue, New Haven 11, Connecticut:

> The Alameda, California, address represented the last lap of my year in the Navy, which took me rapidly from the Chelsea Naval Hospital, to Okinawa, the *U.S.S. Cowpens* (a carrier), and to the Naval Air Station at Alameda—with much waiting, changes of orders, and many thousands of miles of travel in between. It was only at Alameda that any medical work was available, and this was being rapidly shut down, as the war was over and everybody was being discharged.
>
> I returned to civilian status in July of 1946 and since October of that year have been an Assistant Resident in the Department of Psychiatry of Yale Medical School, and will continue here until next summer when I am returning to the General to work under Dr. Lindemann in the Children's Psychiatric Unit which was recently established. I am looking forward to this tremendously and expect it will be a valuable and very enjoyable year. The work here is all with adults, and the prospect of working with children again is a stimulating thought. From the description of the new Children's Medical Building, which must be almost completed now, it sounds as if Wards 10 and 12 are really being surpassed by something exquisite — an improvement that was certainly badly needed.

Every person whose name was published in the lists of signatures from the old desks in the Archives Room received a copy of The News which contained his name — whether he was a subscriber or not. As a result, many asked to subscribe to our paper; and here is a note from Dr. Russell T. Congdon (*WS* 1909) in response to his copy of The News.

> I was very much pleased to receive the copy of The News and to discover the story of our old House Officers' desk. The names and memories mean a lot to me.
>
> My two sons, Russell and Gordon, are back from overseas service and are associated with me in practice here in Wenatchee, Washington.

It is good to receive this note from Dr. J. Wister Meigs (*r.p.* 1943). But we shall hold him to that promise of a longer letter later. He wrote from 575 Ridge Road, Hamden 14, Connecticut.

> I am gradually getting settled in New Haven, trying to get used to the Yale atmosphere. I'm hoping that some day I'll be able to write a newsy letter about all the things we've done at the Institute of Occupational Medicine and Hygiene. At the moment, it's mostly plans for the future.

This short note has come from Major Fathollah K. Mostofi, MC (*a.p.* 1943-46).

> I am on terminal leave which will end in October. Have accepted a Fellowship with the National Cancer Institute at Bethesda, Maryland, where I hope to learn something about cancer of the uterus.
>
> My address is Pathology Section, National Cancer Institute, Bethesda 14, Maryland.
>
> I like to keep getting The News.

THE NEWS

No 63 Boston, Mass. December 1947

PHYSICAL MEDICINE AFFAIRS

During the 22 months since our previous report, the Department of Physical Medicine has increased the scope of its activities and, I believe, improved the type of service rendered to the hospital patients. This has been possible chiefly because of the training of Fellows in Physical Medicine who have brought new techniques of examination from the laboratory to the clinic, thus making available more diagnostic studies and quantitative evaluation of neuromuscular and circulatory function. We have also been able to follow individual patients under treatment more closely with the additional physicians available for this work. Physical Medicine throughout the country has shown similar advances, as indicated by the establishment of a specialty board—the American Board of Physical Medicine being the sixteenth one approved. The first examinations were given in Minneapolis in September, the writer being on the original examining board.

The first of our Fellows, Charles S. Wise, will finish his three years in February 1948. He has been particularly interested in studies of the peripheral circulatory system and has developed, with considerable ingenuity, a workable clinical method of plethysmography of value in the study of hypertensive cases, as well as in a variety of diseases in which the peripheral circulation is affected. It is hoped that he will remain in the Department another year, to continue his studies and assist in the clinical work.

The second Fellow, Sedgwick Mead (*EM* 1940, *P* 1941, *a.r.p. N* 1942) will leave us in February 1948, after finishing a little over two years of his Fellowship training, to take the position of Assistant Professor of Physical Medicine, Washington University School of Medicine, and Chief of the Department of Physical Medicine, Barnes Hospital. Dr. Mead has been working on electrical methods of quantitating pain, and he hopes to continue and increase research activities in this direction, in addition to his clinical and teaching responsibilities at St. Louis.

Herbert Park, our third Baruch Fellow in Physical Medicine, started his clinical training this fall, after a year in physiology and biophysics. His research endeavors have been along the line of circulatory studies of the intestines. It is hoped that he will develop a method to use clinically during his last two years here.

Another Baruch Fellow, Donald L. Rose, spent several months with us working on the problem of painless electrical stimulation, and is now Professor of Physical Medicine at the University of Kansas Medical School.

One of the most interesting developments in Physical Medicine techniques is that attributed to Dr. Thomas L. DeLorme, formerly Research Fellow in Neurology and now holder of a Baruch Fellowship in Physical Medicine. He has developed for clinical use a method of developing muscle power through high-resistance, low-repetition exercises, which has been studied here during the past year in relation to treatment of patients with poliomyelitis. This promises to be one of the most important advances in physical therapeutic procedures in recent years. Further investigations as to the indications for use and to develop improvement in technique have been made possible through the gift of the Pope Foundation, establishing a progressive resistance exercise clinic in the Department of Physical Medicine. Other research activities include development and evaluation of a new muscle-testing device employing a manual force gauge for more accurate quantitation of muscle power. Combined researches with other departments are continuing on the subjects of infantile paralysis and fatigue.

As already noted in THE NEWS, Miss Lucy G. Morse of the Occupational Therapy Department has been in Czechoslovakia for nearly a year now, to help develop this type of medical service in that country through the agency of the Unitarian Service Committee. Miss Ruth Steglich, who has taken her place as Supervisor, has shown considerable initiative in developing more interest in the use of occupational therapy, particularly for increasing muscle strength and skill. A new prescription terminology has been developed and perhaps needs explanation. The term "Energic" is used to denote O.T. to improve muscle strength; "Kinetic" indicates methods to improve range of motion, coordination, or skill; "Apotrophic" means diversional; "Metric" means to evaluate, particularly skills—for example: in pre-vocational analysis, a service which we hope to enlarge further because of increased interest in medical rehabilitation.

Another innovation is the establishment of a training course for physical therapy technicians as a cooperative effort between Simmons College, Children's Hospital, Peter Bent Brigham Hospital, and the Massachusetts General. This new school takes the place of the course previously given under the Courses for Graduates at Harvard Medical School and Children's Hospital. The new course is under the co-medical directorship of William T.

(*Concluded on page* 2)

The Board of Trustees entertained a few members of the corporation and the staff of the hospital at a dinner on Tuesday evening, December 2.

At this time, Mr. Francis C. Gray, Chairman of the Board of Trustees, announced gifts to unrestricted capital not including bequests amounting to slightly under $300,000 since January 1, 1947. He stated that $700,000 must be raised in December in order to enable the Massachusetts General Hospital to meet fully its obligations to the needy sick in the New England community.

"During the past year," he continued, "with the authorization of the Greater Boston Community Fund, we have appealed to individuals and corporations for contributions to restore our unrestricted capital funds. During 1945 and 1946, deficits have arisen which make it imperative to raise $700,000 before January 1, 1948, to enable the hospital to meet fully its obligations to the needy sick in the New England community. *This goal must be reached!*"

The Fund Raising Committee of the Trustees, under the Chairmanship of Mr. Francis W. Hatch, decided to make an all out effort to reach this goal in December. Many people have told members of the staff, the corporation, and the trustees that they intended to make a contribution to the unrestricted capital of the hospital during 1947, and it is the intention of the trustees to do all they can to encourage these gifts in December.

Mr. Hatch said, in part—"One hundred years ago this hospital gave to the world the blessed discovery of ether for anesthesia. Within its laboratories, wards, and operating rooms today research projects are in progress which give Massachusetts General Hospital high rank among the five leading research hospitals in the country. A contribution to the Massachusetts General Hospital is indeed *an investment in the welfare of humanity.*"

Mr. Gray further pointed out that every member of the hospital family should consider himself a volunteer solicitor for this drive. The trustees and members of the corporation are making every effort to solicit individuals and business concerns in downtown Boston, and it is hoped that the staff will do all they can to help by asking their friends to reply to Mr. Gray's appeal. In the mails are 60,000 letters to individuals throughout greater Boston and New England. The trustees are confident that with the support and interest of those who know about the hospital, the goal will be reached before the first of the year.

Mr. Gray pointed out that Mr. Crockett's office, on the eighth floor of the Phillips House, is anxious to help any volunteer solicitors with names and addresses of prospects. Members of the staff who wish to give may do so through this office or the office of the Treasurer at 1 Federal Street.

Dr. Faxon, at the dinner, discussed briefly the problem of operating a hospital with inflationary costs and fixed income. He reminded everyone of the figures he presented in the November NEWS, which indicated that all commodities have increased 90% in *cost*, whereas the hospital has gone up on its supplies only 65%. The 1947 dollar buys only half as much as the 1939 dollar.

To meet this, Dr. Faxon pointed out that rates were increased substantially on January 1, 1947. Despite this and stringent economy measures, the task of making both ends meet presents a stern challenge which must be met by everyone connected with the hospital.

Checks have already been received from South America, Africa, Switzerland, and England. Gifts of any amount—no matter how small—will be most gratefully received. Should someone who wishes to help feel embarrassed at the small amount he would be able to give, we wish he would remember that contribution of 25¢ from a "poor black" during the drive for funds in 1844, which still stands stanchly recorded on the hospital's record of donors, along with amounts ranging up to $20,000.

(*Continued from page* 1)

Green, Chief of Orthopedic Surgery at Children's Hospital, and myself. Students who enroll as freshmen at Simmons will have three years at Simmons exclusively and then 18 months of physical therapy training, leading to a Bachelor of Science degree and a certificate in physical therapy. The final 18 months will also be open to graduate nurses, graduates in physical education, and others who have had sufficient training in the sciences in college courses. There are 10 girls enrolled in the first class, which started in September. They will receive lectures, laboratory demonstrations, and clinical practice in our Physical Therapy Department.

In looking to the future, we hope to see Physical Medicine expanding its services to the hospital to include more and more diagnostic and prognostic procedures, as well as treatment, and also more concern with care of the patient during convalescence, when physical methods of treatment are so important along the road to full medical rehabilitation.

Arthur L. Watkins, M.D.,
Chief of Physical Medicine

* * *

Among the speakers at the annual meeting of the National Committee for Mental Hygiene, held in New York November 12 and 13, were Dr. Erich Lindemann and Rev. Rollin J. Fairbanks—both of M.G.H.

Dedication exercises of The Vincent Memorial Hospital were held on Tuesday afternoon, November 25.

As the dedication of the original Vincent Hospital was made by the Reverend Phillips Brooks, then Rector of Trinity Church in Boston, so was the new Vincent Memorial Hospital dedicated by the present Rector of Trinity Church—the Reverend Theodore P. Ferris, D. D.

The speakers for the occasion were Mr. Henry C. Everett, Jr., President of the Board of Trustees, Vincent Memorial Hospital; Mr. Francis C. Gray, Chairman of the Board of Trustees, Massachusetts General Hospital; Dr. Nathaniel W. Faxon, Director of Vincent Memorial Hospital, Massachusetts General Hospital, and Massachusetts Eye and Ear Infirmary; and Dr. Joe V. Meigs, Chief of Staff, Vincent Memorial Hospital.

Tea was served, and the new building was open for inspection from four to six o'clock.

A full account of the ceremony and a description of the new building will appear in the next issue of THE NEWS.

Occupancy and Designation of Floors in the New Building

The first three floors of the new building will be designated as Vincent Memorial Hospital.

The offices of Drs. Meigs and Sturgis, and the Vincent Research Laboratory, will occupy the first floor, with the exception of a small portion set aside for the offices of Dr. Butler and his assistants on the Children's Medical Service.

The second floor, for ward patients, will be known as Vincent—2.

The third floor, for semi-private, similar to Baker Memorial patients, will be known as Vincent—3.

The fourth, fifth, and sixth floors will be known as the Burnham Memorial Wards for Children.

The fourth floor will be primarily for infants or young children and will be known as Burnham—4.

The fifth floor will be for older ward children and will be known as Burnham—5.

The sixth floor will be for semi-private children, similar to those now housed in the Baker Memorial, and will be known as Burnham—6.

For convenience, the Basement, which will house the Pharmacy and Children's Research Laboratory, will be called Vincent Basement.

* * *

The School of Medical Illustration is proud to announce that Dr. Robert M. Green, recently retired from Harvard Medical School, has been added to the staff as Instructor of Anatomy.

A meeting of the Research Council was held on Thursday afternoon, November 20. The subjects discussed and names of speakers are as follows:

"The use of radioautographs in the study of thyroid nodules", Dr. B. M. Dobyns.

"Coenzyme A, a pantothenic acid derivative—Its metabolic function", Drs. F. Lipmann, N. O. Kaplan, and G. D. Novelli.

"Studies on experimental dental caries", Dr. D. Weisberger.

* * *

A word of appreciation for seldom-mentioned members of the hospital family is in order.

Only those who have dealt with some other hospitals realize how very fast and efficient our Record Room staff is. As an intern, I at first thought of Miss Rose Martin as a species of gadfly, constantly urging me to complete summaries and sign records. Gradually I came to appreciate her unusual qualities of cooperation and devotion and her unfailing good humor. Her feats of memory are already legendary, but I would like to mention an example of this which happened the other day.

I decided to look up the recent progress of a patient whom I had seen in my first three months on the Skin Service, in 1938. I knew her maiden name but not her married name, and, of course, not her unit number or address. I could estimate the age fairly closely. The patient was last in the hospital four or five years ago. Miss Martin had never so much as seen the patient, and had only handled her record as she does thousands of others.

When I had finished giving all the details I could recall, Rose asked, "Didn't that patient live in Abington?"

Startled, I answered that that sounded like the town, but I wasn't sure.

Three minutes or so later the record was in my hands.

S. M.

By vote of the General Executive Committee, on October 15, 1947, the following grades of appointment will become effective as of February 20, 1948—that is, at the next Organization Meeting:

Clinical Assistant

A six months' or one year appointment by the General Executive Committee, for an individual working usually in the Out-Patient Department or special clinics, having authority to treat patients and write orders delegated to him by the Chief of the Service or Clinic with which he is associated.

Clinical Fellow

A six months' or one year appointment by the General Executive Committee for an individual who is closely enough associated with clinical work so that the authority to carry out treatment or write orders may from time to time be delegated to him by the staff member with whom he is associated.

Research Fellow

Limited to laboratory and examination of patients.

Clinical and Research Fellow

Reserved for those individuals who hold the title of Research Fellow from an outside institution. This extends the privilege of the Research Fellow to those enjoyed by the Clinical Fellow.

Graduate Student Assistant

Students of the Harvard Graduate School appointed by the General Executive Committee for varying terms of service. They would have no authority for the treatment of patients nor the writing of orders, but would have access to clinics and conferences.

There no longer will be the grade of "Graduate Assistant".

The Board of Trustees, at their meetings on October 17 and 31, voted to appoint:

Dr. James H. Currens as Assistant in Medicine;
Dr. William F. Havemeyer as Third Assistant Resident in Surgery, beginning November 1;
Dr. John Homans, Jr. as Assistant in Medicine;
Dr. David D. Rutstein as Consultant in Preventive Medicine;
Dr. W. Wilson Schier as Assistant in Medicine;
Dr. John B. Stanbury as Chief Resident in Medicine, beginning January 1, 1948;
Dr. Kurt H. Thoma to the Board of Consultation, as of February 20, 1948;
Dr. Edward P. Wallace as Assistant Resident on the Children's Medical Service, beginning November 1;
Dr. David Weisberger as Chief of the Dental Service, effective as of February 20, 1948.

At their meetings held on October 15, 22 and 29, and November 5, the General Executive Committee voted to appoint:

Dr. William B. Ayre as Clinical Fellow in Medicine, effective as of November 1; Dr. Ayre was also assigned to the Staff Clinic;
Dr. Thomas F. Broderick, Jr. as Graduate Assistant in Orthopedic Surgery for the term November 1, 1947 to November 1, 1948;
Dr. Thomas E. Gibson as Graduate Assistant in Dermatology;
Dr. Gilbert S. Gordan, Jr. as Research Fellow in Medicine;
Dr. William K. Hall as Graduate Assistant in Dermatology and Syphilology, beginning October 1;
Dr. David Honoré as Clinical and Research Fellow in Surgery;
Dr. Henry J. Koch, Jr. as Clinical and Research Fellow in Medicine;
Dr. Roy W. Leeper as Graduate Assistant in Dermatology;
Dr. John McL. Morris as Graduate Assistant, to work with Dr. Meigs;
Dr. Margaret Mullinger as Graduate Assistant to the Children's Medical Service for nine months, beginning October 1;
Dr. Peter H. Nash as Clinical Fellow in Medicine;
Dr. John C. Nicholson as Clinical Fellow in Surgery for a period of three months;
Dr. Dorren Nightingale as Clinical and Research Fellow in Surgery;
Dr. Olaf H. Pearson as Clinical and Research Fellow in Medicine;
Dr. Gardner C. Quarton as Graduate Assistant in Neurology for the period October 16 through December 31, and Clinical Fellow in Neurology for the period November 1, 1947 through June 30, 1948;
Dr. E. N. Rowlands as Clinical and Research Fellow in Medicine;
Dr. Pierre A. Turgeon as Graduate Assistant in Dermatology;
Dr. Lorande M. Woodruff as Graduate Assistant in Urology.

The General Executive Committee also voted:

That Dr. Frederic C. Bartter's title be changed from Research Fellow in Medicine to that of Clinical and Research Fellow in Medicine;
That Dr. Anne P. Forbes's title be changed from Clinical Fellow in Medicine to that of Clinical and Research Fellow in Medicine.

The School of Nursing was represented by Miss Sleeper at a meeting in Washington on November 11, to discuss the study of nursing schools now being made under the direction of the Carnegie Foundation. The study will deal with the control, organization, and financial support of schools of nursing.

Miss Marilyn Towle, a student nurse who recently completed her affiliation at Boston Lying-in Hospital, was awarded a prize at that hospital for doing the best bedside nursing and class work in her group.

Dr. Paul M. Howard, Chief of Men's Service at McLean Hospital, has sent us these items of information regarding his department:

The pleasant first floor of the Proctor Building at McLean Hospital—closed during the war—has recently been reopened for male patients, as a result of a real effort on the part of the nursing staff. Therefore, it has been possible to admit a young and interesting group of men.

The use of sub-shock insulin, now widespread in the Hospital, is partly concentrated here; and many otherwise more disturbed and anxious cases recover thereby more promptly and comfortably. Electric shock treatment, with the attendant physiological research, continues in one wing of the floor.

The patients take an active part in the routines of gymnastics, occupation, hydrotherapy, and entertainment; and are individually treated in psychotherapy.

In these days of closing hospital wards, it is notable to have one reopened.

* * *

In our hospital mail box one day not long ago, we found the following letter and lyrics. Instead of experiencing the usual feeling of annoyance at the omission of a signature, our interest and curiosity were whetted, and we decided to publish the material. We still do not know who is responsible, but here are the letter and lines *in toto*.

To the Editor of the MGH News:

With all the excitement about children and GYN patients moving into their new building, we who work with the Dermatology patients on Ward G become sadder and more and more upset. We hear all kinds of rumors about where we will be moved when the new building is opened, and *none* of the rumors are happy ones. We think we are the "forgotten" department. As for our patients, we try desperately to make up to them in our cheerfulness for the dismal surroundings in Ward G.

Because of the intensity of our feelings, one of us burst forth with the song which we are enclosing. The writer is shy. Therefore it is "anon."

I'M DREAMING OF A NEW WARD G

(Tune — I'm dreaming of a white Christmas)

I'm dreaming of a new Ward G
All clean and new and sparkling bright,
With a day room for our patients,
A conference room for doctors,
And a section for the nurses, too.

I'm dreaming of a clean Ward G
With clean linoleum like in White,
Cheery curtains at clean windows—clean walls,
And a kitchen quite new and sparkling bright.

I'm dreaming of a fine Ward G
Not isolated from the world.
With a special O.T. worker,
And books from Warren Library,
To keep our patients occupied.

I'm dreaming of a bright Ward G
Not in the present Children's Wing—
Nor with its present views—of bricks,
But somewhere where our patients will be cheered.

(Anon.)

New addresses:—

Dr. Robert W. Gentry (*ES* 1943), 415 South Madison Ave., Pasadena, Cal.
Dr. George C. Gibson (*WS* 1926), Robinson Memorial Hospital, Ravenna, Ohio.
Lt. Eileen Glynn, NC, USN (*MGH* 1936), W.O.Q., U.S.N.A.S., Patuxent River, Md.
Lt. Laurence K. Groves, MC, USNR (*WS* 1947), Dispensary, Naval Air Station, Quonset Point, R. I.
Lt. Arvil J. Hinshaw, MC, USNR (*ES* 1947), Naval Hospital, Newport, R. I.
Dr. Bernard M. Jacobson (*a.p.*), 422 Beacon St., Boston 16, Mass.
Dr. John R. McDaniel (*ES* 1940), 825 Charles St., St. Joseph 10, Mo.
Dr. Louis Nathan (*Or.* 1930), 171 Bay State Road, Boston, Mass.
Dr. Kurt H. Thoma (*oral s. and c. Dn.*), 1180 Beacon St., Brookline, Mass.

Brief bits:—

Dr. John Gardiner completed his work here as Clinical and Research Fellow in Anesthesia on October 27. He is now at Walter Reed General Hospital, Washington, D. C.

Dr. James E. Kreisle (*WM* 1943) left here on October 15 and has gone to take a Fellowship at the Mayo Clinic in Rochester, Minn.

Ever made the mistake of reversing an old and new address? We did—in the last issue of THE NEWS. With the two statements together on a card, we reported Dr. Harrison J. Shull as *coming* to M.G.H. instead of *leaving*. To set the record straight—Dr. Shull has been here at the General, working with Dr. Chester M. Jones in gastroenterology for the past year, and has now gone back to Nashville, Tenn., where he is a member of the Department of Medicine at Vanderbilt University.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Frederick H. Verhoeff, Consulting Chief of Ophthalmology at the Infirmary and Professor Emeritus of Ophthalmic Research at Harvard Medical School, received the 1947 Leslie Dana Gold Medal for outstanding achievements in the prevention of blindness and conservation of vision. The award was made at a faculty luncheon of the American Academy of Ophthalmology and Oto-Laryngology in Chicago on October 16, where Dr. Verhoeff was the guest of honor.

As a result of his recent trip to Chile, Dr. LeRoy A. Schall has just received a diploma, naming him Honorary Member of the Faculty of Biology and Medical Sciences of the University of Chile. In a special session of the Faculty, they unanimously agreed to confer this honor upon Dr. Schall "in respect to his professional merits".

Other titles conferred upon Dr. Schall after his visit to South America are: Honorary Member of Sociedad Chilena de Oto-rino-laringologia, Corresponding Member Asociacion Medica Argentina, Corresponding Member Club Oto-rino-laringologia de Buenos Aires, Corresponding Member Sociedad de Oto-rino-laringologia de Valparaiso, Honorary Member Asociacion Medica de Puerto Rico and Honorary Member Asociacion Medica de Guatemala.

The Eastern Zone Conference of the American Hearing Society met in Boston from November 6 to 8. On Thursday evening, November 6, Dr. LeRoy A. Schall presided at the session. On the following evening, Dr. Julius Lempert of New York City spoke on the "Lempert fenestration operation for the improvement of hearing —Its present status".

On November 19, Mrs. Eunice Wilson, Director of our Social Service Department, gave a talk at the Institute for Health and Welfare Workers which was held in New York under the auspices of the National Society for the Prevention of Blindness. The title of her paper was "The function of a Social Service Department in an Eye Clinic and its relation to community social agencies".

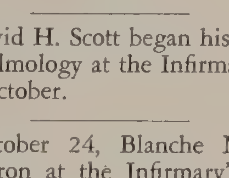
The Community Fund drive created considerable interest at the Infirmary. The drive was high lighted by a horse race, each horse representing a group of departments at the hospital. As each department brought in subscriptions, its horse advanced nearer the goal. The winning horse was Number 5, backed by Housekeeping, Laundry, Nurses' Quarters, and Operation of the Plant personnel. These departments were the first to bring in 100% subscriptions.

Mrs. Virginia Smith Boyce, Administrative Assistant of the National Society for the Prevention of Blindness, spent a day in November at the Infirmary, observing work being done in the Social Service Department here.

Dr. David H. Scott began his residency in Ophthalmology at the Infirmary on the first of October.

On October 24, Blanche M. Jones, night matron at the Infirmary's Nurses' Residence, died in the Massachusetts General Hospital after a short illness. Miss Jones came to the Infirmary in 1939 and made a place for herself at the Residence by her capable and loyal service.

Mrs. Ida Ryder, day matron at the Residence for several years, has recently resigned. Miss Tarbox gave a tea to introduce the two new matrons, Miss Grace B. Inman for day duty and Miss Alice M. Walsh at night.



The Archives Department has been preparing a revised list of the names of living alumni of M.G.H., grouped under the years in which they ended service here. As a result, we discovered that Dr. Arthur K. Stone (*WS* 1888) is the sole representative of the earliest year in the list. Thereupon, we wrote Dr. Stone, suggesting an interview at his home in Framingham Center, with the hope that we might procure both a picture of Dr. Stone and some interesting material for THE NEWS.

A few days ago a card arrived from Dr. Stone, headed Crescent City, Florida, which says:

> Your letter was waiting for me here at Crescent City on my arrival.
>
> I fear we cannot arrange a meeting, but I will try in the near future to jot down some things that I remember of the past.

Dr. Stone then mentions the names of those of the next group after him who are still living. It is our plan to try to get NEWS material from as many of our oldest alumni as possible—moving along, class by class. In addition to what has already been published on the subject, we know that these older men have much of interest they could tell us about, regarding M.G.H. in its earlier days.

In the meantime, we are most anxious to hear from Dr. Stone, and hope the waiting period will not be too long.

Recent gifts to the Archives Department:—

From Dr. Harris P. Mosher—Metal casts of the Ether Dome, and of Dr. Oliver Wendell Holmes—both made by Dr. Mosher.

From Dr. Faxon—7 framed pictures, subjects: Bradlee Ward (Ward E) and Operating Theatre, 1888—exterior; Bradlee Operating Theatre—interior; University of Rochester School of Medicine and Dentistry, Strong Memorial Hospital, and Rochester Municipal Hospital; old engravings of the Surgeon's Theatre in Old Bailey, St. George's Hospital, Lying-in Hospital for Married Women, and Bethlehem Hospital—all of England.

From Dr. Gerado M. Balboni — 4 framed pictures, subjects: Our ambulance with the white horse; Dr. Samuel Robinson, Surgeon at M.G.H. from 1906 to 1912, where he introduced artificial pneumothorax in 1909; Dr. Cleveland Floyd, who collaborated with Dr. Samuel Robinson in introducing artificial pneumothorax at M.G.H.; Dr. Richard C. Cabot—the photograph bearing this inscription: "A worker in the forefront of Medical Progress; the genie of Medical Social Service. Contributor with Mrs. H. G, Coburn and Mr. Charles D. Sias for the maintenance of a Tent Ward at M.G.H. in 1909-1910 for Dr. Samuel Robinson's work on Artificial Pneumothorax". Dr. Balboni has also given us a fine old engraving of Georgius Baglivi, who was born in Ragusa in 1668 and who believed an incision could be made into the lung, between the ribs, to cure lung ulcers.

From Dr. Tracy B. Mallory—A composite photograph of 12 Boston physicians, whose names are on the back—made probably between 1890 and 1900.

From Mr. Arthur A. Shurcliffe—A photograph (taken about the time of the Civil War) and a bronze bas-relief of Mr. Shurcliffe's father, Asahel M. Shurtleff, who was well known by many of the M.G.H. staff because of his designing of surgical instruments. Several of the instruments in our collection in the room behind the Ether Dome were of Mr. Shurtleff's design. The explanation of the difference in the spelling of the last name is that it has been changed back to the earlier form.

From Mary Newell Eaton—2 very interesting photographs of William T. G. Morton. The pictures were given by Dr. Morton to Mrs. Eaton's grandmother, who was Morton's cousin. Both pictures bear Morton's signature.

From Dr. Means—Several group pictures of various members of our staff, taken during 1944.

From Dr. Washburn—2 boxes of papers, letters, and pamphlets, including copies of addresses delivered by Dr. Washburn, and letters written and received by him during his years as Director at Massachusetts General. This is only a first small instalment from Dr. Washburn. There is much more, of great value, to come.

Important events, concerning Massachusetts General Hospital, that occurred in the month of October during the earlier part of the nineteenth century:

Oct. 22, 1820 — The Building Committee were ordered to take measures to erect the western wing of the Hospital in the ensuing spring. They reported that the centre and easterly wing were nearly finished, but that it was inexpedient to open the Hospital immediately for the reception of patients.

Oct. 7, 1823 — A Committee reported that they had leased the mummy for one year for exhibition in other cities. The mummy, from Thebes, was presented by Bryant P. Tilden and Robert B. Edes, in behalf of Jacob Van Lennep and Company of Smyrna — the Hospital paying two hundred dollars out of the proceeds of its exhibition to the Boston Dispensary. The total profits from the exhibition of the mummy were fifteen hundred dollars. The mummy is still in the Ether Dome.

The portrait of William Phillips, first President of the Corporation, painted by Gilbert Stuart, was finished. It was received on October 10. Stuart was sixty-seven years old at that time. The portrait now hangs in the Trustees' Room.

The west wing of the Hospital was now ready for patients.

Oct. 7, 1825 — It was voted that the Visiting Committees should make their visits unattended by the superintendents, apothecaries, or nurses, probably in order that patients might more freely state any causes of complaint.

Oct. 23, 1825 — An important vote was passed, placing a free bed for one year at the disposal of anyone who should pay one hundred dollars.

Oct. 13, 1837 — A communication from Dr. James Jackson, by which he resigned his position as one of the Physicians of the Hospital, was read before the Board of Trustees, and the following votes, submitted by Mr. Nathaniel I. Bowditch, were unanimously adopted:

> Voted that the Trustees have learned this determination of Dr. Jackson with the utmost regret. Connected as he has been with the institution from its first establishment, they are well aware how much he has always done to raise and maintain its reputation, and to extend its usefulness. Possessing the purest and most examplary private character, with talents and attainments which have placed him at the head of his profession, and with kind and affable manners which have won the affections of his patients and conciliated the esteem and goodwill of his associates, the Trustees cannot but regard his retirement from the Hospital as a most severe and serious loss. While they accept his resignation, therefore, they avail themselves of the opportunity publicly to acknowledge that he was among the most active and influential of the original founders of the Hospital; that, by an uniform course of disinterested professional and personal service, he has ever been one of its ablest officers and best friends; and that he is thus, in their opinion, entitled to the lasting gratitude of the institution and of the community. Voted, also, that, as a testimonial of the respect of the Trustees for Dr. Jackson, a free bed in the Hospital be placed at his disposal during life.

Dr. Jackson was Acting Physician from 1817 to 1837, Consulting Physician from 1838 to 1846, and a member of the Board of Consultation from 1846 to 1867.

Several interesting letters written by Dr. Jackson — including one which gives the reasons why it became necessary for him to resign from the Active Staff — are now on display in the Archives Room.

Oct. 11, 1839 — A Committee was instructed to study the question as to the expediency of rejecting syphilitic patients, or of charging them extra board. This Committee subsequently reported that such patients should be received only in urgent cases, and should always be charged double the usual rates of board. Dr. Washburn, on page 304 in his *History of Massachusetts General Hospital* says:

> This barbarous rule was in effect in nearly all general hospitals of the land well into the twentieth century. . . . In 1900 the Trustees changed their rules to permit the admission of syphilitic patients. To the credit of the Hospital, it was one of the first to take this enlightened position and to bring syphilis into the open for treatment in the hospital, instead of banishing it to the infirmaries attached to almshouses or allowing patients in the contagious stage to live at home and have out-patient treatment only.

On the same date in 1839 a Committee was appointed to consider the expediency of applying to the Surgeons for the records, or for leave to copy the same, who at a subsequent meeting reported in favor of such an application. The Physicians had always regarded their records as the property of the institution. Dr. Warren, Acting Surgeon, on the contrary, considered the surgical records as his own private memoranda. The appointment of this Committee, however, and their suggestions as to the importance of the institution's possessing either the originals of these records or copies of them, induced him very cheerfully to yield up any private claim.

Oct. 22, 1839 — Gamaliel Bradford, third Superintendent of the Hospital, died. Dr. Washburn's *History* says, on page 12:

> [His] father Gamaliel was one of the original Trustees of the Hospital. The father had commanded a privateer in the War of 1812, lost a leg in action, and wore a wooden one. These Bradfords were a distinguished line, of direct descent from Governor Bradford of Plymouth [as is our present Governor of Massachusetts]. Gamaliel, the doctor and Superintendent, was born in Boston, November 17, 1795, graduated at Harvard in 1814, studied medicine at the University of Edinburgh in 1819-1820. He practised medicine in Boston until 1827, then gave up practice and was in business from 1827 until 1833. From the latter year until his death on October 22, 1839, he was Superintendent of the Hospital. He was a considerable contributor to newspapers and magazines, and was actively interested in the anti-slavery cause and also in temperance. He was a member of the Massachusetts Society of the Cincinnati, and of the Massachusetts Historical Society.

Because there is no likeness of the father Gamaliel, a picture of the beautiful coffee urn, made by Paul Revere and presented to Captain Bradford in recognition of his exploits in the War of 1812, hangs with the pictures of the original Trustees in the Archives Room.

Oct. 16, 1846 — The first public demonstration, by William T. G. Morton, of the use of sulphuric ether in major surgery.

Books were ordered to be kept as a record for all out-patients.

Oct. 18, 1867 — Dr. J. Collins Warren, a member of our Staff from 1869 to 1927, informed the Board of Trustees of a legacy under the will of his father, Dr. J. Mason Warren, Visiting Surgeon from 1846 to 1867, to the Trustees, of $2,000. It was to be called the "Warren Prize Fund", in memory of his father, Dr. John C. Warren. The interest therefrom is to be awarded every three years for the best dissertation considered worthy of a premium, on some subject in physiology, surgery, or pathological anatomy.

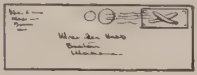
Oct. 21, 1870 — After the Board of Trustees had given full and deliberate consideration to the subject, with the help of a Committee and a knowledge of the views of Dr. Benjamin S. Shaw (Resident Physician, as the Directors were then called) and of the Medical and Surgical officers, it was voted to establish a separate ward for the treatment of patients with skin diseases, and to appoint Dr. James C. White, a Staff member from 1863 to 1914, as Physician to that department; it being understood that the measure was but an experiment, and the appointment but temporary. The "experiment" was regarded by the Trustees as open to some general objections and was discontinued at the end of 1871. Dr. White, the Trustees said, had made a most faithful trial of the experiment, and had devoted to it his skill and experience in his specialty. It was not until 1903 that Ward G, primarily for Dermatology, was opened.

Important events, concerning Massachusetts General Hospital, that occurred in the month of November:

Nov. 2, 1823 — Announcement was made of a bequest of $25,000 from John McLean, a Boston merchant. Eventually, nearly $120,000 was received from the McLean estate. In 1826, "The Asylum", as the Charlestown branch of M.G.H. was then called, was renamed "McLean Asylum" in honor of John McLean. His portrait, by Gilbert Stuart, now hangs in the hospital library at Waverly.

Nov. 3, 1839—The House Physician and Surgeon were directed to record all cases in volumes to be prepared for that purpose.

Nov. 7, 1841—Dr. John C. Warren donated $1,000 as a fund for the purchase of religious and moral books to be given to patients in the hospital and to those leaving the hospital. Our Warren Library for patients is the result of this early bequest.



Back in early 1946 we published a short note from Dr. William A. Reilly (*CM* 1928), announcing his release from military service. Since we had heard nothing further from Dr. Reilly, this interesting letter from him is very welcome.

> The University of Arkansas School of Medicine asked me to accept the professorship and head the new full-time Pediatric Department on August 1, 1947. All clinical departments in this Medical School were put on a full-time basis, beginning in July 1947.
>
> The opportunities here in Arkansas for medical service to students and the public at large are very great. There are about 110 pediatric beds, and another 50 beds for convalescences will be opened shortly. There is a very great variety of material here in all phases of Pediatrics. The students are very eager to learn and are very able. An unusual occurrence is the frequency of tetanus, anthrax, and poliomyelitis. Of course there is a great deal of congenital syphilis. The University has earmarked

Mr. Francis C. Gray — Chairman of our Board of Trustees

$1,600,000 for an expansion of the University Hospital, to include an additional 60 pediatric beds. Building plans are now in progress.

Even after a long residence in San Francisco and association with the University of California Medical School there, I find the environs of Little Rock, its people, and the University very pleasant and satisfactory.

Dr. Means has brought us another interesting letter from Capt. James M. Stewart, MC, AUS (*M* 1946). The letter was written in September, and is postmarked 61st Station Hospital, APO 782, c/o Postmaster, New York, N. Y. It reads:

After reading a recent issue of the M.G.H. News, I suddenly realized that almost a year has passed by since I last informed you as to my whereabouts. It was shortly after my arrival in Italy and assignment to the 61st Station Hospital in Leghorn that I last wrote, I believe. Since that time I have remained in Leghorn at the hospital, except for a very enjoyable three weeks' detached service in Naples at the old 300th General Hospital, during which time I took approximately two hundred ecg.'s in addition to exploring the beauties of Capri and Sorrento and the mysteries of Pompeii.

As the Italian phase of my Army life draws near its finish, with the Russian ratification of the Italian peace treaty, I realize how very fortunate I have been. Since January I have been working on the general medical ward at the hospital, and for the past six months have been in charge of it. We have had between 25 and 95 patients, averaging about 50 at any one time. This includes innumerable infectious hepatitis cases, many rheumatic and rheumatoid arthritics, and dermatological problems, but also two diabetic acidosis cases, four men with brucellosis (treated rather unsuccessfully with streptomycin), a few bleeding peptic ulcers, an interesting boy with secondary syphilis who had at the same time an acute nephritis with uremia (all of which responded nicely to penicillin therapy), and the only real case of thyroid disease I have seen over here—an officer who developed a lemon-sized nodule over night, with slight soreness and mild leukocytosis. This tumor gradually reduced in size to that of a ping-pong ball in about three weeks' time. He was non-toxic, and we postulated hemorrhage into an adenoma, although we, unfortunately, were forced to evacuate him to the States for exploration. With these cases to stimulate us and a fair medical library available, we have had a most enjoyable time of it.

To add to life's pleasure over here, my wife was able to come last March. We have a very luxurious nine-room apartment near the hospital, with kitchen and tile bath. Perhaps columnist Ruark, in his recent attacks on the "luxurious living" of General Lee and the officers in this theatre, could have been referring to our location!

While on a special service tour of Switzerland this summer, I spent several hours visiting the medical centre at Lausanne. The medical and surgical services had their own hospitals—very new and well equipped. An English speaking resident was very hospitable in showing me around the wards, and seemed proud (as well he might be) of his prize case—a six-month cure of tbc. meningitis with intrathecal streptomycin. The fact that I was a "foreign" visitor reminded me of the many South American and European medical men constantly visiting the M.G.H. I was very impressed by the apparent up-to-date medical practice at Lausanne.

This past month I was given a week's temporary duty to fly with two patients to Frankfurt, Germany, and thus to observe the German occupation. The thin, poorly clothed, sullen Germans, with their store windows empty, stood out in sharp contrast to the relatively well-fed Italians, with their stores well stocked. And the bombed ruins of Frankfurt, Wiesbaden, Stuttgart, and Munich which I saw, were very hard hit in comparison with Florence, Rome, Venice, and Milan—whose beauties were hardly touched. Here, again, I consider myself very lucky in having the chance to visit the wealth of ancient and renaissance art that is Italy.

Tomorrow is "R" day for Italy, and within ninety days all troops must be withdrawn. I was originally slated for Trieste forces, to remain in Italy, but "R" day has been so long postponed by the Russians that my Army "sentence" is almost ended. Therefore, I shall probably be returned to the Old Country by Christmas. My twenty-four months will be over next May, and I shall once more don civilian clothes. While it is impossible to lay definite plans these days, the Army has been fairly prompt in discharging medical officers after their period of service is over.

Please pass along my best wishes to all those at the M.G.H. who may remember me.

Dr. Richard C. Webster is sharing with us this little note from Mrs. Rodkey. We have been wondering how Capt. Grant V. Rodkey, MC, AUS (*WS* 1943) has been getting along since that spinal injury we reported to you several months ago; and we trust we are right in believing he has entirely recovered. His present address is Army Advisory Group, Medical Division, APO 909, c/o Postmaster, San Francisco. This note gives us a glimpse of what the Rodkeys are doing, over there in China.

Grant and I are enjoying life in Nanking very much—especially since summer is over! The heat was really bad here—supposedly the worst summer in 70 years, and ordinarily it's uncomfortable enough.

Grant is doing administrative work and some surgery. He is fortunate in that though we have only a small station hospital here, it serves a large community—both Army and civilian.

I taught last year, but am planning to be a lady of leisure this year—taking part in community activities, such as Scouts and Sunday School.

We're expecting to be back in Boston by next July. According to recent copies of the M.G.H. News, most of the crowd is already back. We're eager to join them.

This note from Mrs. William W. L. Glenn—she of cross-word puzzle fame. We publish it, because Mrs. Glenn refers to a question we knew would arise as you worked on the solution of her puzzle. Mrs. Glenn says, in part:

Any mistakes (and there is one, still) are my responsibility, because I know you corrected any and every one that was correctable. This one, which may have elicited a few comments, you couldn't have changed without changing all sorts of words and arrangement of squares. But I think it couldn't have confused very much, because a friend of ours did that part of the puzzle with no difficulty on that spot.

We love The News each month. Possibly better without a puzzle. It has been fun, however.

In spite of that "uterii", Mrs. Glenn, we all still think it's a grand piece of work!

THE NEWS

No. 64 Boston, Mass. January 1948

KURT H. THOMA, D.M.D.

As announced in the last issue of THE NEWS, Dr. Kurt H. Thoma was promoted to the Board of Consultation at a recent meeting of the Board of Trustees. This will become effective February 20, and Dr. Thoma will be retired as Oral Surgeon and Chief of the Dental Service. Because of this and the high regard in which Dr. Thoma is held, both at home and abroad, the leading article this month, which ordinarily would have told about dental affairs in general, is being devoted entirely to an outline of Dr. Thoma's work.

In the field of dental science, Dr. Thoma has achieved international fame. As a dental educator, his contributions have been myriad. And as a practitioner, his achievements in the specialty of oral surgery have been legion.

Born in Basel, Switzerland, in 1883, Dr. Thoma was educated in his native city and later in Prangin, on Lake Geneva. He studied engineering, and was graduated from the Institute of Technology of Burgdorf. Advised by friends to go to America, which suited his desire to see more of the world, he decided to study dentistry in the United States.

In 1911 he was graduated from Harvard Dental School, *cum laude,* after which he returned to Europe. There he became interested in the new concept of conduction anesthesia when procaine was destined to replace cocaine. He returned to the United States, and was instrumental in introducing the techniques of conduction anesthesia to the dental profession in this country.

In 1912 he was appointed Instructor in Dental Anatomy in Harvard Medical School, and at the same time Assistant in Prosthetic Dentistry at Harvard Dental School. His first textbook, *Oral anesthesia,* was published in 1914, followed by a second edition, revised and enlarged, in 1919.

A pioneer in the specialty of oral surgery, he was at once interested in the new discovery of the relationship of dental disease to focal infection, and was one of the first of the dental practitioners to employ roentgen diagnosis. This diagnostic aid opened a new vista of oral pathology, and his research work then developed along the lines of microscopic study of diseased dental tissues.

In 1915 Dr. Thoma was appointed Lecturer in Oral Histology and Pathology at Harvard, and published many papers on the microscopic study of oral lesions. *Oral abscesses,* a textbook dealing with the pathological study of infectious foci in the mouth and their relationship to systemic disease, was published in 1915.

At this time, when the professions of medicine and dentistry became more closely allied, he was appointed Oral Surgeon at the Robert B. Brigham Hospital, Consulting Oral Surgeon at the Boston Dispensary, and Visiting Dental Surgeon at the Long Island Hospital.

In 1917, following a short period of rapid development of the X-ray as an aid in diagnosis, the third Thoma tome appeared, entitled *Oral roentgenology.* This was a book, in atlas form, depicting and describing roentgen negatives of normal and diseased conditions in the mouth. An enlarged second edition of this book was published in 1922.

In 1919 Dr. Thoma was appointed Assistant Professor of Oral Pathology at Harvard. A vigorous work compulsion produced a long list of contributions to numerous medical and dental periodicals, plus chapters on oral disease for six medical and dental texts. One of the Century Company's Health Books, *Teeth, diet and health,* by Dr. Thoma, appeared in 1923.

Incidentally, during World War I, Dr. Thoma had become an American citizen.

In 1927 he was appointed Professor of Oral Pathology, and in 1934 the alumni of the Dental School endowed a chair, and his title was changed to the Charles A. Brackett Professor of Oral Pathology.

The following widely used texts are self-evident accomplishments of an unusual triad of investigator, clinician, and author: *Clinical pathology of the jaws,* 1934; *Oral diagnosis and treatment planning,* 1936; *Oral pathology,* 1941; *Traumatic surgery of the jaws,* 1942. His new 2-volume work, entitled *Oral surgery,* will be published in February. In part, it is a culmination of his clinical experiences in oral surgery during his tenure of service at M.G.H.

During the transition from the Harvard Dental School to the Harvard School of Dental Medicine in 1941, Dr. Thoma served on both the organizing and the executive committees. He was a strong proponent for revision in dental education and has constantly stressed the need for the training of clinical dental scientists. He was appointed Professor of Oral Surgery in 1941, and in 1943 was appointed Oral Surgeon and Chief of the Dental Department here at Massachusetts General Hospital.

Under the stimulation and direction of Dr. Thoma the oral surgical aspects of dentistry were made familiar to the hospital family. In previous issues of THE NEWS reports of the Dental Staff meetings, the extensive alterations of the clinic, and expanded dental service activities have been published. The biannual M.G.H. issues of the *Journal of orthodontics and oral surgery,* of which Dr. Thoma is the Editor in Chief, have reflected well-deserved credit to him and to the hospital.

Dr. Thoma will, as a member of the Board of Consultants at M.G.H., still be an active member of the hospital family. His vast experience with dental disease, his vigor, and his enthusiasm will always contribute a stimulating influence.

For the years ahead — our best wishes go to Dr. Thoma for good health and continued accomplishments.

VINCENT MEMORIAL HOSPITAL

It seemed like thousands, but maybe there were only hundreds present at the dedication of the new Vincent Memorial Hospital on November 25. Anyway, every inch of available space on the second floor of the building, where the ceremony took place, was filled.

Mr. Henry C. Everett, Jr., President of the Board of Trustees of the Vincent Memorial Hospital, spoke briefly of the history of the hospital and introduced the other speakers.

Mr. Francis C. Gray, Chairman of the Board of Trustees of Massachusetts General Hospital, welcomed the Vincent Hospital to the Massachusetts General group — stressing the fact, however, that the Vincent is a hospital within a hospital, having its own individuality and its own governing board. In saluting the Vincent Club for the fine work it has done, Mr. Gray concluded his remarks with, "To your Hospital, founded by a woman and supported by women, we bid you Godspeed."

Mr. Everett then paid high tribute to the helpfulness, understanding, and patience shown at all times by Dr. Faxon during the planning and construction of the Vincent, and introduced him as the next speaker. Dr. Faxon, who is Director of the Vincent Hospital (as well as of the General) pointed out the advantages to be gained by both institutions through cooperation with each other.

In introducing Dr. Joe V. Meigs, Chief of Staff of the Vincent Hospital, Mr.

Everett told of the years of faithful and unselfish devotion Dr. Meigs has given to the Vincent Hospital. He spoke of his distinguished leadership in the field of gynecology and research — a man whose name is known all over the world and to whom surgeons come from all parts of the country to watch his technique. Dr. Meigs, in speaking of the occasion which meant so very much to him, devoted the major part of his speech to thanking all those who in any way contributed to the fulfillment of his dream. He called the occasion a day of thanks and of hope. He expressed thanks to the Trustees of the Vincent and the General; to Dr. Faxon; to the Board of Managers and other officers of the Vincent Club; to Mr. Charles W. Brown, for his gift of rugs for the first floor; to Mr. Max Warren, for his gift of fifty radios — one for each room; to the various individuals and groups who have made money contributions; to Mrs. Graham "who took over while Dr. Sturgis was in the Service and who put this hospital on the map as far as the laboratory is concerned"; to the carpenters, architects, workmen — everybody who had helped in any way. In speaking of the Vincent Club he said, "To the Vincent Club, there is very little one can say except, 'Thank God there is a Vincent Club'. Imagine $600,000 given to the institution! Imagine their giving $35,000 and $45,000 a year in support of the hospital!"

Mr. Everett then introduced the last speaker — the Reverend Theodore P. Ferris, D.D., Rector of Trinity Church, who gave the dedication address. He spoke briefly on the two factors necessary to make a good hospital — scientific skill in the treatment of disease and compassion in the treatment of people. In closing Dr. Ferris dedicated the building with this prayer:

> To the glory of God we dedicate this hospital; to the truth of God we commit it; to the knowledge of His will and His way we pledge its allegiance. And to the service of humanity we offer its compassion and its skill. May those who share in its work share also its high ideals and may those who bear its burdens be sustained by Him who died that we might live. May the knowledge of its doctors and nurses grow and deepen every day; and may their skill increase and their compassion fail not. Bless this building, O God, and all who enter it, whether to suffer or to serve. Make it a temple of healing, like the shadow of a great rock in a weary land.

Following Dr. Ferris's dedication, there was an inspection of the building. To go into that would require an entire issue of THE NEWS. And even then, to do it justice, we would have to say "Come in and see for yourself."

Tea and sandwiches were served—the food being contributed by Mr. George Foster, caterer, who had asked the Vincent Club Committee if he might participate, in this way, in the occasion.

The picture of the attractive "Crinoline Girl", who has recently been standing at the head of Vincent Club matters in THE NEWS, was drawn by Miss Virginia Palfrey.

A check for $50,000, from the Damon Runyon Memorial Fund for Cancer Research, has been received by Massachusetts General. The gift was presented at a special meeting of the Trustees and Staff on December 10. Mr. Francis C. Gray, Chairman of our Board of Trustees, who accepted the check on behalf of the hospital, expressed gratitude for the gift and said it was imperative that the research already under way be continued at this great medical center.

* * *

Many of you will be glad to know that all periodical publications of the British Medical Association are now obtainable through Grune & Stratton, Medical Publishers, 381 Fourth Avenue, New York 16, N. Y., who have been appointed by the Association as sole agents for the United States, beginning with January 1948.

The journals are: *British medical journal,* published weekly; *Abstracts of world medicine,* published monthly; *Abstracts of world surgery, obstetrics and gynecology,* published monthly; and the following quarterly journals: *Annals of the rheumatic diseases; Archives of disease in childhood; British heart journal; British journal of industrial medicine; British journal of pharmacology and chemotherapy; British journal of social medicine; British journal of venereal diseases; Journal of clinical pathology; Journal of neurology, neurosurgery, and psychiatry;* and *Thorax.*

* * *

A meeting of the Massachusetts General Hospital Research Council was held on December 18. Drs. Fuller Albright, Frederic C. Bartter, and Anne P. Forbes spoke on "Studies with adrenocorticotropic hormone", and Drs. L. Raymond Morrison and Paul C. Zamecnik talked on "Production of experimental demyelination in brain slices".

◆

BORDEAUX BELLES

On Saturday, November the twenty-ninth, the "Bordeaux Belles" met at the home of Miss Alice O. Gorman, who was secretary to Dr. Richard Cabot, for dinner and a meeting. Twenty-five members were present — some coming from New Jersey, New York, Connecticut, Rhode Island, and Vermont.

Rosa Shayeb Dunaway, who has recently returned from a twelve-months' stay in Monrovia, Liberia, Africa, where her husband is Financial Advisor to the President, entertained the group with a graphic account of the life there.

This organization — the Bordeaux Belles — which is composed of the women who served overseas with Base Hospital No. 6 in World War I, was formed on the *Aurania,* en route to France in July 1917; and, although it remained inactive for several years, now holds dinner meetings twice a year, which are well attended and enjoyed.

TALENCE CLUB

Twenty-eight members of the Talence Club met at the Hotel Kenmore, on November 15, for the annual dinner and reunion of the Club. The meeting commemorated the thirtieth year of the organization, which was formed in 1917 by the enlisted personnel of U. S. Base Hospital No. 6 — a unit sponsored by Massachusetts General Hospital and located in Talence, Bordeaux, France.

Members present included Albert E. Barrow of Long Island, N. Y., William J. Brown of Charlotte, N. C., and Dr. Hugh Stalker of Detroit, Mich. Informal talks were given and questions answered by several members concerning conditions abroad, with which they are intimately acquainted through relief work or otherwise.

Clement J. Beaudet was appointed to study arrangements for a proposed reunion in Charlotte, N. C., the home of Unit "O", which became part of U. S. Base Hospital No. 6 during World War I.

Officers re-elected for the ensuing year were Albert E. Hunter, President, Clement J. Beaudet, Vice President, and Nathan E. Andrews, Collector.

DERMATOLOGY DEPARTMENT

Several unusual cases were presented at the November Staff Meeting, followed by a report on the recent meeting of the American College of Allergists, which was attended by Dr. Blank. A review of Dr. M. B. Sulzeberger's address on the treatment of skin diseases, at the fall Postgraduate Assembly of the Massachusetts Medical Society, was given by Dr. Wainger.

The American Academy of Dermatology and Syphilology met in Chicago early in December. Dr. C. Guy Lane, until recently Chief of our Service, addressed the Academy on "The present status of physical and radiation therapy —their value in the treatment of diseases of the skin, their limitation, and a discussion of how undesirable results may be avoided". Dr. G. Marshall Crawford, Acting Chief of our Service, also participated in the program — his topic being, "Practical applications of X-rays and other physical agents in the treatment of the more common dermatoses; the results to be expected in the treatment of tinea capitis with X-rays; and a discussion of safe X-ray dosage".

Jane E. Hinkley, night supervisor in the General Hospital, died at the Hospital on December eleventh. Miss Hinkley, a graduate of the Massachusetts College of Pharmacy and the Massachusetts General Hospital School of Nursing in the class of 1932, had been a night supervisor for eleven years, ten of which she was in charge.

Many students learned to give better

nursing care because of her teaching; many patients were made comfortable because of the care she herself took time to give. Her loyalty and her dependability were appreciated by Hospital Administration, Resident Staff, and Nursing Staff. The combination of understanding and fairness, sense of humor and sympathy, selflessness and interest in others which Miss Hinkley brought to her work and her personal relationships will be greatly missed.

The Ladies' Advisory Committee to the School of Nursing has recently appointed a group of subcommittees, designed to advise on the programs for various school functions. These committees, which will work with parallel committees and departments in the school, and the names of their chairmen, are as follows: Education Committee — Mrs. Brace; Guidance Committee — Miss Stedman; Building Committee — Mrs. Jordan; and Extracurricular Committee — Miss Bartol.

Two other committees of special interest have held their first meetings. The Personnel Relations Committee met with Miss Sleeper to discuss personnel policies and problems of the graduate staff. Within the nursing school, the Student-Faculty Relations Committee, planned during the fall by joint student-faculty action, has begun to meet. This committee, composed of seven students and seven faculty members, gives an opportunity for open and cooperative discussion of student and school problems.

With the present senior class in the School of Nursing, the date of graduation is being changed from midwinter to June. The last February graduation is scheduled for Thursday, February 4, for the class which entered the school in February 1945. Baccalaureate Service will be held at Trinity Church on February 1. All later classes will be graduated at June exercises.

Upon the resignation of Mrs. Lois Prussman Lawrence, Miss Claire O'Neil has become Clinic Supervisor of the O.P.D., where she was formerly head nurse of the Medical Clinic.

Miss Adele Corkum is serving temporarily as nursing supervisor in the new Vincent Hospital and the Burnham wards for children. Miss Shirley King is head nurse on the private floor, and Miss Mary Fitzgerald is in charge of the ward floor.

The Board of Trustees, at their meetings on October 3, and November 14 and 28, voted to appoint:

Dr. Robinson LeR. Bidwell, II, as First Assistant Resident on the Neurosurgical Service, beginning January 1;
Dr. Samuel C. Capps as First Assistant Resident in Pathology, beginning July 1;
Dr. Ralph Hawkins as Resident on the Neurosurgical Service for one year, beginning January 1;
Dr. Robert B. Higgins as Assistant Resident on the Urological Service, beginning July 1;
Dr. Archibald D. Leigh as Resident on the Psychiatric Service for the period January 1 through June 30;
Dr. Joseph Leighton as Second Assistant Resident in Pathology for one year, beginning January 1;
Dr. Winfield S. Morgan, III, as Second Assistant Resident in Pathology for one year, beginning July 1;
Dr. Wilhelmina Van Dyke as Assistant to the Children's Medical Service;
Dr. John T. Walke as Assistant Resident on the Children's Medical Service for the term January 1 through June 30.

The trustees also voted to appoint the following Interns for one year, beginning July 1:

Medical — Mary S. Blakely, William N. Christenson, Boy Frame, Anne F. Godley, John F. Hogan, Jr., Samuel McD. McCann, Mortimer L. Mendelsohn, Frank B. Norbury, Lloyd H. Smith, Jr., John D. Stoeckle, Mackenzie Walser, James B. Wyngaarden.

Surgical — Sigurd B. Gundersen, Jr., Daniel F. Milam, Jr., Talmage W. Nielsen, Paul S. Russell, Jr., Paul Talalay, Roger E. Wilcox.

At their meetings held on November 12, 19, and 26, the General Executive Committee voted:

To promote Dr. David Gamsu to the position of Resident on the Neurosurgical Service for the period of six months, beginning January 1.

To appoint:

Dr. Harold E. Elrick as Clinical Fellow in Medicine, to work with Dr. Fuller Albright, effective as of November 15, 1947;
Mr. Stanley Garn as Research Fellow in Medicine, to work with Dr. Paul D. White;
Dr. Menard M. Gertler as Clinical and Research Fellow in Medicine, as of October 1, 1947;
Dr. Herbert I. Harris as Graduate Assistant in Psychiatry;
Dr. Donald Harting as Graduate Assistant to the Children's Medical Service.

New addresses:—

Dr. Milton H. Clifford (*a.p.*), 501 Boylston St., Boston, Mass.
Dr. Richard W. Greene (*M* 1945), 4 Hawthorne Road, Binghamton, N. Y.
Dr. Gordon E. Jones (*ES* 1939), 320 Security Bldg., Olympia, Wash.
Dr. George R. Livermore, Jr. (*WS* 1943), 1418 — 3½ St. SE., Rochester, Minn.
Dr. Benedict F. Massell (*a. M*), House of the Good Samaritan, 25 Binney St., Boston 15, Mass.
Dr. Sedgwick Mead (*EM* 1940, *P* 1941, & *a.r.p. N* 1942), Apt. 204, 6924 Millbrook Ave., University City, Mo.
Dr. Karl Riemer (*Oph.* 1943), 403 Commonwealth Ave., Boston 15, Mass.
Dr. Francis Rouillard (*a. obst.*), 1180 Beacon St., Brookline, Mass.
Dr. Stewart P. Seigle (*EM* 1942), 1169 Main St., East Hartford, Conn.
Dr. Judson A. Smith (*obst.*), 1180 Beacon St., Brookline, Mass.
Dr. William C. Stewart (*WM* 1934), 1205 Quarrier St., Charleston, W. Va.

Brief bit:—

Dr. Charles S. Wise (*res. fel. Phys. Med.*) has been appointed Associate Professor and Director of Physical Medicine in the Department of Physical Medicine at George Washington University Hospital, Washington, D. C. His appointment becomes effective February 1.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Edwin B. Dunphy, Chief of Eye Service, has been appointed Henry Willard Williams Clinical Professor in Ophthalmology, Harvard Medical School.

Dr. Charles H. McLaughlin completed his residency in Ophthalmology at the Infirmary on November 1. He is now practising medicine in both Everett and Boston.

Several interesting old surgical instruments have been given to the Infirmary's museum in the Hooper Room by Miss M. F. Stratton of Boston. The instruments were used by Miss Stratton's grandfather, Dr. Elijah Stratton of Northfield, Massachusetts. Dr. Stratton, who was born in 1811 and died in 1871, was a graduate of Dartmouth College in 1833.

Dr. Charles M. Leconte, a former resident in Oto-Laryngology at the Infirmary, has been appointed a specialist in Oto-Laryngology at the Hospital General in Port au Prince, Haiti. Besides his work at the hospital, Dr. Leconte is an instructor at the Medical School down there.

Dr. David G. Cogan, Director of the Howe Laboratory, spoke on December 11 at a meeting of the Buffalo Ophthalmological Club, held in that city. Dr. Cogan's subject was "Observations on the pathology of the cornea and conjunctiva, with especial reference to epibulbar tumors".

On December 1, Dr. Roland Lavoie began his residency here in Oto-Laryngology. Dr. Lavoie was graduated from the Laval Medical School in Quebec.

Dr. Constantino Rusodimos of Athens, Greece, has been at the Infirmary for the last three months observing in the Eye Clinic. Dr. Rusodimos is a graduate of the University of Athens Medical School, and served as Ophthalmologist in the Greek Army during the war. Many of his books and instruments were destroyed—first by bombing and later by Germans. After his release from the Greek Army, he was invited by the Panamanian Government to practise ophthalmology in Colon, Panama.

Dr. Rusodimos has published comprehensive monographs on retinal separations, choroidal detachments, and cysticercus of the human eye. He has treated numerous causes of trachoma and Egyptian ophthalmia, and has successfully operated on many dacryocystis cases.

Since his arrival in the United States, he has observed in eye clinics in Chicago, New York, and now at the Massachusetts Eye and Ear Infirmary.

Additional important events, concerning Massachusetts General Hospital, that occurred in the month of November during the earlier part of the nineteenth century:

Nov. 30, 1845 — The duties of the Treasurer, which had always been performed gratuitously, had become so very "onerous", it was voted to grant him a salary of $500 a year.

Nov. 21, 1847 — A committee recommended the appropriation of $250 for the formation of a Medical Library at the hospital.

In the Annual Report for 1847 mention is made of a bequest of $137,614.50 from John Redman, a Boston mechanic.

The report also says:

> With no less gratitude have the Trustees acknowledged another legacy of an especially interesting character received within this period. Miss Sarah Clough (for many years a valued and confidential domestic in the family of Joseph W. Revere, Esq., of this city) bequeathed to this institution the residue of her property, the little savings of her own personal labors. The amount which has been paid to the Treasurer, pursuant to this bequest, is $599.84. There never has been a donation, whatever its magnitude, more honorable either to the donor or to the institution.

Nov. 16, 1851 — A committee voted that a Chemist and Microscopist (one officer for both duties) be elected annually by the Trustees.

Nov. 19, 1854 — The Visiting Committee reported that it was expedient to establish a Pathological Museum at the hospital.

Nov. 22, 1857 — An application having been received from Sarah W. Salisbury, a graduate of the Female Medical College, to be admitted to the hospital for the purpose of obtaining practical knowledge in some of the branches of Medical Science, it was voted that the Secretary send Miss Salisbury a copy of the rules and regulations of the hospital and inform her that the Trustees deem any departure from the rules and regulations to be inexpedient. In 1858 Miss Salisbury renewed her application and was again refused.

It was not until 1867 that the first female students were admitted at M.G.H. Miss Sophia Blake and Miss Susan Dimmock asked permission to share the educational advantages of the hospital, and the following resolutions were adopted by the Board of Trustees:

> 1. That . . . the Rules and Regulations for the Hospital may be so interpreted as to include female as well as male students.
>
> 2. That the admission of female students be left to the discretion of the Visiting Physicians and Surgeons, individually.
>
> 3. That female students, whenever admitted, shall be placed in classes separate from male students, and shall attend the clinical practice of the female wards exclusively.

Important events, concerning Massachusetts General Hospital, that occurred in the month of December during the earlier part of the nineteenth century:

Dec. 18, 1816—The Board of Trustees decided to purchase part of Mr. Joy's land—the original site of McLean Hospital, in Somerville.

In the chapter on McLean Hospital in Dr. Washburn's *History of Massachusetts General Hospital,* we find the following, quoted from the story of McLean Hospital from 1811 to 1914 by Dr. George T. Tuttle, Medical Superintendent of McLean Hospital from 1903 to 1919, and published in the *American Journal of Psychiatry*:

> The circular letter, prepared in August 1810 by Drs. James Jackson and John C. Warren, was the first definite appeal to the public, and may be regarded as the beginning of the present Massachusetts General Hospital, of which McLean is a part. . . .

A footnote in Dr. Washburn's book refers us to the story of the Reverend John Bartlett's part in the founding of the hospital. A copy of the above letter and a picture of the Reverend Bartlett hang in our Archives Room.

> The war of 1812 delayed the plans for building the hospital, but in 1816 the Board of Trustees instituted a house-to-house canvass and received such liberal responses that within a week $93,969 was subscribed, $43,997.47 of which was contributed specifically for the asylum. There were 1047 original subscribers.
>
> Negotiations were at once opened for the purchase of a site suitable for an asylum for the insane, the need of which branch of the proposed hospital was considered to be more urgent than a general hospital. In December of 1816 the Joy, or Barrell, estate (known also as Poplar Grove and Cobble Hill) at Charlestown, was bought for $15,650.
>
> This estate contained approximately 18 1/3 acres. Here, on Cobble Hill, in 1775, General Putnam and Colonel Knox laid out a fort, which received the name of "Putnam's Impregnable Fortress". At the foot of the hill flowed a small stream, Miller's River, a tributary of the Charles, and for some years to come McLean Asylum did nearly all its transportation by water. Upon this hill, surrounded by trees and gardens, stood a colonial dwelling house built in 1792 by Joseph Barrell. Charles Bulfinch designed this mansion, which, enlarged and altered, was used as the administration house of the asylum for 77 years. . . .

Dec. 29, 1816—Charles Bulfinch, Esq., was employed to visit the hospitals of New York, Philadelphia, and Baltimore, after which he was to draw plans for M.G.H.

The meetings of the Board of Trustees began to be held at the Athenæum, having before been held at the houses of the officers.

Dec. 7, 1817—It was ordered that the hospital be "of stone, and *of that kind called granite*".

Dec. 23, 1821—A model of a machine, called a "gout-frame", invented by Mr. Joseph Trumbull for the purpose of moving helpless people to and from bed, was presented.

Dec. 14, 1828—A special meeting of the Trustees was held. The record of the meeting reads:

> The present meeting was in consequence of a fire which broke out in the eastern wing of the Hospital, just before the morning service, and which, though at first threatening the destruction of the building, was happily subdued, after causing some injury to the roof and upper apartments. . . . The damage sustained by the building is not so great as to interrupt the reception of patients as usual.

It appears that ten convalescent patients were discharged, and all those in the east wards removed to the other part of the house. The damage did not exceed six hundred dollars.

Dec. 20, 1846—A letter from Dr. William T. G. Morton, offering to the Hospital the right to use his discovery for the alleviation of pain in surgical operations was read before the Board of Trustees, and it was voted that Dr. Morton's offer be accepted. The Secretary was directed to return the thanks of the institution to Dr. Morton in behalf of the Board.

Dec. 3, 1854—A report from the Visiting Committee on a Pathological Cabinet was accepted. It recommended that $100 be appropriated for such a cabinet; that a Curator for it should be chosen annually by the Trustees; that it should be his duty to preserve morbid specimens and arrange them in the way best fitted to make them useful; and that he should make all the autopsies, excepting such as shall be made by the attending Physicians and Surgeons. . . . Upon the nomination of the same Committee, the Board elected Dr. Calvin Ellis as Curator of the Pathological Cabinet.

Important events, concerning Massachusetts General Hospital, that occurred in the month of January during the earlier part of the nineteenth century:

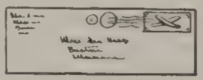
Jan. 9, 1814 — An address to the public, having been approved by the overseers of the poor, was adopted, and committees were appointed to solicit additional subscriptions for the "Asylum", which later became known as McLean Hospital — the first unit in the Massachusetts General group. The first appeal for funds had been made in 1810.

Jan. 5, 1817 — Subscriptions had increased to $93,969. Authority was given to purchase more of Mr. Joy's land in Somerville, the original site of McLean Hospital, not exceeding in all fifteen acres, or to cost over $15,000. On January 12, the Committee reported a purchase from Mr. Joy for $15,650; and the Board approved of their Committee's act, though they had somewhat exceeded their powers.

Jan. 19, 1817 — A salary of one hundred dollars was given to the Secretary of the Board.

Jan. 6, 1820 — Mr. William Hall presented his patent for sweeping chimneys, to be used in the Hospital.

Jan. 10, 1822 — Six free beds were established — three for medical, and three for surgical patients.



Even though there are rather long lapses between letters from Dr. Frank B. Cutts (*WM* 1934), he does manage to see that the thread of contact with MGH-ers, through The News, remains unbroken. (We wish we could say this about more of you.) This letter has just come from Dr. Cutts, with a new home address — 315 Olney Street, Providence 6, Rhode Island.

> I intended to answer your letter many months ago, but my performance is only now catching up with my intentions. At least I am replying in the same year.
>
> I haven't been up to Boston recently, and probably won't be able to manage a visit until early next year. Right now I'm on service at the Rhode Island Hospital, which occupies a good part of each morning. However, I shall certainly look in at your office whenever I'm at the M.G.H.
>
> I keep busy in the practice of medicine and have plenty to do at the Rhode Island Hospital, where I have received appointments this year as Visiting Physician on the Medical Service and as Director of the Heart Station. So long as I have a little time for my family and for non-medical reading I won't complain, however. I often wish I were one of those fortunate individuals who can rush through a book or an article and remember all the significant points, instead of having to plod along through whatever I read.
>
> My oldest boy, William, is now ten years old, and there are two junior editions— George, aged one, and Barbara, three weeks. There is a reasonable prospect of never a dull moment around this household from now on.

Miss Elizabeth Farrar, who a few months ago resigned from her position as Librarian in our Warren Library, has sent us this little note. Her many friends, who may not be in direct communication with her, will be glad to hear from her through The News. Miss Farrar writes:

> This is to inform you of my change of address to 1212 SW Curry Street, Portland 1, Oregon.
>
> My sister (who is an MGH graduate) and I read The News avidly. We both have many pleasant memories of the hospital.

This nice letter from Dr. James D. Schuler (*CM* 1939) reveals the fact that another alumnus is out of military service. Dr. Schuler writes, from 312 North Boyle Avenue, Los Angeles, California:

> Thank you for your letter. Of course, we all are interested in the activities and progress of each individual from the M.G.H. My latest contact was in reading the recent MGH issue regarding the Surgical Clinics of North America.
>
> Since leaving the Army, I have spent two profitable years of surgical residency at the Kern General Hospital. There, Dr. Earle J. Boehme of Boston was our guiding light and friend. Now I am in the midst of a 9-months' postgraduate course in Surgery at the College of Medical Evangelists. This is just like Medicine all over, but every subject is extremely practical this time — especially anatomy.

This, from Dr. Schuler, was in response to a letter of inquiry we sent him. We wish more of you could find the time and inclination to respond, in this way, to our letters.

Everyone knows about the kind of work Dr. James G. Miller (*EM* 1943) did in the O.S.S. during the war. We refer you to the August 1946 issue of The News for an account of the program, as given to us by Dr. Miller one day when he came in for a visit.

This letter, recently received, tells us of a new position Dr. Miller has accepted.

> It occurred to me that you might perhaps be interested in a change of position which I am going to make shortly.
>
> Since March of 1946 I have been Chief of the Clinical Psychology Section of the Neuropsychiatry Division of the Veterans Administration in Washington, D. C., in charge of a new program of training in Clinical Psychology in the VA.
>
> I am leaving this job on the first of January to go to the University of Chicago, where I shall be Professor of Psychiatry and Psychology, and Chairman of the Department of Psychology. I expect to be able, there, to return to clinical and research work, after a good many months of almost wholly administrative activities.
>
> I hope to be able to visit you soon.

This is the first word we have had directly from Dr. William M. Shedden (*ES* 1920) since he became Chief Surgeon at the Veterans Administration Hospital in Lake City, Florida. His letter indicates a very busy life, and yet— we are glad to say — he managed to find time to remember The News. The letter reads:

> I am heading up a Surgical Service in this hospital, which has from 350 to 400 beds. I have a Surgical Service running a little over 160 beds. I have assigned to me an Assistant Chief of Surgery, an ear, nose and throat specialist, a urologist, an orthopedist, and six junior surgeons. With that setup we have been able to do some fairly major surgical procedures, which vary from decortication of the lung to subtotal resections of the colon and stomach. I have had one resection of the lower end of the esophagus.
>
> I am very content with my shift from private practice to the Veterans Administration. Dr. Hawley has done a good job in locating personnel for the Veterans Hospitals, and our group here is quite satisfactory. We are told here there will be a moderately extensive remodeling program for our hospital, starting in January.
>
> We have a house now in Lake City and there is almost always a guest room available for MGH staff members who come this way. If they can let me know ahead of time, I would appreciate it; if not, we will arrange to put them up, anyway.
>
> The thing that has surprised me the most about this part of North Florida is the change of seasons. We have had everything that goes with winter except snow. We have a definite fall season, with the turning of leaves. Spring is much earlier, starting in late February.

We are very grateful for this most interesting letter from Dr. William Beecher Scoville (*r. NS* 1938). Incidentally, it includes a change of address to 56 Garden Street, Hartford, Connecticut. He says:

> I am appreciative of your written request for news, and shall be happy to bring my rather unexciting career up to date for The News.
>
> Both my war and postwar experience lack any spice or drama. I served in neurosurgical centers within the United States throughout the war, and now I am hard at work with my partner, Ben Whitcomb, practising neurosurgery in Hartford. We are extremely happy, satisfyingly busy, and are in hopes of building up a small group, concentrating on only the central nervous system. Dr. James Fox, neurologist from Yale, joins us in January, and we are on the lookout for two psychiatrists — one to stress the psychosomatic side and the other, organic disabilities, including shock therapy. Perhaps you can help us from Dr. Cobb's entourage.
>
> I am impressed with the change in neurosurgery in the past ten years. Brain tumors now are a rare although exciting luxury in the usual neurosurgical practice, with an ever increasing number of cases of lumbar, cervical ruptured discs, peripheral vascular and hypertensive sympathectomies, and lobotomies replacing the gap. Lobotomies have once again linked us closely with psychiatrists, and we welcome them back to the organic fold. The State has pioneered in a group research study of the results of lobotomies, at present surveying some 350 cases completed by five different hospital centers — including Yale University, free State hospitals, Institute of Living, and two general hospitals. By such group studies it is hoped that the operation will be refined to one of differential sections of proper association tracts.
>
> Upon the opening of the new Hartford Hospital building, which is designed by the same architect as your White Building, a group, low income, diagnostic and therapeutic clinic will be instituted. This again is based on comparable charges made by your Baker Clinic, and we are in hopes of its resulting in economy of personnel and, more especially, cost to the patient.
>
> I hold happy memories of my training with Drs. Albright, Cobb, Mixter, and White. My very best wishes to the MGH staff.

In our November number we published parts of a letter Miss Morse had written from Czechoslovakia to the Unitarian Service Committee. Now we have another letter from her, written to Dr. Faxon, in which she gives us a clear picture of the conditions under which she has set up and developed her program over there. Miss Morse writes:

> I have just finished reading the M.G.H. Annual Report and, as usual, have found it one of the most interesting things I read each year. It was good for me to see that others have their troubles with the shortage of nurses. That is the key problem for us here. When we arrived there was only one doctor, no social workers, no O.T. assistants, two blind P.T. assistants, and no trained nurses. Actually, there were only two good Physical Education instructors here in the line of personnel. This was the start of Physical Medicine in Czechoslovakia.
>
> Perhaps I have been a bit hasty because they still call it rehabilitation, but we have great hopes, and so much has come our way in the usual slow motion of government agencies that we are moderately pleased. That adjective represents my mood of the moment. It has run from good to bad, as you can guess, and our present lack of nurses and lack of the right kind of patients make my mood about middling now.
>
> We are getting quite spoiled, as we are treated like hospital administrators one minute and like doctors the next. It is hard to keep one's place, especially when one sees certain things not being done that should be done. However, in spite of the serious labor shortages here, we have come out with a fairly high standard of personnel—which has surprised us a bit, in view of the greeting we had that this could not be done. We have an assistant M.D., a social worker, a graduate nurse in each of our departments which we hope to use to carry on the work, and in my department an ex-priest and a mechanic. I am all for this last person!
>
> The equipment sent over with us has given us a good start. Our rooms are not adjacent, as at M.G.H., but the O.T. space is quite wonderful. I have been trying to start the process of buying for the department over here and have run into something of what a Czech must go through to buy almost anything. I have been to ten offices alone, just on the subject of textile threads, getting this and that permission. Finally, when I got down to the level of the factory, I was told I could not have samples, as with the permission came the material. They didn't have any material to show me.

No. 7 in a series of Staff photographs
Dr. Kurt H. Thoma — Oral Surgeon and Chief of Dental Service

There seems to be quite a bit of interest among doctors. One clinic (orthopedic) is sending us one doctor each month in rotation. We have had many visitors, and when they speak English we learn something of their plans to develop Physical Medicine in general hospitals. We sometimes wish we were nearer these institutions, as out here in the country we are fairly inaccessible to the teaching centers. Consultation consists of sending the patient in to the doctor, rather than his coming out here—a system that is not always too good for the patient. There is talk of reversing the plan and we hope it will go through. Our cases have been war injured amputees with rather poor prostheses. More recently, we have had a few "sub-acute" patients. The excitement for us all when the first American upper extremity prosthesis arrived was grand. I assure you the patient has me wiggling my shoulders trying to open doors with him. They all think the equipment will do more than it will, so we have a bit of a problem there, too.

There are many things we will not be able to do in our stay here, and one of the major ones at present seems to be the training. We are hoping some arrangements may be made to carry this on later, so that our efforts will last. I sometimes think I am being trained far more than I could ever train a Czech. There are so many things to be studied in developing a new profession in a country other than one's own.

I am not living the life of the country, in that by living in an institution we have more rations than in a private home. We have more food than those in the city and try to take eggs in whenever we go, as they are on one egg per person a week. Cheese and meat rations have been cut recently and the potato crop, the main diet here, was only 40% of what it should have been. I have heard from a friend in Jugoslavia that it is even worse there. They haven't had meat for six months. Textiles are very scarce there, and a spool of thread costs $8.00. Here in Czecho, I wore a purple suit in Prague and was definitely stared at! It was much too gay and marked me as an American rather embarrassingly. They are well dressed, but the gay colors are for export only.

The Czechs save everything. They don't even throw away nails. When we uncrated our equipment, every nail was saved, as was the wood.

I am thoroughly over my fears of pronouncing the vowel-less words here. The people at this hospital are quite wonderful in the way they talk slowly for our benefit; and it beats all how one word will do, most of the time. There has always been a French speaking patient here, which has been lucky for me, except that I am just weak enough to come out with a good mélange of Czech, French, and English many a time.

The doctors we have met who knew Dr. White and Dr. Aub have been wonderful to us. And I wish I had time to tell about the fine cooperation I have had from nursing groups here. I have had much help from one or two social workers, too.

I often think of everyone at M.G.H., especially those who meet each Tuesday at Administrative Conference and those in Physical Medicine. I read THE NEWS with as great interest as everyone else, and feel in close touch with you all as a result.

My greetings to everyone.

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WANTED — A WHITE HORSE

No, we're not trying to be funny. We're downright serious. We *are* searching for a white horse. Here's the story:

You may remember our telling you that Mr. James Wall, who has been coming to M.G.H. for treatment for several years, is building, as a gift to the Hospital, a model of our first ambulance. It is being done to scale, and will be an exact replica of the original ambulance —correct in every detail, both inside and out. The model, which Mr. Wall has already spent several months in building, will be a very valuable addition to our Archives collection. When finished, it will be enclosed within a glass case, and will be on permanent display at the Hospital.

But we have reached the problem of the horse — and a veritable problem it is! After two shopping trips for such an animal, we have become discouraged of the prospects of ever finding what we need. Hence this appeal to you.

Mr. Wall needs a horse 8 inches high, 8 inches long (body, not including neck and head), and with shoulders about 2½ inches wide. We would prefer a horse covered with hide — that is, not just a wooden animal, destitute of skin or coat. However, we may find, finally, that an uncoated horse will be most acceptable. Also, we may find that a "horse of another color", provided he is the right size, may also be very acceptable, for a good coat of white paint could do much to either wood or hide to meet the color stipulation. We prefer a horse not mounted on a platform, although it might be possible to remove the platform, provided the hoofs would not be damaged by the operation.

Now — has anyone such an animal, perhaps packed away up in the attic or elsewhere, among the treasured toys of other days? And would such a person be willing to relinquish the animal and allow him to serve in this very worth while cause? If so, your Archivist would be most grateful if you would get in touch with her. MGH-ers have never yet failed to respond to an appeal from one of the "family", provided the request is a reasonable one and one that it is possible to fulfill. We trust that even in such a matter as a white horse, someone will produce him. And the East Medical Pup, we are sure, will be delighted to have another critter-of-kind with him for company in the Archives Room — especially during the long, dark, silent nights.

THE NEWS

No. 65 Boston, Mass. February 1948

THE EYE CLINIC

The forerunner of the present Eye Clinic began in 1824 when Dr. Edward Reynolds and Dr. John Jeffries founded a free clinic for the treatment of the eye in a small room in the Scollay Building in what is now Scollay Square.

In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to Massachusetts Eye and Ear Infirmary in 1924). It is thus the second oldest eye clinic in the country, the New York Eye and Ear Infirmary having been founded in 1820.

After several changes of location, a permanent home was built in 1899 at the corner of Charles and Fruit Streets. The present Eye Clinic of the Out-Patient Department was opened in 1928 when the Massachusetts Eye and Ear Infirmary merged its Out-Patient Department with that of the Massachusetts General Hospital. Prior to this date the Massachusetts General Hospital had no eye clinic, patients being referred to the neighbor institution. With the construction of the new O.P.D. building on Fruit Street on land owned by the two institutions, plans were made to house the Infirmary's out-patient facilities, thereby releasing space in the Infirmary building for other purposes. This combined Out-Patient Department, operating under one admitting office, resulted in more efficient medical service to out-patients and more effective consultation service between the staffs of the two hospitals. Examples of this are seen in the monthly conference between the Eye and the Nerve Clinics, and the policy of referring all suspected cases of ocular malignancy to the Tumor Clinic for opinion and advice.

The first Chief of the combined Eye Clinic was Dr. George S. Derby, who served until his death in 1932. Dr. J. Herbert Waite succeded him, and resigned in 1940. Since then the job has been filled by the writer, except during a leave of absence from 1943 to 1945 when Dr. Paul A. Chandler was in charge.

The Eye Clinic is organized into six services, one for each working day in the week. Each service has its own Chief, and visiting staff of seven or eight ophthalmologists, who serve on that particular day throughout the year. Patients requiring hospitalization are admitted to the Eye and Ear Infirmary.

Subdivisions of the Eye Clinic are: the Refraction Department under Dr. Albert E. Sloane, the Perimetry Department under Dr. Garrett L. Sullivan, the Orthoptic Department under Miss Kathleen Foreman, and the Aniseikonia Department under Dr. Mahlon T. Easton.

The Eye Clinic can claim to be the busiest of all the out-patient clinics as far as patient traffic is concerned. In 1947 its out-patient visits totaled 44,553, or approximately 20% of the whole O.P.D. Refractions were done on 9,593 patients, 758 minor operations were performed in the O.P.D. operating room, and 1,440 visual field examinations were made.

The Orthoptic Department has developed into an extremely active division of the Eye Clinic. Its function is to measure the muscle deviations in disturbances of ocular motility, and to give orthoptic exercises in certain cases. All strabismus patients must have an "orthoptic work-up" in this department before any surgery is performed. In 1947 over 2,800 visits were made, and over 200 patients were given exercises.

The large amount of clinical material makes the Eye Clinic a fertile field for clinical instruction to residents and medical students. Both Harvard and Tufts Medical Schools have rooms assigned for the instruction of their third year men. The Harvard students spend all mornings and two afternoons for a period of two weeks in the study of ophthalmological disorders, and their relation to general medicine. In addition to this, the Harvard postgraduate students in ophthalmology come to the Eye Clinic during part of their course.

Student nurses from the M.G.H., and other institutions affiliated with the Massachusetts Eye and Ear Infirmary, pass through the Eye Clinic for part of their training.

To the late Dr. George Derby goes the credit for realizing the importance of medical social service to ophthalmology. He was probably the first ophthalmologist in the country to set up a well organized follow-up system for diseases of the eye. This has proved extremely valuable in cases of glaucoma, where it is most necessary that the patients come to the clinic regularly for check-up and use their drops faithfully in the home. There are now over 1,500 patients on the glaucoma follow-up list. Four medical social workers are assigned to the Eye Clinic under the direction of Mrs. Eunice Wilson, Director of the Social Service Department of the Infirmary.

Aside from its service to patients suffering from ocular disease and its teaching responsibilities, the Eye Clinic has proved itself an important center for clinical investigation. It was here that Dr. Frederick H. Verhoeff, former Director of the Howe Laboratory, made many of his observations that have contributed so much to ophthalmology. His successor, Dr. David G. Cogan, has utilized the wealth of clinic material for many of his interesting and worth-while contributions. The well-known work of Dr. Trygve Gundersen on herpes simplex and herpes zoster began here, as did the original observations of Dr. William P. Beetham on surgical occlusion of the tear ducts in the treatment of keratitis sicca.

The great need of the Eye Clinic at the moment is extra space and extra nursing service, since the number of out-patient visits has been increasing over the past two years, and will presumably show a further rise in the future.

Edwin B. Dunphy, M.D.,
Chief of Ophthalmology

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On January 11, Dr. Ferdinand Haase, Jr. replaced Dr. Charles L. Clay as Assistant Director in charge of Baker Memorial. Dr. Clay replaced Dr. Joseph S. Lichty as Assistant Director in the General Hospital Office. Dr. Lichty has replaced Dr. Haase and is in charge of the Out-Patient Department.

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A meeting of the Massachusetts General Hospital Research Council was held on January 20. Dr. Fiorindo A. Simeone and Miss H. Vavoudes spoke on "The effect of lumbodorsal sympathectomy upon the response to insulin in man". Drs. Chester M. Jones and Perry J. Culver spoke on "Factors affecting the Vitamin A absorption test, and their interpretation".

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HISTORY OF THE FRACTURE CLINIC

The Fracture Clinic of the Massachusetts General Hospital is 30 years old. The idea of such a Clinic for the segregation and treatment of fractures was proposed by Dr. Charles L. Scudder in 1917. Dr. Scudder was the first Chief of the Clinic, and assigned with him were Drs. Henry C. Marble, George A. Leland, Torr W. Harmer, and Richard H. Miller from the East and West Surgical Services.

After the first World War, great impetus was given to the treatment of fractures throughout the country, and in 1919 the Fracture Clinic of the Massachusetts General Hospital really began to function as a separate unit of the Surgical Services. Postgradute teaching of fracture treatments was begun by Dr. Scudder, who was assisted by the above named general surgeons and Dr. Robert B. Osgood, Dr. Zabdiel B. Adams, and Dr. Philip D. Wilson, who had been assigned as consultants from the Orthopedic Service. A course was given one day a week for a period of six weeks in the autumn of 1919. At this time it became the custom to rotate fracture admission between East and West Surgical and Orthopedic Services, and all fractures were admitted to Ward A (for males) and Ward E (for females). The very ill patients were cared for on Ward F.

In 1920, Dr. Scudder retired from active hospital service and was succeeded by Dr. Daniel F. Jones as Chief and Dr. Osgood as Associate Chief. When Dr. Osgood became Buckminster Brown Professor of Orthopedic Surgery at Harvard, he was made Chief of the Children's Hospital Orthopedic Service and was followed at Massachusetts General by Dr. Nathaniel Allison, who came from Washington University in St. Louis to head the Orthopedic Department.

During the period of service of Dr. Jones and Dr. Allison, the Fracture Clinic reached its full stride in providing the best care for patients and as a teaching service. Although the end result studies of fractures were begun largely at the instigation of Dr. Osgood, the fruits of these studies began to bring results not until the late 1920's, so that in 1928 sufficient knowledge of the treatment of fractures had accumulated to allow us to give the first Postgraduate Course in the Management of Fractures. This Course, given under the auspices of the Harvard Medical School, has become famous throughout the country, and surgeons from every state and many foreign countries have availed themselves of this instruction, which has been given 12 times and has been attended by a total of 1,072 men from 48 states and 9 foreign countries.

When Dr. Allison left the Massachusetts General Hospital to become Professor of Orthopedic Surgery at the University of Chicago, Dr. Wilson was made Associate Chief and served with Dr. Jones until the latter retired in 1929. Dr. Marble succeeded Dr. Jones as Chief, and in 1934 Dr. George W. Van Gorder became Associate Chief, to succeed Dr. Wilson who became Chief of the Ruptured and Crippled Hospital in New York City; Dr. Van Gorder and Dr. Marble served until 1940, when they were succeeded by Dr. Arthur W. Allen as Chief and Dr. Marius N. Smith-Petersen as Associate Chief. These men, with a staff markedly reduced in size, carried on during the war years and until January of 1947, when the present Chief was appointed.

In 1943, Dr. Allen, Dr. Smith-Petersen, and their staff contributed greatly to the teaching of Army officers by giving 4 courses of 6 weeks each in the treatment of fractures. Each course was attended by 35 or 40 officers.

The Fracture Clinic has been unique in several ways, for, in addition to the End Result Studies and Postgraduate Teaching, the members of the Clinic in 1937 published a textbook, *The management of fractures and dislocations,* under the editorship of Dr. Philip D. Wilson—each member of the Clinic contributing one or more chapters.

The Clinic has borne its own expenses since 1928, deriving its funds from postgraduate teaching, sufficient to cover the cost of lantern slides and other material necessary for teaching, and to pay the salary of the full-time secretary, Miss M. E. Maloney, without whose loyal and efficient service the Clinic could not have carried on through these many years.

Whereas, before the last war the personnel of the Visiting Staff was made up of 16 general surgeons and 11 orthopedic surgeons, it is now composed of 13 orthopedic surgeons, 5 general surgeons, the Chief of the Plastic Clinic, and the Chief of the Dental Clinic—all regularly assigned; but because of the broadened scope of the Postgraduate Course, much help has been enlisted from other members of the hospital Services, so that the treatment of the effects of trauma can be presented in the most complete manner. The Course now includes predominately the treatment of fractures, but also deals with soft tissue injuries, surgical shock, bone metabolism, burns, hand surgery, vascular injuries, chest injuries, trauma to the central nervous system, bone tumors, and the use and misuse of X-rays in the management of fractures, physiotherapy, and rehabilitation.

The Out-Patient Fracture Clinic meets at 10 on Wednesday and Friday mornings; the yearly End Result Clinic at 1 P.M. Wednesdays; and the high spot of the week is the Friday morning visit, from 8 to 10, when all fractures treated during the previous week are reviewed, as are the yearly End Results—all of which provide the usual lively discussion and argument which have been so characteristic of the Fracture Clinic for so many years.

Edwin F. Cave, M.D.,
Chief, Fracture Clinic

* * *

DORIS KNIGHTS

Lieutenant Colonel Doris Knights, Chief Nurse of the 6th General Hospital, died suddenly at her home in Bedford, Massachusetts, on January second. Miss Knights, a graduate of the School of Nursing in 1931, had served for brief periods as night supervisor and executive assistant in the General Hospital, relief supervisor in the Phillips House, and executive assistant in the Baker Memorial.

Interested primarily in the care of the patient, Miss Knights's experience had been for the most part in private nursing. That this was done largely at night, because patients needed so much care at that time, bespeaks the selflessness evident in all her personal relationships. Her hobby was people. It would be necessary to know the wide and varied range of her friends to appreciate the many facets to her character. Her interests were multiple and her zest for living was contagious.

The judgment, the high ideals of workmanship, the managerial ability shown in her work, and her deep desire to be of service to the Country made her stand out among the alumnae as one capable of carrying with honor the great responsibility of Chief Nurse of the 6th General Hospital.

That she assumed her duties as First Lieutenant and was promoted to Lieutenant Colonel before the unit was deactivated speaks for her efficiency. That she has left an indelible stamp upon the nurses who worked with her speaks for her character.

The tensions, the boredom, the weary days of Army life, she understood. The joys, the disappointments of the work, she shared. And because it was her way of life, her honors she divided with all.

* * *

Dr. Arthur C. Guyton (*WS* 1943) of Oxford, Mississippi, was seen in September 1947, when he visited the Warm Springs Foundation in Warm Springs, Georgia. He became ill with poliomyelitis while serving as an Assistant Resident in the spring of 1946 and, after a period of care in the Massachusetts General Hospital, was transferred to Warm Springs. There he made an excellent recovery and returned to his home.

While in Warm Springs, he began to investigate the possibility of improving the wheel chair, and at home devised a means of propelling the chair by a self-contained motor controlled by an electronic device attached to the arm. The apparatus was built at his home and he demonstrated its efficiency before a large clinic at Warm Springs. In addition, Guyton has been working on other mechanical improvements to aid the poliomyelitis patient. His work on the physiology of botulinus toxin, done while he was in the Navy, was published in the *Archives of Neurology and Psychiatry* for May 1947.

Guyton is now able to walk with the aid of leg braces and crutches, in addition to getting around in his wheel chair. The photograph of him, on the last page of this issue, was taken September 17, 1947, at Warm Springs. Watching the demonstration are Dr. William T. Green who has charge of the Poliomyelitis Unit at the Children's Hospital in Boston, Dr. Henry R. Viets, and Dr. A. B. Baker, Professor of Neuropsychiatry at the University of Minnesota. The picture was furnished through the courtesy of the National Foundation for Infantile Paralysis.

H. R. V.

This letter from Dr. Guyton supplements the above article.

It was a pleasure to see Drs. Viets, Barr, Green, and Ober at the Warm Springs Symposium on Polio in September. My purpose in attending the meeting was to demonstrate the electrically guided wheel chair and a walking brace, both of which were dreamed up during my many months of inactivity.

I get around fairly well with a brace on the right leg and by using crutches. The left upper arm is still extremely weak, but the left hand and the right arm are very useful. With a small amount of manual aid I find I can do almost anything I had done previous to polio.

For the past few months I have been extremely busy with two part-time jobs as Associate Professor of Pharmacology at the University of Mississippi Medical School and as Acting Associate Professor of Physiology at the University of Tennessee Medical School.

I have been extremely grateful to the staff of the Massachusetts General for all the kindness accorded me since I contracted polio. An example of this kindness was a long trip that Dr. Marble made, simply to pay me a visit of a few hours when I was at Warm Springs.

Though I am quite happy in my work here in the South I am also looking forward to some time in the future when I can return to the General for a visit.

OFFICIAL NOTICES

Projects involving the testing of certain drugs by members of the Staff of the Massachusetts General Hospital should be first submitted to the General Executive Committee which will then refer them to the Pharmacy Committee or the General Research Committee, according to the type of project.

The appropriate committee will then examine the situation and report back to the General Executive Committee for final action.

The Pharmacy Committee recommends that in the future when a clinical trial of a drug is undertaken in this hospital it should be done in a manner which will accurately describe absorption, distribution, degradation, and excretion of the drug, together with the blood or tissue levels that are associated with the therapeutic or toxic effects. In the past, the manner of clinical testing was concerned only with the effectiveness of drugs, without establishing criteria which would define their effectiveness with a desirable degree of accuracy.

At the meeting of the General Executive Committee, held December 24, 1947, it was voted that except in neurosurgery, nupercaine shall not be used as an anesthetic.

The use of nupercaine in ointments shall be the responsibility of the physician prescribing it, after full consideration of the toxic effects of this drug has been given.

N. W. Faxon, M.D.,
Director

The Board of Trustees, at their meetings on December 12 and 26, voted:

To accept with regret the resignation of Dr. Elbert S. Godfrey from the position of Assistant Dental Surgeon;

To accept with regret the resignation of Dr. James A. Halsted from the position of Assistant Physician;

To transfer Dr. Janet W. McArthur from the position of Assistant in Medicine to that of Research Fellow and Clinical Assistant to the Children's Medical Service.

To appoint:

Dr. Chester C. d'Autremont as Assistant Resident on the Neurological Service for a period of six months, to begin January 1;

Dr. Werner Hügin as Assistant Resident in Anesthesia, beginning December 1, 1947;

Dr. James A. Martin as Assistant Resident in Radiology, to begin July 1;

Dr. John C. Nemiah as Assistant Resident in Psychiatry, to begin July 1;

Dr. William L. Palazzo as Radiologist, beginning January 1;

Dr. Carl M. Pearson as First Assistant Resident in Pathology for the period January 1 to July 1;

Dr. Gardner C. Quarton as Assistant Resident in Psychiatry for one year, beginning July 1.

At their meetings during December, the General Executive Committee voted:

To accept with regret the resignation of Dr. Sedgwick Mead from the position of Research Fellow in Physical Medicine;

To promote Dr. Diane Croll to the position of Resident in Pathology for the period January 1 to July 1;

To promote Dr. James Skinner to the position of Resident on the Psychiatric Service, as of January 1.

To appoint:

Dr. Alejandro P. Arellano as Clinical Fellow in Neurology, assigned to the Electroencephalographic Laboratory for a period of six months;

Dr. T. Berry Brazelton as Temporary Graduate Assistant to the Children's Medical Service, for work with the Harvard Veterans Clinic, as of November 1, 1947;

Dr. Herman Fredenhagen of Basle, Switzerland, as Clinical and Research Fellow in Orthopedic Surgery for six weeks, beginning January 1;

Dr. Lytt I. Gardner as Clinical Fellow to the Children's Medical Service, effective as of January 1;

Dr. Charles Martin as Clinical Fellow in Psychiatry, assigned to the Electroencephalographic Laboratory for a period of six months;

Dr. Maurice Pierre as Clinical Fellow in Surgery;

Dr. Andrés A. Santas as Clinical Fellow in Surgery for a period of six months;

Dr. Laszlo Tauber as Clinical and Research Fellow in Neurosurgery for three months, beginning January 1;

Dr. LeMoyne White as Clinical and Research Fellow in Psychiatry, beginning January 1.

Miss Eleanora Keene, instructor in Anatomy and Physiology in the School of Nursing, has recently resigned to accept an instructorship at Bates College. An after-dinner coffee in her honor was given at Walcott House on January 12.

During the first week in January, members of the nursing service handled a monumental task in accomplishing the transfer of all the patients now occupying the new Burnham-Vincent Building.

Mrs. Helen Cunningham Littler has resigned as supervisor and instructor in Pediatrics. Her place will be filled by Miss Helen Cabot Latham who, since her graduation in 1931 from the MGH School of Nursing, has obtained a great deal of experience in various phases of child care. She comes to us from a position as Probation Officer for the Juvenile Court, Allegheny County, Pennsylvania.

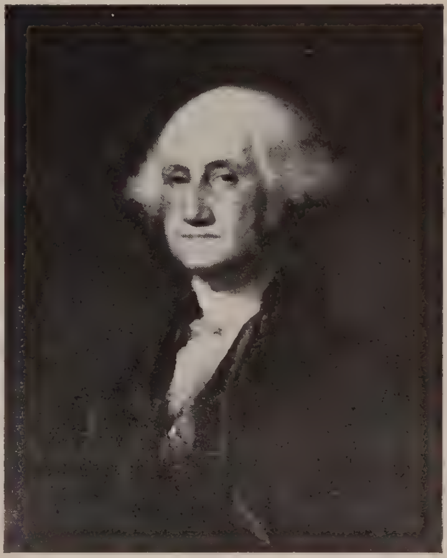
The former Miss Mary Conroy (since her marriage on January 17, Mrs. Philip Cargill) is the new head nurse on White 12. For the first semester of the school year she served as Graduate Assistant in the Nursing Arts Department.

The large class of students who entered the School of Nursing last September have completed the preclinical period and are now assigned to the wards for full-time service.

On Tuesday, February 3, the School welcomed another class, almost twice as large as that of a year ago. The traditional tea for new students and their parents was held in Walcott House on the first afternoon. In the evening, the very informal party, with which the faculty entertained the newcomers last September, was repeated with great success.

FEBRUARY STORY

Some time ago, a grandson of W. T. G. Morton died at Vevey, Switzerland. According to good information, he owned several of his grandfather's things—in particular, so it was said, a secretary-desk, a bust, and a portrait. Here, it seemed likely, was the original painting from which the little engraving in the Ether Dome, of Morton at the age of 24, had been made. (We have tried for years to find that original portrait.) Communication with the executor of the grandson's estate was quickly established; the desk and the bust could not be found, but there was a fine oil portrait of Morton. The executor thought this could be purchased; but the situation was complicated. The grandson's possessions had been left to an Austrian Baroness who now lived in Venice. Not at all daunted by these obstacles, all sorts of communications flew back and forth across the Atlantic, as well as from Vevey to Venice. Finally, it was established that the Baroness was not unwilling to consider American dollars in exchange for the portrait. The deal was almost set. As a last precaution, we suggested that it might be well if the executor of the grandson's estate would send us a small photograph of the portrait he was about to exchange for our American dollars. He quickly and graciously sent us a copy of his portrait of W. T. G. Morton. Here it is.



H.K.B.

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During the process of compiling an author and subject index for our Archives collection, we often come upon items that are both interesting and amusing. One such is this: In 1836 Horace Dupee, Jr. received the sum of $50 for one year's salary as House Surgeon. A letter from Gamaliel Bradford, Superintendent of the hospital at that time, certifies that Dr. Dupee had satisfactorily performed his duties for the year and was therefore entitled to receive the above salary. Bear in mind that during the early years of the hospital there were only two House Officers — the Apothecary (whose title was changed to House Physician in 1828) and a House Surgeon; and, as you can imagine, their duties were both heavy and varied.

MASSACHUSETTS EYE & EAR INFIRMARY

The externship for the doctors on the Eye Staff has been abolished. Residents now spend 27 months in the House, instead of the usual 24. Three months of this period will be spent working in the Eye Pathology Laboratory, under the direction of Dr. Parker Heath. Another change in the Eye Service is the reduction in the number of Residents from eleven to nine.

Dr. LeRoy A. Schall and Dr. Philip E. Meltzer were among the guest speakers for the Research Study Club in Los Angeles. Nine lectures were given, from January 23 through 31.

Dr. Edwin B. Dunphy and Dr. Trygve Gundersen have been attending the bimonthly meetings of the Committee of Ophthalmology, the National Research Council, which are held in Washington. Both Dr. Dunphy and Dr. Gundersen are members of this Committee.

Dr. Merrill J. King has been appointed Surgeon in Ophthalmology, replacing Dr. Fred S. Thorne. Dr. Carl C. Johnson and Dr. A. William Collinson have been named Assistant Surgeons in Ophthalmology.

Dr. Gordon H. Bobbett has completed his residency in Oto-Laryngology and is now associated with Dr. Mobley in Florence, South Carolina.

Word has been received from Dr. Jalal Handi that he is now back in Baghdad. He writes that he is most appreciative of having had the opportunity to study at the Infirmary, and he is looking forward to his return here within a year.

Dr. Ernst Barany, from the University of Eppsola in Sweden, has come to spend six months in the Howe Laboratory. He plans to study the physiology of intraocular fluid formation—the particular rate of flow of aqueous fluid from the eye.

A course on the anatomy, physiology, and common diseases of the eye is being given to the medical social work students by the Staff of the Infirmary. These students come from Boston College and Boston University Schools of Social Work. Drs. Francis J. West, Harry E. Braconier, and Abraham Pollen will give the lectures during the months of January, February, and March.

Mrs. Winifred Hathaway, Associate Director of the National Society for the Prevention of Blindness, spoke to the scholarship students from this Society on January 15. Her topic was "The anatomy of the eye".

Thirty postgraduate students from Harvard are at the Infirmary receiving clinical instruction. They will remain here during January and February.

The Women's Service at McLean Hospital has been deepening its insight into the problems which confront women, by going through the experience of having a baby. So far as is known, this is the first delivery at McLean Hospital and it has been a truly enlightening one to nurses and doctors. It creates very unexpected problems—such as who washes the diapers; when and how are babies fed; what sort of records does one keep on a newborn baby in a mental hospital; what is its legal status; how long must it stay with us or how soon must we give it up; how to protect it from over-curious patients and visitors, to say nothing of doctors and nurses; what if it cries; to bathe it or not to bathe it. The attempt to anticipate the equipment needed to take care of a baby was a failure, even though imaginative. After doing a major job of scrounging about the hospital community and collecting equipment from personnel who had had babies, it was realized that we had a fairly complete and entirely unused set of equipment in the nurses' training school. So, this was finally requisitioned and is serving very well. Whereas, it was originally planned that the baby should leave this hospital at the earliest possible moment, now everything is against it. The nurses, the patient, the doctors, and the family all want it to stay here. How long can this go on?

The most surprising development was the emergence of the fact that several of the staff here behaved suspiciously like expectant fathers. It is fortunate that there is more than one of these. In anticipation of this event, we were disheartened at the thought of trying to find help to take care of the extra work. This problem has resolved itself quite differently than expected. The problem now is to find anyone who is willing to do any other work. One doctor remarks that he has never before seen so many women having one baby.

Foot by foot, layer by layer, we are becoming encapsulated by snow over all of our grounds, and this is piled into drifts and pushed by the snow plow to heights of seven and eight feet at all strategic points about the grounds. One maid said when she saw it begin to snow again, "Where are they going to put it!" This has been a very real problem, since the snow plows were not able to push it above a height of two feet, and in order to get it out of the road it must be piled seven feet high. So, a bulldozer has been employed to push the snow back from the road to make room for more snow.

This ill wind has, of course, blown good to some of us. We are able to have more sleigh rides with the cutter and to wear the rust off the runners of our pung. These rides have been enjoyed by many patients.

The administration seems to believe that cars can evaporate at the time of such snowstorms, yet it insists all employees come to work. This has given rise to metaphysical arguments as to whether two objects can occupy the same space at the same time—snow and car—particularly in reference to snow plow. This has especially taxed the philosophical powers of one of our doctors who is accustomed to sunnier climes.

J. Butler Tompkins, M.D.,
Chief of Women's Service

Recent gifts to the Archives Department: —

From Harvard University Archives—2 metal plates used for engraving students' tickets for admission to classes at M.G.H. One is a copy of the Bowers engraving of the Bulfinch Building, and the other is for the form to be filled in with the students' names. These tickets were used as early as 1821.

From Dr. Washburn—3 notebooks containing Dr. Washburn's personal diary, kept while he was overseas in World War I.

CLASS OF 1888

In a recent issue, we said we were going to try to get NEWS material from as many of our older alumni as possible —moving along class by class.

In response to our request, a delightful letter has arrived from Dr. Arthur K. Stone (*WS* 1888)—our oldest living alumnus. In it are accounts of incidents he remembers concerning M.G.H. in its earlier days. These "jottings" from Dr. Stone make very interesting reading. Here they are:

> During my internship the only lights in the open wards were the pewter whale oil lamps. The wards were dark from three to four o'clock during the winter months.
>
> My junior, Dr. Augustus Thorndike (*WS* 1889), suffered a severe burn on his foot while making an emergency dressing at night. The patient was hurt and he moved, and the lamp, with open flame, overturned upon a roll of cotton which blazed up. Dr. Thorndike knocked it to the floor and stamped out the burning cotton, with disastrous results to his foot.
>
> Externs were sent to Waverley for three months of their term—going each afternoon and returning in the A.M. I found myself very popular during the last month of my period out there. You see, a very pretty nurse had been banished to Waverley by Miss Maxwell just before her graduation, and the men from the house would invite themselves to come to dinner with me to keep me company. "It must be pretty slow out there," they'd say!

Ether was given with an open sea sponge or a folded towel. On my first Saturday as Extern I etherized thirteen unfortunates. Operating sponges were kept in seven crocks, each labeled with the day of the week for which it was to be used. Thus, each sponge soaked for six days in a carbolic acid solution, was then wrung out at the sink, and used on the patient. When they were returned to the sink, Jim Mains washed them out and they were reused that day, if necessary. At the end of the day's operations, they were washed by the Extern and returned to the crock. Dr. John W. Elliott, Visiting Surgeon from 1894 to 1907, introduced folded gauze sponges for intra-abdominal operations only.

Having had a course in bacteriology, I was germ minded and had an apron of heavy butcher's linen made to cover the whole front of my person—even fitting over the shoulders. On my first day as Intern, I appeared in the amphitheatre wearing the white apron and was greeted with much laughter by everyone, including the Surgeon. However, before my term was over, we were all measured for white coats. These we wore until they *had to be changed.* At that time, Dr. Charles B. Porter, Visiting Surgeon, wore a black Prince Albert coat, buttoned to the top, and a towel filling in the space above the lapels. The front of the coat was stiff by the end of his service because of the blood that had spirted upon it. Dr. Warren had a new blue coat made that year which buttoned up to the neck, completely covering him up.

Dr. Porter was not sure of his ability to tie a "Tate's Staffordshire knot", and when it was necessary to use one he would have Dr. Sam Mixter called from the O.P.D. He would come in, wash his hands at the sink, tie the knot, and go back to the men's room. I learned to tie the knot and we were able to dispense with OPD assistance.

Dr. Maurice H. Richardson did his and the first stomach operation in the hospital during my term of service. The ban on abdominal operations had been lifted after the resignation of Henry J. Bigelow in 1886.

The house staff had their meals in the dining room. Breakfast and lunch were served as nearly on time as we were able to get there, which was pretty irregular. Maggy scolded us, but saw to it that her boys were well fed. Dinner was quite formal. Miss Sturtevant sat at the head of the table, with Miss Maxwell and Miss Klein on either side, and endeavored to maintain formality, often without success. [In identifying Miss Sturtevant, we found on page 443 of Dr. Washburn's *History of Massachusetts General Hospital* the following: "In the early days of the Hospital the wife of the Superintendent acted as Matron. Later the Matron was usually a woman selected from among the Head Nurses. Miss Georgia L. Sturtevant, who resigned this position in 1894, was in charge of the nursing from 1868."] Everyone was expected not to talk shop. This was difficult to maintain, as the hospital was our whole life. We were all experts at shooting our small ivory napkin rings, making a cheerful sound on the drinking glass across the table or shooting halfway across and rebounding to the sender. The food was very good and there was plenty of it.

On occasions I used to persuade the night superintendent to take charge of Ward B, and would take a nurse from there, and pull her through the window to the kitchen, where she would make griddlecakes for me and the other house officers. Some years later I met her as the wife of a well-known Boston business man.

Miss Maxwell could not understand why the house officers always asked for the services of a certain nurse when they needed a "Special". She was very stupid in all class work (hardly allowed to graduate), was very stout, and most unattractive. But she could handle patients superbly. Later, she was much sought after.

Soon after Dr. Howard became Superintendent, Maggy resigned and returned to Ireland. She said she could not understand "them Tewksbury ways". [Dr. Howard, after graduating from Harvard Medical School, was Assistant Physician at the State Infirmary at Tewksbury for a short time and later became its First Assistant Physician and Superintendent.] She did not consider her boys were well treated and well fed under the new rules.

Ned Cushing was my contemporary on the East Side. Ned was nervous, and snored and groaned in his sleep. We seniors occupied the same rooms as the juniors, and I would gather on a chair by my bed all the shoes that had been put out for cleaning. In the morning they would all be on Ned's bed. Ned and I always got on well together. [!] At his instigation a Children's Hospital was built in Cleveland, Ohio. After his death Mrs. Cushing sent me a picture of Ned leaning over a crib in which were a black baby and a white one. You might like the picture when I have no further use for it.

Photographs of unusual cases were first taken during my term of service.

I never saw a violent case of D.T.'s, which used to be common before my time. There were a few cases of mild hallucinations, however.

Near the Charles Street fence (then open ground) grew mushrooms. If we could get out there ahead of Drs. Richardson and Mixter, we would gather them and have a party. A bottle of rum from the Somerset Club provided the drinkables.

An editorial that appeared in the October issue of the *Harvard Medical Alumni Bulletin,* although written in a disheartened vein, served to alleviate a similar distress we have been suffering since most of our alumni were released from military service. Our reaction to the article bears proof that one's own headache seems less severe when one knows that another is suffering the same kind of migraine. The knowledge that it is not a unique pain detracts from its severity, in a measure. Here is what this is all about.

While the war was on, letters from our men in the various services, all over the world, poured in at the office of THE NEWS. True enough, what you could write then made much more exciting reading, in a way, than what you might write today. We say "in a way" with emphasis, because while everybody, in those days, was almost desperately anxious to know about the welfare and safety of everybody else, and was very eager to read about the types of work being done that only a catastrophe like war could make possible and necessary, yet peacetime conditions are the normal settings for steady day-by-day work and research, and what can be more interesting to read about than what one's fellow alumnus is doing, now that he has returned to the routine of private practice?

Since the war, THE NEWS has sent out scores of personal letters — not form letters — to our alumni, asking for information about the kind of work they are doing, any research they may be carrying on, or anything else they feel their friends might be interested to hear about. The responses have been few and far between, and an unsolicited letter is such a rarity as to have become almost a collector's item.

Here is what the Editor of the *Harvard Medical Alumni Bulletin* said, in part, regarding a similar situation over there:

> . . . Occasionally a letter and during the war a few articles on military experience were received, but essentially nothing else. In the last few years there have been no articles submitted that have not emanated from very close to the School itself. Of course, it is fitting and proper that the bulk of interest should center around the School, but it is an *Alumni Bulletin* and as such is open to all alumni. Bostonians and doubtless graduates in San Antonio and Cleveland will be as interested in ideas and events transpiring in Seattle and Savannah as they are in purely Bostonian news items.

And then the Editor goes on to say, regarding an appeal for opinions on a very important subject — which appeal he had made in the previous issue of the quarterly:

> In the three months that have passed not a word has been received on the matter. Printable material, applause and criticism are all equally valuable to an Editor; it is disinterest that is disheartening.

All of the above could have been written concerning THE NEWS. Everybody is busy. We know that. But we do so wish the section of THE NEWS devoted to letters could be restored to something approximating its wartime volume. That is your part of the paper, and we wish it might be the lengthiest section. Do you know, if every alumnus who receives THE NEWS should write just one letter a year — only one — there would be in the neighborhood of one hundred letters for each issue! So let them come. We prefer to stagger under the weight of overproduction, rather than scrimp along on a cut-to-the-bone ration.

New address: —

Capt. John P. Wood, MC, USN (*gr. asst. R* 1938-39), U. S. Naval Hospital, Great Lakes, Ill.

Brief bits: —

Dr. Joseph S. Barr (*Or.* 1929), Chief of our Orthopedic Service, has been appointed Surgeon-in-Chief of the New England Peabody Home for Crippled Children.

Dr. William C. Burrage (*EM* 1941) reports the arrival of a son—Thomas Greene Burrage—on December 1.

Dr. Terry E. Lilly, Jr. (*ES* 1943) and Mrs. Lilly sent us a Christmas card which showed them and their young son, Terry III, in their home at 32 Kilsyth Road, Brookline 46, Mass. Dr. Lilly has been Assistant Resident at the Massachusetts Memorial Hospitals since last July.

Dr. Walter Pick (*CM* 1947) has opened an office for the practice of Pediatrics at 42 Fox St., Fitchburg, Mass. Mrs. Pick presented him with a fine Christmas present on December 25—a son, Kenneth Allan—their second baby.

Mr. Todd Tomihiro, who has been working for four years with Mr. Murphy in our Pharmacy, has been appointed Chief Pharmacist at the San Jose Hospital, 14th and East Santa Clara Sts., San Jose 14, Cal.

It was over a year ago that we published the last letter from Lt. Col. Kathleen H. Atto, ANC (*MGH* 1922). It is good to hear from her again. Her address is still 97th General Hospital, APO 757, c/o Postmaster, New York, N. Y. She writes:

> Before many months I expect to be back in the good old U.S.A., but will not give you a change of address until I get settled once more.
>
> I was very interested in the account of Miss Morse's work in Czechoslovakia which appeared in THE NEWS. We have corresponded occasionally since she came over and have hoped

Dr. William T. Green, Dr. Henry R. Viets, and Dr. A. B. Baker question Dr. Arthur C. Guyton (*WS* 1943) on his invention of the electric wheel chair.

we might at some time get together for a visit. On December 1, I returned from a four-day visit to Prague—very disappointed, because during that time I had not succeeded in getting in touch with her. I had written her three weeks before my going. I sent a wire saying where I expected to stay, and another after I arrived in Prague, telling where I was. I was unable to reach her by telephone, as I had only a mailing address, nor could I find a satisfactory way to get to Kladruby u Vlasim.

Conditions as I found them in Prague reminded me somewhat of my visit to Russia in 1939. Miss Morse writes that she expects to start home in January, which is earlier than planned, I believe.

Capt. Richmond Holder [*M* 1945], Lt. Leonille Dufault [*MGH* 1936], and I are trying to uphold the banner for M.G.H. here at the 97th General.

Dr. Tracy J. Putnam, East Surgical 1923 and later Assistant Visiting Surgeon for Neurosurgery at M.G.H., has sent an announcement for The News. His address is 416 North Bedford Drive, Beverly Hills, California. His letter reads:

I have resigned my position as Director of Services of Neurology and Neurological Surgery at the Presbyterian Hospital, New York (which has absorbed the Neurological Institute, where I accepted these titles). I have opened an office for the private practice of Neurological Surgery at the above address in Beverly Hills, and have accepted the position of Attending Neurosurgeon and Chief of the Department of Neurosurgery, Cedars of Lebanon Hospital, Los Angeles.

I still retain my position as Attending Neurologist and Neurological Surgeon at the Presbyterian Hospital and my title of Professor of Neurology and Neurological Surgery at the College of Physicians and Surgeons, Columbia University, New York. I continue to lecture and conduct the teaching there.

Dr. John W. Smillie (*ES* 1944) is now Senior Assistant Surgeon in the Division of Public Health in Minneapolis. We have received a very nice letter from him, in which he expresses appreciation of The News. What he says about an epidemic down in Alabama will interest all of you.

I am at present assigned to the City Health Department here in Minneapolis, and am also working with Gaylord W. Anderson (*H.M.S.* 1926), Mayo Professor and Director of Minnesota's School of Public Health. In March of 1947 I was promoted to Senior Assistant Surgeon.

The following problem, encountered last fall and winter, may be of interest. We were asked to investigate an outbreak of acute watery diarrhea occurring in and near Birmingham, Alabama. A complete epidemiological report has been accepted for publication by Public Health Reports. The frequency and severity of symptoms corresponded closely to what Reimann calls "epidemic diarrhea, nausea and vomiting". We studied 47 contiguous families in a small village. The incidence was 40%. The patients were prostrated with their illness, but there were no deaths or complications. The disease was pretty evenly distributed through all age groups, and between the sexes. No pathogenic bacteria or parasites could be found. The usual causes and sources of acute diarrhea were looked into pretty closely, but none could be found. A theoretical incubation period for 40 cases, who had had previous known contact with a case, was three days. A co-worker, Miss Beatrice F. Howitt (who first isolated the virus of western equine encephalitis) was unable to find a virus, but we didn't work with human volunteers.

The most logical theory to explain the epidemiological evidence is a contagious disease of virus etiology, analogous to the common cold.

Most epidemiologists manage to acquire the disease they're studying, and I was no exception. Fortunately, it occurred after we'd studied the outbreak for some time. It was a relief to think, "Thank goodness it's not bacillary or amoebic dysentery."

I was pleased to hear that Dr. Allen was honored with the presidency of the American College of Surgeons.

A second child, Frances Drury, was born to Ellen and me January 15, 1947, and is doing well. Wilson G., II, now three years old, is fine.

Such a refreshing letter as this from Dr. A. William Reggio (*WS* 1914) makes us wish we had had, and could have, more of them. However, let's make the most of this one.

Gracious me, October 14 to December 23! And along comes The News with an article from Dr. Watkins on Physical Medicine and suddenly a light goes on and I am reminded of your appeal and my complete silence so far.

We can say that, as Chief of Physical Medicine and Rehabilitation in the Hospital Division of the U.S. Public Health Service, things have progressed encouragingly during the past two years.

When we started this job, the twenty-four Marine Hospitals were not physical medicine minded, and we were handed an empty platter to fill, without any handicaps of precedent or policy to bother. Policy had to be established and the idea had to be "sold", just as in many other hospitals whose staffs were (and many still are) blissfully ignorant about what physical medicine has to offer as an adjunct after the acute phase of treatment is over and the intense interest of the physician has commenced to wane.

However, the idea that the physician's obligation to the patient is not over until that patient is back on the job is dawning more and more on many who previously had, perhaps, not really appreciated this.

The job has been and still is most interesting and, if nothing else, has provided the opportunity for seeing a lot of this country of ours, as well as that of our neighbor Canada. The Marine Hospitals, being spotted all over the place, have given the airplane lines the opportunity of flying us to many somewhat widely separated places, such as Seattle, San Francisco, San Pedro and Los Angeles to Savannah, New Orleans, Carville (Louisiana), Galveston, Springfield (Missouri), Fort Stanton (New Mexico), Fort Worth, Lexington, St. Louis and way stations like Chicago, Cleveland, Detroit, and New York, Vancouver and Victoria, B. C. to Tucson, Arizona, with some foreign (?) travel in Texas—well, anyhow, we've also been to Brighton, and finally have always managed to get back to headquarters at Washington, somehow, in spite of some mighty lumpy air rides. But mostly it's been nice flying weather.

We have availed ourselves quite frequently of the privilege of consulting "Li'l Arthur", the MGH Heap Big Physical Medicine Man who each time has come across full speed to help us. He's a nice guy, and may his muscle tone never experience the woes of deconditioning.

Best wishes to all for 1948.

THE NEWS

No. 66 Boston, Mass. March 1948

We all are interested in the successful operation of the Massachusetts General Hospital. Successful operation requires a satisfactory financial condition. This means that income must equal expense.

Our income is made up of payments from patients, interest on endowment, investments, direct gifts to the hospital for current expense, and the grant from the Community Fund.

Because of the large amount of free service given in the wards of the General Hospital and in the Out-Patient Department, there is usually an annual deficit which has to be paid from unrestricted gifts. For 1947 this deficit was $243,943.

Salaries and wages	$3,084,163
Supplies	1,927,926
	$5,012,093
Hospital income	3,928,429
Operating deficit	$1,083,664
Research grants Special funds Treasurer's expense Extraordinary expense Extramural expense	333,860
	$1,417,524
From Treasurer	1,173,581
Net deficit	$ 243,943

Insofar as possible, all expenses chargeable to Research have been placed in a separate account and paid from funds donated to the hospital for this specific purpose. The hospital receives an overhead reimbursement.

Research account for 1947	
Salaries and wages	$130,655
Supplies	115,726
	$246,381

For 1948 it has been necessary to adjust salaries and wages to meet the increased cost of living which is affecting everybody. These increases are extremely modest but still total over $400,000 and represent all that the hospital can afford. Increased cost of supplies must, likewise, be anticipated. We must control this through economy of use.

To meet this increased operating cost, more income will be needed. Part of this can be met by increasing rates in the hospital units. Consequently, Phillips House room rates were increased $4 per room on January 1, 1948, Baker Memorial room rates $2 per room on January 12, 1948, and General Hospital ward rates $2 per day on January 12, 1948. The Out-Patient admission rate was increased 50¢ on January 1, 1948.

The budget for 1948 is as follows:

Salaries and wages	$3,475,000
Supplies and equipment	1,962,000
Total	$5,437,000

Just what deficit will result cannot be foretold. We hope to keep it lower than in 1947.

It is clear that the hospital must somehow achieve a balanced budget. The annual recurrence of an operating deficit must be overcome. All must practise every possible economy of operation. We can and must economize on heat, turn out lights when not needed, stop wasting water, save on supplies of all kinds, and eliminate food waste. Patients must receive all necessary medicines, dressings and proper care; but here, too, economies can be practised by the staff and nurses. If every one of the 2,000 employees makes a determined effort to economize, many thousands of dollars can be saved.

Our salary and wage scale is modest but not unreasonably low. It truly represents the maximum that the hospital can afford this year.

The Trustees and the Director wish to express their appreciation for the conscientious services of all during the past year and their expectation that the same spirit of service will animate everyone during the coming year.

N. W. Faxon, M. D.,
Director

* * *

During the war, as everyone in any way connected with M.G.H. knows, a group of more than 100 gentlemen volunteered their services to the hospital; and each evening, after donning khaki work clothes, they started off, equipped with brooms, mops, scrubbing brushes, pails, *et al,* on their various jobs about the buildings. It has never been possible to express what their help meant to the hospital at that time.

When the war ended and those who could take over the cleaning jobs in the hospital returned home, about 40 of these volunteer men found that with the laying aside of their scrubbing uniforms they could not lay aside their interest in M.G.H. They decided, then and there, to start a fund among themselves for some future use; and on a February afternoon, at a very nice coffee party given by the Ladies' Visiting Committee in honor of these men, members of the hospital family were told about their latest contribution to the hospital—toys of all kinds for the playroom in the newly-opened Burnham Memorial Hospital for Children. Mrs. David B. Arnold, Chairman of the Ladies' Visiting Committee, and Mr. Francis C. Gray, Chairman of our Board of Trustees, thanked the representatives of the men volunteers who were present on behalf of the hospital; and Dr. Allan M. Butler, Chief of the Children's Medical Service, gave us an outline of the activities of the various departments in the Burnham Hospital and invited us to go over for a personally conducted tour of inspection.

After viewing the wards, the incubators, the laboratories, and so on — all newly furnished with the best equipment possible — we ended up in the playroom, where the toys given by the men volunteers were on display. There is just about everything in that room a small child's heart could desire for indoor play — toys large and small, and all so colorful and attractive. One of the guests expressed a feeling that was common to all of us, we feel sure. She said, "Oh, if we could only have a colored picture of this room!"

Again — Massachusetts General Hospital expresses its gratitude to these volunteer gentlemen for their fine contribution to the hospital and for their continued interest in its welfare.

The Board of Trustees, at their meetings on January 9 and 23, voted:

To accept the resignation of Dr. Harrison E. Kennard from the position of Assistant in Surgery;

To accept with regret the resignation of Dr. Benedict F. Massell from the position of Assistant in Medicine;

To grant a Dalton Scholarship of $500 to Dr. Henry J. Koch, Jr.;

To make the following promotions in the Surgical Resident Staff:

Drs. Sheridan S. Evans, John R. Newstedt, Thomas Rutter, and William D. Shorey from 3rd to 2nd Assistant Resident, as of January 1; Drs. William V. McDermott and Dexter N. Richards from 2nd to 1st Assistant Resident, as of January 1; Drs. Francis T. Gephart and John L. Wilson from 1st Assistant to Resident, as of January 1; and Drs. Peter T. Brooks, John B. Millet, and Leonard D. Rosenman from 2nd to 1st Assistant Resident, as of March 1.

To appoint:

Dr. Theodore P. Barss as Assistant Resident in Anesthesia, to begin September 1;

Dr. Ronald C. Bishop as Assistant Resident in Medicine, beginning October 1;

Dr. Howard S. English as Assistant Resident in Neuropathology for the period January 1 to July 1;

Dr. Hugh A. MacMillan as Assistant Resident in Pathology for the year beginning July 1;

Dr. LeMoyne White as Assistant in Psychiatry.

To appoint the following to the Children's Medical Service:

Dr. John D. Crawford as Chief Resident, beginning July 1;

Drs. Frederic M. Blodgett, Charles D. Cook, and Arnold P. Nicosia as Assistant Residents, beginning July 1;

Drs. Harrie R. Chamberlin, Carol Dickson, and Fred H. Howard as Interns, beginning July 1.

At their meetings on January 14, 21, and 28, the General Executive Committee voted:

To promote the following from Intern to Assistant Resident in Medicine:

Drs. Warren Bennett, as of October 1; Hugh Chaplin, Jr., as of October 1; Lincoln D. Clark, as of July 1; Anthony T. Licciardello, as of July 1; John W. Littlefield, as of October 1; Myron G. Sandifer, Jr., as of July 1; and Morton N. Swartz, as of October 1.

To appoint:

Dr. Gustav W. Erickson as Clinical Fellow to the Children's Medical Service;

Dr. John G. Flynn as Clinical Assistant to the Children's Medical Service;

Dr. Guy B. Maynard, Jr. as Clinical Assistant in Surgery, assigned to Gynecology;

Dr. Maurice M. Osborne, Jr. as Clinical and Research Fellow to the Children's Medical Service for one year, effective as of July 1;

Dr. Walter Pick as Clinical Assistant to the Children's Medical Service, effective as of January 12;

Dr. Thomas S. Risley as Clinical Assistant in Surgery, with the privilege of caring for Dr. McKittrick's patients in the Baker Memorial and Phillips House;

Dr. Abdul M. Saleh as Clinical Fellow in Surgery;

Dr. Charles B. Walker as Research Fellow in Anesthesia;

Dr. Lloyd C. Wilson as Clinical Fellow in Dermatology.

The General Executive Committee also voted:

That Dr. William McK. Jefferies's title be changed from Assistant in Medicine to that of Clinical and Research Fellow in Medicine, at his own request.

* * *

ARTHUR MOSES GREENWOOD

Dr. Arthur Moses Greenwood died in Laconia, New Hampshire, on December 14, 1947. He is survived by his wife and two stepsons.

He was born in Ashburnham, Massachusetts, on March 30, 1876, and had his early education at Cushing Academy in that town. Following graduation from this school he attended Brown University, receiving his A.B. in 1898. His medical education was received at the Harvard Medical School, from which he was graduated in 1902. A surgical internship at the Massachusetts General Hospital, 1902-1904, was followed by an appointment as Assistant Director from 1904 to 1906. From 1906 to 1914 he did general practice in Marblehead. During the first World War he served in the Medical Corps of the Army, at one time in command of an Army hospital in France. He was discharged in 1919 with the rank of Lieutenant Colonel.

Dr. Greenwood's dermatological training began at the Vanderbilt Clinic in New York in 1920 and was continued at the Massachusetts General Hospital, where he was appointed to the dermatological staff in 1921. Here he served until 1937, when he retired and was placed on the Board of Consultation, where he remained until his death. He was appointed to the teaching staff in the Dermatological Department at the Harvard Medical School in 1925 and served until 1936. He was also Consultant in Dermatology at the New England Deaconess Hospital, the New England Baptist Hospital, Huntington Memorial Hospital, Pondville State Hospital, and other hospitals for many years.

He had been a member of the Massachusetts Medical Society and the American Medical Association since he began the practice of medicine. He was elected to the American Dermatological Association in 1928 and he was certified by the American Board of Dermatology and Syphilology in 1933. He was a member of the American Academy of Dermatology and Syphilology, and the Society for Investigative Dermatology. He had been a member of this Society since 1922 and was its president from 1929 to 1931.

Dr. Greenwood's death is a great loss to the dermatological profession. He had contributed much time and effort to the Dermatological Service at the Massachusetts General Hospital. He was an excellent teacher and a wise and discerning consultant in his special field over many years. He accumulated a wide knowledge of skin disease in its many manifestations. His particular interests were in the fields of skin malignancy and mycology, and his knowledge of the skin manifestations appearing in diabetics was probably unequalled in the country. He was one of the first dermatologists in this part of the country to do special work in medical mycology, particularly the cultural characteristics of various dermatophytes obtained from cutaneous lesions.

A careful observer from his training under Dr. James C. White and Dr. Frederick S. Burns, he was quick to perceive the salient features of dermatological lesions and to correlate these features with the general picture of the patient's condition. While quiet and unassuming, his carefully considered opinions, based on his keen analysis of the individual case, carried much weight with the patient and with the referring physician.

He made many real friends among his patients and counseled them wisely from his broad background of general medical and special training. Gifted with abundant common sense and with a real ability to detect the practical aspects in a given case, he was a consultant in every interpretation of the word. His opinions were never obtrusive and his differences of opinion were often uttered in the form of questions which went straight to the heart of the particular case which was under discussion.

He loved the farm which was his home, and he held a great interest in the marvelous collection of antiques and rare books with which it was filled.

His loss is irreparable to his patients, to his medical confreres, and to all those with whom he worked and was associated for so many years.

C. G. L.

MISS ANNABELLA McCRAE

For thirty-nine years Miss Annabella McCrae was a part of the Massachusetts General Hospital. While her place was Instructor of Nursing Practice in the School of Nursing, her domain included the whole hospital, which she loved. Her influence reached beyond its gates to nurses and doctors, near and far.

Her associates knew more of her search for truth, her kindnesses, her personal interests than did her students, for Miss McCrae remains an austere and formidable mentor to many. Her personal wishes appeared subordinated always to her great dream — that nursing should focus on the patient and that it must be good as long as an MGH student or graduate gave nursing care. That there are many of her 1953 students who still hear her words and see the accusing finger down the years may be interpreted variously. For some she had to be a conscience; for others, a teacher. The indelibility of the impression is one of the traces of her immortality.

She knew what it meant to be disheartened. She knew that beyond her presence, the willful, the careless, the ignorant had not been transmuted enough to go on alone. She insisted on a pattern of nursing that was soundly built and superior enough to withstand much of the diminishing calibre that resulted from the impact of the inexperienced worker confronted with an artist's task. That one day our work might have its artistic elements, she believed. She had courage. In one sense, she walked alone.

Yet she sought the guidance of doctors and other instructors, and contributed to their knowledge and understandings. She did not gather her students as a shepherd; she tried to provide them with the means to be free.

George Herbert Palmer says, "A true teacher is always meditating his work, disciplining himself for his profession, probing the problems of his glorious art, and seeing illustration of them everywhere." There are many graduates of this School of Nursing who knew such a teacher. Their obligation is clear. May they, too, have courage.

S. P.

* * *

The announcement of the meeting of the Massachusetts General Hospital Research Council on February 17 gave the following program:

Dr. Henry K. Beecher's group—"Study of sedatives in the Anesthesia Laboratory".

"An appraisal of amidone and its isomers as analgesics", Dr. Jane E. Denton.

"The influence of pentobarbital on psychomotor performance and on the temperature", Dr. Marcel Verzeano.

"Problems of the measurement of sleep", Dr. Oliver H. Straus.

DERMATOLOGY DEPARTMENT

A course in histopathology of the skin, consisting of 14 lectures, will be given at the Massachusetts General Hospital on Wednesday evenings from 7 to 9 o'clock, beginning March 3 and continuing through June 2.

For several years our department has been running a postgraduate course in skin diseases, and many phases of this course have evoked unusual interest from dermatologists in New England. There have been many requests to attend our weekly postgraduate sessions, but it has been felt that since the lectures were designed for graduate students and the resident training program, we should limit the attendance. This course in histopathology is in response to the demand for that particular instruction.

Numerous histologic slides will be shown by projection. Manuals of instruction and sets of slides will be available for additional study.

The number of students will be limited to 12, in order to insure personal instruction.

Detailed information may be obtained from the Department of Dermatology, Massachusetts General Hospital.

The January Staff Meeting was concerned mainly with reports by various members regarding lectures and courses given at the Academy of Dermatology and Syphilology in Chicago last December.

Two new phases of instruction have been instituted in our department since the first of the year, each consisting of an interdepartmental cooperative effort. Dr. Herbert Barry, Jr. has been assigned from the Psychiatric Service to work in the Dermatology Department. Dr. Barry will not only assist in the psychiatric approach to dermatologic problems, but will give active instruction to our resident staff. This work has already been started and promises to be a distinct step forward.

The Allergy Service has made arrangements to permit some of our house staff to spend time in their clinic, studying allergic problems concerned with skin diseases; and we will have members of the Allergy Service in our clinic from time to time as observers and to help select cases requiring allergic study.

New plans for the School of Nursing

At the graduating exercises of the Class of February 1948, Miss Ruth Sleeper, Director of the School of Nursing, announced in her report to the class plans for the educational program which will go into effect in the fall of this year. An excerpt from Miss Sleeper's report, describing the new program, follows.

> Tonight, I should like to tell you of the plans we have made for your successors in the School. Much has been written and said of late about reducing the length of the three-year basic program in nursing. Much has been said about the overtrained nurse. Little or no experimentation has been done to determine how the nursing curriculum has been affected by the changing medical practices, the new trends in public health programs, the differences in general education, the increasing immaturity of the student nurse. No one has determined what the results would be if nurses were graduated with a knowledge of nursing, but unskilled in the practice of nursing. It has long been an established fact that the student in the School of Nursing repeated many activities long after the point of learning had been reached. Some of this repetition was effective, in that skill was developed; some had no value in the preparation of the nurse. It is also an established fact that nursing, just as truly as other fields of medical science today, requires a carefully planned and progressive educational program. A review of our curriculum indicated areas which needed strengthening. Consideration of the ward practice content indicated the feasibility of dividing the 3 years into 2 periods. The first period of 28 months is to be a period of education, during which the instruction of the student is the primary objective. Practice during this period is planned to the point of safe learning, but not of skill. The second period of 8 months is to be a period of practical internship, during which the student should develop the skill requisite to a graduate nurse. Because the student will give full time to nursing care, she will receive a stipend during the period of internship.
>
> When this program becomes fully effective it will be a more costly one for the Hospital. It will require more instructors, the preclinical period will be extended to 6 months, and the students in the educational period as a whole will make less contribution to nursing service, due to shortened hours of ward experience. It will be more costly, too, for the student, for tuition will be increased. It is the belief, however, of those who have participated in the planning that students will find more satisfaction in such a program which allows time to study and time to learn to give good nursing care. Applicants will be enrolled in the new program in September 1948.

In January, the Ladies' Visiting Committee of the Hospital gave a tea for all staff and head nurses in the General Hospital. Mrs. Chester M. Jones headed the committee for the tea, which was held in Walcott House.

A number of important changes in personnel have taken place this month in the Nursing Department:

Miss Marjorie Irene Weed came to us early in February as a surgical supervisor. A graduate of the University of Minnesota School of Nursing in 1942, Miss Weed has had experience as instructor of practical nursing at that school. During 1946 and 1947, she was Public Health Nursing Consultant at the Institute of Inter-American Affairs, Rio de Janeiro, Brazil.

The new instructor of anatomy and physiology, replacing Miss Eleanora Keene, is Miss Helen Curran. Miss Curran, a graduate of MGH School of Nursing and Simmons College in 1938, has been studying for her master's degree at Boston University since leaving the military service.

Miss Julia Boghosian has left her position as supervisor of the General Hospital Operating Room in order to enroll at Boston College. Miss Rae Simmons, MGH 1940, who has served in the operating room as assistant supervisor, has taken over Miss Boghosian's work. In Miss Simmons's place a new assistant supervisor has been appointed. She is Miss Abigail Norris, who graduated from this school in 1934 and who has recently been supervisor of the operating room at the Lynn Hospital.

* * *

Dr. James K. Stoddard (*EM* 1917) sailed from New York on January 20, aboard the *M. S. Batory,* bound for Poland, where he will serve as Chief of the Medical Service at the Kosciuszko Hospital in Piekary. The hospital was opened formally on Washington's Birthday, under the joint auspices of the Unitarian Service Committee and the national social insurance institution of Poland.

Dr. Stoddard served as a lieutenant in the U. S. Army Medical Corps in England and France during the first World War, and as major in Africa and Italy during World War II. He expects to remain in Poland for a year.

The Unitarian Service Committee has sent us an interesting memorandum on the Kosciuszko Hospital. Because of the services several of our staff have contributed toward the Unitarian Service Committee's program in Europe, we feel that this memorandum will be of general interest. It reads, in part:

> Kosciuszko Hospital, an outpost of American medicine and a great pioneering project in international medical science, is named in honor of the Polish General Tadeusz Kosciuszko, who rendered such distinguished service to George Washington during the American Revolution that the American Congress, in 1783, conferred upon him the privileges of American citizenship and the rank of Brigadier General. . . .
>
> Piekary is a small community in the heart of the great industrial district of Upper Silesia, where tuberculosis, occupational diseases, and industrial accidents are common. The first and only American hospital in Poland will serve the population of this region as an outstanding example of American generosity.
>
> Kosciuszko Hospital will be staffed by Polish and American personnel. They will work side by side on the wards, in the out-patient department, in the laboratories and operating rooms, and will get to know and appreciate one another in the course of their joint humanitarian effort.
>
> Serious cases have had to be transported from this area as far as 110 miles to the big hospitals of the city of Krakow. From now on, these patients will find most up-to-date care and treatment in the new American hospital within a few miles of their homes.
>
> The Kosciuszko Hospital project, however, is of more than local significance. It is designed to become a permanent outpost of American Medicine in Poland. It will become a center where American methods and techniques will be practised, where American administrative procedure will be demonstrated, and will be the one place in Poland where Polish physicians and surgeons will come to learn American routine. One of the finest achievements of American civilization—American medical care — will have found its home in Poland. . . .
>
> There will be four surgical services, of 60 beds each. Three of these will be for traumatic surgery, under Polish doctors. . . . The fourth surgical service will be headed by an American surgeon (yet to be appointed), and will engage in general surgery.
>
> Dr. James K. Stoddard of Manhasset, Long Island (formerly of Cashiers, North Carolina), will be Chief of a 40-bed medical service.

MASSACHUSETTS EYE & EAR INFIRMARY

Governor Robert F. Bradford and Senator Leverett Saltonstall, both of whom were formerly on the Board of Managers of the Infirmary, have now become members of the Corporation. Other new members of the Corporation, elected at the Annual Meeting in February, are: Mrs. Isabel S. Farley, Rev. Robert G. Metters, Mr. William S. Ballard, Dr. Walter B. Lancaster, Dr. Harris P. Mosher, Dr. Frederick H. Verhoeff, and Dr. D. Harold Walker.

Because of the resignation of Mr. James C. Howe, who has been Secretary of the Board of Managers for the past thirty years, Mr. Edmund V. Keville was elected to fill that office. Mr. Howe will continue as a member of the Board, on which he has served since 1914.

A meeting of the New England Ophthalmological Society was held at the Infirmary on February 18. Many members of our Eye Staff were present at the meeting.

Dr. Morris Sherman will begin his residency in Oto-Laryngology at the Infirmary on the first of March. Dr. Sherman, who is a graduate of the University of Alabama, interned at the Touro Infirmary in New Orleans.

Recent visitors at the Infirmary included Dr. Cryoisetiere, an Ophthalmologist from Saint Justin's Hospital in Montreal. He spent about one month visiting in our Eye Clinic.

Dr. P. Satamowsky, a visitor from Buenos Aires, observed the activities of the Infirmary—particularly the operating rooms.

Dr. Edwin B. Dunphy and Dr. Trygve Gundersen gave talks on February 12 and 13 before the National Society for Research in Ophthalmology, in Washington, D. C.

Dr. Paul A. Chandler read a paper recently before the Toronto Academy of Ophthalmology, in Toronto. He also delivered lectures on glaucoma —a refresher course given under the auspices of the University of Toronto.

Dr. Trygve Gundersen was the guest speaker late in January, when he addressed a meeting of the Southwestern Texas Medical Society, in San Antonio.

"Principles of corneal disease" was the topic chosen by Dr. David G. Cogan when he gave a series of talks in Mexico. Dr. Cogan spoke to the Sociedad Mexicana de Oftalmologia, in Mexico City.

This short note has come from Dr. Fred W. Ogden (*Oto-Lar.* 1942).

I am now practising at the Cravens Building, Fayetteville, Arkansas. Have recently been appointed Associate Professor O.R.L. at the University of Arkansas Medical School in Little Rock, where I teach one day a week. Thanks for The News.

Recent gifts to the Archives Department:—

From Dr. Leland S. McKittrick — a picture showing Dr. Arthur T. Cabot operating in 1905, with Drs. Walter G. Phippen (*SS* 1906), Charles A. Porter (Assistant Visiting Surgeon at that time), Chandler Robbins (*SS* 1905), William W. Walcott (*SS* 1906), and F. Clinton Kidner (*SS* 1905) looking on.

From Miss Robertson, Assistant to the Director of the Massachusetts Eye and Ear Infirmary — a scrapbook containing newspaper articles, pictures, etc. on World War I. (We wish more World War I material would be donated.)

Class of 1889

This letter from Dr. Edward M. Greene, one of the three living graduates of 1889, becomes a most valuable addition to our permanent Archives collection. Dr. Greene prefaces his "Recollections of Edward M. Greene, M.D., East Medical Intern at the Massachusetts General Hospital" with these remarks concerning himself:

In 1887 I completed the requirements of the three-year medical course for the degree of M.D., but at my request the diploma was issued as of 1888 in order to comply with the early custom of the M.G.H. when students were accepted before completion of the medical course and were called "house pupils" or "house pups" for short. Later, interns were required to defer acquiring a degree of M.D. for a year, as they might consider themselves equal to their superiors and be unduly set up.

I succeeded Dr. Henry B. Jacobs, who had to leave three months before the end of his term on account of illness, so I was promoted from extern and had three months more than the usual service in 1888-89.

Now, at the age of 87, I am in excellent condition.

And then Dr. Greene gives us his "Recollections", which are interesting in their entirety and very amusing in spots. We all thank Dr. Greene for this first-hand account of goings-on at M.G.H. sixty or so years ago.

My most interesting experiences were during the course of transition from preantisepsis to the adoption of antisepsis and asepsis.

In early 1888 the Senior Surgeon, preparing for an operation, was presented with his old, discarded Prince Albert by the trembling hands of the old custodian, Jim Mains, who had sponged off blood and pus from the previous day's operation and had hung it in the closet. Dr. Porter turned up the ends of the sleeves, washed his hands casually, and began to operate.

At one time, no opening of the abdomen was permitted, on account of the great mortality from such attempts. Surgeons derived half their income from medical cases, as surgical patients were too few for the support of specialists. My contemporary, Dr. Charles L. Scudder, on starting his practice, was the first surgeon in Boston to refuse to accept medical patients.

Through Pasteur came reports that germs in the air caused infections. The first attempt at the M.G.H. to guard against infection was to operate under a cloud of vapor, impregnated with carbolic acid. Before many months this had to be abandoned, as so much carbolic acid was absorbed as to turn the surgeon's urine dark and cause symptoms of poisoning. The sponges then used were kept in carbolic solution; and, later, gauze sponges were soaked in mercuric chloride solution, as were bandages around the site later to be operated upon. The solutions were strong enough to irritate the hands of the surgeons until some time later when rubber gloves came into use and bandages and swabs were sterilized by heat. This permitted a great and sudden expansion of the field of surgery and obstetrics.

My class of 1887 in Harvard Medical School was the first to be instructed in bacteriology, when only the tubercle bacillus and the gonococcus were known, and the bacillus of diphtheria soon after. In 1888 Dr. William Osler came to the Massachusetts General on a visit from McGill University and brought the early knowledge of the malarial plasmodium, which he discussed with Drs. Shattuck and Fitz. As Dr. Fitz's intern, Osler directed me how to prepare and stain a specimen of blood from a malarial patient in the hospital, which I did in the primitive laboratory under the steps of the Bulfinch Building. This slide was the first ever made in the M.G.H. and perhaps in the United States.

Dr. Fitz at this time was making a careful research into the cause of the disease known as "inflammation of the bowels"—very prevalent and often fatal among patients of the M.G.H. He traced it to perforation of the appendix, gave it the name "appendicitis", and insisted that these patients be turned over for operation to Dr. Maurice Richardson and other surgeons. At this time European and British surgeons denied the existence of such a disease.

It was my good fortune to have begun the study of medicine at Harvard and the M.G.H. at about the beginning of the era of radical and rapid discoveries which, during my 53 years of the practice of medicine in Boston, changed the doctor's work from an art to a science.

I remember many amusing incidents but I will relate only two of them. The first was in the beginning of practice of a brilliant young intern who later became a leading surgeon. He had learned the art of cutting and stitching to perfection. His first patient was an obese middle-aged woman who had seated herself on a pot with a crack in it. The pot broke and cut a wound the whole length of the perineum. We interns watched his fine operation, which healed in a few days. Soon after, her irate husband sent her back with the complaint that the operation had made his sexual rights impossible of fulfillment. The young surgeon then removed several stitches from the anterior end of the wound.

The second incident—A visiting senior in the East Medical service had an elderly female patient of aristocratic lineage, now impoverished, who had a swollen, painful ankle. Drs. Richardson and Whittier, in consultation to decide whether the disease was medical or surgical, asked her many questions. Then they went to the center of the large square ward where there was a stand on which were a bowl and pitcher of water, used by the staff after such examinations. They washed and wiped for rather a long time, then asked the patient if she could tell them any more. She coldly remarked that she would have been pleased if they had washed their hands as well before the examination as they did afterwards. They took this call-down meekly, while interns and nurses snickered, remembering how the higher-ups sometimes called them down.

Strangers do not realize the type of the older aristocrats of Boston who are often very witty in repartee. Standing on a corner of Beacon Street waiting for a bus one day, I saw an elderly lady who evidently had arthritis. As the bus stopped she pulled herself slowly up the high steps. A smart aleck near the door remarked, "What she needs is more yeast to make her rise." The lady paused before him and said, "Young man, if you had more yeast you would be better bred."

A student or intern learns much by his insight into the occasional mistakes, as well as the excellencies, of distinguished men with whom he has been closely associated, and this is a part of a young man's education. For instance, a renowned professor of pathology, whose mind acted quickly and surely, asked a question of a student in class. The student was diffident and characteristically deliberate in forming his opinions. In this instance, the professor was impatient and caustically criticised the student before the class. The student burst out with this remark: "Professor, I did not come to the Harvard Medical School to take a course in repartee." He then sat down, and never again responded when asked to recite in that professor's class. Later, the student succeeded the professor in becoming the extraordinarily capable pathologist of the City Hospital and the Medical School, and father of the present very learned pathologist of the M.G.H. I feel sure that, later, the over-critical professor felt great regret at the continued coldness between himself and his former pupil.

Now, the old professor really had a very warm heart, which was not generally known. For when I left the M.G.H. to start practice, without owning a penny, he took a great interest in me and sent me to a wealthy patient of his, with the request that he loan me whatever amount I needed, with very little interest and no fixed date of payment. This was not the only kindness he showed me.

Another instance of a warm heart in a reputedly cold person is that of President Eliot of Harvard. My wife's brother, of the class of '81, son of a very poor clergyman, had the highest scholastic standing of anyone in that and the preceding ten years. He died of typhoid soon after graduation and I came into possession of his papers. There were several letters from President Eliot which had contained checks for one hundred dollars of his own money, in addition to scholarship funds, accompanied by words of appreciation for his high scholarship.

A corner of the hospital grounds next to the Eye and Ear Infirmary at times produced many mushrooms, of which Drs. Maurice Richardson and Arthur T. Cabot were very fond. So were the interns, who had the advantage of harvesting them before the later arrival of the surgeons, who were surprised over the irregularity of the growth of the fungi. We kept ours until late night hours, when mushroom stews were enjoyed in the company of favorite night nurses, who provided milk from the hospital supplies. The regulations regarding fraternization of interns and nurses became much more strict after the good old days.

I saw an item in THE NEWS a year or so ago, criticising some of the earlier records of patients as being careless and incomplete. No doubt some of those were my records of 1888. This is the explanation: I had an abscess in the palm of my right hand, caused by an infection received while assisting Dr. Fitz in an autopsy. This had to be incised and the hand heavily bandaged, which prevented the holding of a pen. As there were so few interns at that time, no one could be provided to take my place, and records during that period were left incomplete, but not through carelessness.

Additional important events, concerning Massachusetts General Hospital, that occurred in the month of January during the earlier part of the nineteenth century:

January 1823 — At the Annual Meeting, the Trustees reported that the interior of the west wing of the Hospital was finished and ready for occupation; and that the colonnade in front would be raised in the ensuing season. This, of course, refers to the Bulfinch Building.

Jan. 7, 1825 — Committees were appointed to procure portraits of Mr. Thomas Oliver, donor of $22,438.70, and Mr. Abraham Touro, who had contributed $10,300 to the Hospital. These portraits now hang in the hospital.

The portrait of John McLean was brought in at this meeting. Bowditch, in his *History of Massachusetts General,* says, "It is one of the happiest works of Stuart. The record says of this painting, 'The resemblance is striking, and the expression characteristic'."

Jan. 9, 1827 — Erysipelatous inflammation having appeared at the Hospital, the expediency of removing all the patients was discussed. Four Trustees were appointed a Committee on the subject. On January 14, the Committee reported that they had decided, after conference with the Physician and Surgeon, to make a temporary removal of all patients from the Hospital, as far as was practicable, with a view to a "thorough purification by fumigation or otherwise"; and that the Reverend Dr. James Freeman had very liberally and readily offered his dwelling-house on Vine Street, near the Hospital, for the accommodation of the patients. On January 21, twelve patients were reported as removed to Dr. Freeman's house, and twenty-one discharged. On January 28, the Hospital was reported to be entirely clear of patients, and "cleansing, fumigation, and alteration of fireplaces, etc. in progress". On February 4, the patients from Dr. Freeman's house were received back into the Hospital, and on March 25, Dr. Edward H. Robbins, a Trustee, was appointed a Committee to return to Dr. Freeman the key to his house, with thanks.

Dr. Washburn, in his *History of Massachusetts General,* devotes an entire chapter to "Drains, ventilation, and the erysipelatous inflammation and hospital gangrene". If you have not already done so, we feel sure you would be most interested in Dr. Washburn's account of the "practical difficulties of drainage into a tidewater estuary, the inconvenient and disagreeable process of filling the Hospital's marsh land, and the construction of North Charles Street". He quotes from Dr. John C. Warren's letter, written from London in 1837, as to the then believed cause of erysipelas, and his description of the new "blacksmith bed". He tells us about the many ideas at M.G.H. regarding the cause of the erysipelas outbreaks (which continued up to about 1862) and the various measures taken to combat the disease. You may be surprised to learn that the problem seemed so hopeless of solution that as late as 1875 the Board of Consultation who investigated the drains, recommended the removal, at some future time, of the Hospital to a new site. Dr. Washburn concludes the chapter with these words: "Little do we think as we look upon the Hospital's fine buildings — the Phillips House, the Baker Memorial, the Out-Patient Building, and the George Robert White Memorial Building, now rising highest of them all — of the days when the river covered their sites, or the less agreeable days of the filling of the marshes. . . ."

Jan. 23, 1839 — At this Annual Meeting of the Corporation, the vote was passed by which all persons who have served, or should thereafter serve, as Trustees, should be considered members of the Corporation.

Jan. 19, 1853 — The Trustees received a letter from Dr. John C. Warren, requesting that his name be not included among the candidates at their next election. The preamble and vote which was thereupon passed by the Trustees is as follows:

> More than forty years ago Dr. Warren, and his associate, Dr. James Jackson, by an admirable circular letter, first called the attention of the public to the necessity of a Hospital. Becoming thus one of our original founders, he was appointed our first Surgeon, and has been annually re-elected to that office ever since.
>
> His name has become illustrious in the annals of American Surgery, and reflects honor on the Institution which is so deeply indebted to him for its establishment and success. Finding here those opportunities of professional practice by which his own skill and experience were from year to year increased, he has, in return, devoted to the gratuitous performance of his official duties among us much time and thought during a long life. By pecuniary donations and otherwise, he has manifested a continued interest in the welfare of the Hospital. And now that, having completed his labors, he is about to retire from this honorable and responsible situation, the Trustees would assure him of their best wishes for his future health and happiness. And they would congratulate the Institution and himself on the circumstance that he leaves behind him in our service, and, as we hope, for many years to come, a son whose high professional skill and attainments are universally recognized as worthy of his parentage.
>
> *Voted,* That Dr. Warren be requested to sit for his bust or portrait, to be preserved at the Hospital, and that Messrs. Lowell and Dexter be a committee to communicate to him this wish of the Trustees.

Jan. 19, 1859 — Authority was given to the Chairman of the Board to execute an indenture in behalf of the Corporation with the City of Boston, providing for the filling up of the flats lying between the Hospital grounds and the Harbor Commissioners' line.

New addresses:—

Lt. John G. Freymann, USPHS (*M* 1947), APO 751 (American Consulate), c/o Postmaster, New York, N. Y.
Dr. Joseph Garland (*CM* 1919 & *EM* 1921), 8 Fenway, Boston 15, Mass.
Dr. Earl A. Glicklich (*a. D*), 422 Beacon St., Boston, Mass.
Dr. John Homans, Jr. (*WM* 1942), 101 Bay State Road, Boston, Mass.
Dr. Robert J. Joplin (*P* 1929 & *Or.* 1933), 1180 Beacon St., Brookline, Mass.
Dr. Roger W. Morrison (*ES* 1943), 1432 Durand Court, Rochester, Minn.
Dr. Duncan E. Reid (*a. obst.*), 221 Longwood Ave., Boston, Mass.
Dr. Henry B. Ruley (*NS* 1939 & *WS* 1941), Medical Arts Bldg., Oak Ridge, Tenn.
Dr. Jacob H. Swartz (*d.*), 422 Beacon St., Boston, Mass.

Brief bits:—

Since Dr. Emerson Drake (*a.r.s.* 1945) did not use his military title of Lieutenant when he sent his new address — 296 Walpole St., Norwood, Mass. — we infer he is out of the Navy.

No. 8 in a series of Staff photographs
Dr. Stanley Cobb — Chief of the Psychiatric Service

Dr. Robert S. Hormell (*Or.* 1942), similarly, discarded the "Capt." before his name when he sent his new address — 1180 Beacon St., Brookline, Mass. Our last report on him placed him in the Pacific Theatre. That was nearly three years ago. Oh, these silent ones!

A letter from Capt. James M. Judd, MC, AUS (*ES* 1944) to the X-ray Department shows his promotion to this rank.

Dr. Foster L. Matchett (*Or.* 1934) was also in the Pacific Area at the time of our last report from him, in July of 1945. His renewal to The News gives 1044 Olive St., Denver 7, Col., as his new address.

Dr. Wade Volwiler (*M* 1944) is on a year's leave of absence. He is out at the Mayo Clinic in Rochester, Minn.

A letter from Miss Olive L. Dingle has been passed on to us. Miss Dingle, who is Dr. Smithwick's technician, went to South Africa on vacation, but is performing tests while there on some of Dr. Smithwick's postoperative cases. Her letter is from Johannesburg, and she writes:

> Dr. S. P. Jacobson [*gr. asst.* 1938] invited me to dinner at his home not long ago. I had a marvelous time, met interesting people, enjoyed a wonderful dinner (including wine), and felt right at home. It was a privilege to spend an evening in such charming company.
>
> I've talked with Dr. P. J. Kloppers [*gr. asst.* 1944] who is now on holiday. Hope to see him later. He is married and has a son two months old.
>
> Africa is out of this world. I'm writing this in a lovely garden, surrounded by sunshine, flowers, and birds. I breakfast in bed every morning — have just finished morning tea. It's impossible to give a real idea of the wonder of it all.
>
> Please give my best to any of my friends—doctors, telephone operators, information, nurses, etc. There are no post cards that I can find, and paper and postage are so expensive I can't write everyone.
>
> Wonderful trip, wonderful company, wonderful land.

Mr. Wilbour C. Lown, who was Head of our Photographic Laboratory before he joined the Navy in 1943, is now a Major in the Army. He sends this explanation of the transfer.

> The change of address to Signal Corps Photographic Center, 35 — 11 Thirty-fifth Avenue, Long Island City 1, New York, may be startling. The reason is simple. The Navy's medical film program is inactive, the Army's active — ergo the change from Naval Reserve to Army Reserve, to active duty. The uniform is different, the serial number longer —otherwise little difference.
>
> Housing is a problem here, so for the present Mrs. Lown will stay in Bethesda and the home address remains the same.
>
> The News is a pleasure. Every year away from the M.G.H. increases its importance to me.

It is good to hear again from Dr. Joseph M. Stowell (*gr. asst.* 1944). He writes, from 1107 Thirteenth Avenue, Altoona, Pennsylvania:

> Since being placed on inactive duty from the Navy, 24 June 1946, I have been in private practice in general surgery in Altoona. I am on the surgical staffs of the Altoona Hospital and the Nason Hospital, and Consultant in General Surgery in the Cresson Tuberculosis Sanitarium, Cresson, Pennsylvania. Practice has been gradually increasing, and I feel that I am back on my feet again.
>
> The News is a great institution, especially for one who is so far away from the General. It is always interesting to read about the doings of old friends. If it were not for The News, I would lose track of many of them.

The News is very glad to publish this letter from Dr. John H. Peters (*WM* 1943) and stands ready to cooperate in any way to further his suggested plan. Dr. Peters's address is Highland Road, R.D. No. 9, Pittsburgh 16, Pennsylvania.

> I have a problem on my hands, and it recently occurred to me that you might be able to help solve it. Having spent a year in Germany in 1932-33 and having friends and relatives in England, I find there is a considerable list of people known to me who are at the moment in need of food and other help. Unfortunately, there are more of them than I can begin to send parcels to myself.
>
> It seems possible to me that there may be readers of The News who are sending CARE parcels abroad and who would prefer to send them to definite people, instead of contributing to CARE's program without knowing where the food and clothing would be going.
>
> I should be more than glad to send addresses of people I know over there who are in need, together with information about them, to anyone interested. It would relieve my mind about some of the deserving persons I am unable to help myself. As a matter of fact, if there are other MGH alumni or staff members in a position similar to mine, you might start a name exchange on a small scale.
>
> Best wishes to The News and to all at M.G.H.

* * *

FOUND — A WHITE HORSE

We have the white horse for the model of the first ambulance which Mr. Wall is making for us — a horse found in such a way as to stretch all bounds of the credible. Here is how it happened —believe it or not!

Within a day or two after Dr. Earle M. Chapman read our appeal in The News — within so short a time it seems as if the Fates must have contrived the whole thing — he was passing by the Technology Ambulance Service in Cambridge and happened to see Mr. Frank Galvin throwing into a trash pile a white horse of exactly our required dimensions. Dr. Chapman sprang into action at once, asked if he might have the animal, and brought him to our News office.

Dobbin shows signs of pretty hard driving, in the region of the legs, but we are hoping Mr. Wall's clever fingers can perform a successful plastic surgery operation. We are waiting now for the patient to come out of the ether and to get a report on his post-op condition. Let us all hope for the best; for the noble horse seems to be out of fashion in toy shops, these days of mechanical gadgets, and we were beginning to feel discouraged about the prospects of ever finding one of the required size.

THE NEWS

No. 67 Boston, Mass. April 1948

THE CARDIAC CLINICS AND LABORATORY

There has grown up slowly through the years here in the Massachusetts General Hospital a group of physicians interested particularly in cardiovascular disease. The result has been a considerable accomplishment in pioneering in this field. Labelled by a number of the staff members thirty years ago as a narrow and narrowing undertaking, as was more or less the custom of the day with regard to almost all specialization, it has grown to wide and extensive proportions in close association with allied medical and surgical fields. It remains, however, as it should, an integral part of the department of internal medicine, and its staff members carry on routine duties for a relatively short time each year in the general medical wards and out-patient clinics in addition to their much greater participation in the study and care of cardiovascular patients. We believe that the most useful specialist both in the care of patients and in the advancement of our clinical knowledge should have such opportunities as have been the program of our group.

Details of the history of heart disease at the Massachusetts General Hospital can be read in the Ether Day address given by the present writer at the ninetieth celebration in 1936 and published in the *New England Journal of Medicine* (Volume 215, page 1261). A few of the high points may, however, be presented here, with a statement of progress during the last twelve years and of plans and hopes for the future.

The cardiac clinics in the Out-Patient Department were begun just before the first World War, the adult clinic by Dr. Joseph H. Pratt and the children's by Dr. Richard S. Eustis. The cardiac laboratory was installed in the fall of 1914 in the basement of Ward G, the old skin ward, now replaced by the new Vincent and Children's Building. The first electrocardiograph brought from Cambridge, England, in the fall of 1914 was replaced in 1931 by a second instrument built especially for us by the Sanborn Company of Cambridge, Massachusetts, and this in turn has just been superseded by another new very up-to-date electrocardiograph by the same company, whose president, Mr. Jenks, and staff, generously built it for us at a charge far below its cost. During 1947 we passed the 100,000 mark in number of electrocardiograms taken, and this milestone was appropriately celebrated by a dinner in town with several former cardiac fellows and their wives coming from considerable distances to attend. It was a pleasure at that time for the medical staff members to express their indebtedness to four ladies who have been vital to our work during the years: Mrs. Catharine Vickery who has been clinic secretary, the Misses Agnes and Helen Donovan who have been office secretaries, and Miss Louise Wheeler who has directed the laboratory.

As the years have gone by our staff has steadily grown and our activities have expanded. A vertical fluoroscope for orthodiagraphy was installed in 1929 and now the new technique of electrokymography is being applied to determine its practicability.

One of the interesting and important new developments has been the evolution of phonocardiography. This has included in a very satisfactory way, in contrast to our experiences of ten or twenty years ago, the recording of heart sounds and murmurs on graphic records together with the electrocardiogram or on phonographic records for auditory reproduction or for transmission by suitable wiring to the individual seats of the Ether Dome, so that the members of the audience can listen to the patient who is being demonstrated down front. It was only last fall that the new wiring was put into the Ether Dome, some twenty or more years after failure of a similar attempt made by Dr. Richard Cabot in the Lower Out-Patient Amphitheatre. This time, however, the improvement of instruments and technics has given us a very useful new aid in teaching. It may be of interest for members of the staff to come to our routine Friday morning exercises from 9:30 to 11 to listen in. There still remains, however, the perfecting of adequate reproduction of heart sounds and murmurs by loud speaker.

Our experience in electrocardiography is being amplified by especial attention to the new advances in the use of precordial and unipolar limb leads.

An adolescent rheumatic fever clinic was added some years ago in the Out-Patient Department, and contacts have been established with the Hypertensive and Peripheral Vascular Clinics.

Many correlative studies have been made with still other groups, for example, with the thoracic surgeons in cases of chronic constrictive pericarditis and congenital defects, in particular patency of the ductus arteriosus and coarctation of the aorta, with the neuropsychiatric group in the study of neurocirculatory asthenia, with the neurosurgeons in sympathetic nerve resection for hypertension and angina pectoris, with the Harvard University Department of Anthropology (in particular, Stanley Garn) in the study of coronary heart disease, and with the House of the Good Samaritan in the study and follow-up of children with rheumatic heart disease. In connection with our children with rheumatic heart disease mention should be made of the very significant pioneer work of the Ladies' Committee for the Home Care of Children with Heart Disease established thirty-odd years ago by Mrs. Fritz Talbot, and of Miss Edith Terry and Miss Lorena Love who have helped thousands of children and their families through dark days of illness and have thereby set a pattern for similar work throughout the world. One of the present national authorities and leaders in rheumatic fever studies, Dr. T. Duckett Jones, was associated with our group for a good many years.

The problem of the serious complication of pulmonary embolism in cardiac patients resulted in a fruitful study of the recognition and treatment of leg vein thrombosis. The study of drug therapy, in particular that of digitalis and quinidine, has in the past absorbed the attention of the group quite frequently, and during the last few years diet has become a weapon of major importance, especially a quantitatively low sodium intake for the treatment and prevention of congestive heart failure. At present we have established a rice diet team for trial of dietotherapy in hypertension. And increasing attention is being directed to the effect of the various electrolytes on the heart and circulation and on the electrocardiogram.

The senior members of the cardiac group who are now veterans of a good many years standing are, besides the writer, Drs. Sprague, Bland, Palmer, and McGinn. In more recent years, Drs. Williams, Currens, Cohen, Wheeler, Clark, Alexander, and Paul have joined us. Dr. Gordon Myers is the present cardiac fellow and will continue with us, to develop cardiac catheterization for which we have organized a team and are about to build a new X-ray Research Laboratory on White 2. This laboratory has been donated by a friend and benefactor of research, Mrs. Theodore Brown, and will be used under the wing of the X-ray Department for their researches of all kinds.

Support of our clinical investigations came slowly at first, although it was a patient of Dr. William H. Smith, Mr. Skinner, who in 1913 gave the money which brought the first electrocardiograph to the hospital in 1914. Mr. Steedman in 1929 and 1930 made a generous contribution to the Cardiac Research Fund, but it has been only in the last few years that friends, mostly patients, and a few special funds have made it possible for us to look ahead with confidence to the support of our future studies.

One of the most important activities of our cardiac group has been in its constant affiliation with national, regional, and community heart associations and enterprises, both during and between the wars. This culminated on February 14th of this year, Valentine's Day, in our vigorous support of National Heart Week which has laid the foundation for the practical application of what we already know about hearts and for the enlistment of lay interest and support for the most important studies that still lie ahead.

Heart disease is the cause in this country of more deaths than the next five causes added together, and more than half of these deaths occur in persons under 70. And yet, as we all so clearly recognize now, heart disease is not a single disease like poliomyelitis. It is made up of many different kinds of involvement of the heart due to many different causes. Hence its complexity has added greatly to the need of more adequate study. As a matter of fact, the most important contribution ever made, in the opinion of the present writer, in the slow evolution of our knowledge of the heart and its diseases came from this hospital in 1914 when Richard Cabot wrote a paper, published in the *Journal of the American Medical Association*, entitled "The four common types of heart disease; an analysis of six hundred cases". In this paper he emphasized the vastly greater importance of diagnosing heart disease according to its cause than according to structural defects, such as had been the custom prior to that date. Our group of doctors in the Cardiac Clinics and Laboratory have gone on in the development of Cabot's thesis and, as a matter of fact, inaugurated back in 1921* the current practical plan of cardiovascular diagnoses based on the three-fold foundation of etiology, structural change, and functional state. It is, of course, very important to recognize the structural abnormalities and to determine the functional state of the circulation, which has of late years attracted much attention, but it is far more important, both for the sake of the patient and for the campaign against heart disease, to diagnose and study the fundamental causes of heart disease which include particularly rheumatic fever, high blood pressure, and coronary atherosclerosis, aside from many other less common or important causes. This emphasis on etiology with study of the causes has been the major contribution from our Clinics and Laboratory.

Except for accidents, the most common cause of death in the second decade of life in the U.S.A. is rheumatic heart disease. Although thyrotoxic and diphtheritic heart diseases have been practically wiped out during the last generation, cardiovascular syphilis reduced strikingly to a very small percentage in our more civilized communities, bacterial endocarditis made curable or preventable in 75 percent of the cases, chronic constrictive pericarditis relieved in 50 percent by surgery, and certain congenital defects like patency of the ductus arteriosus and coarctation of the aorta surgically eradicated, and although heart failure is now much better understood and far more satisfactorily controlled, the major task still lies ahead of us. This task consists of the solution of the problems of rheumatic fever, hypertension, and serious presenile coronary atherosclerosis which together cause 90 percent of all heart disease. These problems are at present unsolved, and yet with concentrated efforts the world over, most of us believe that the answers should be discovered within the next generation. Naturally, our group is eager to share in the work on these three kinds of heart disease.

Teaching, both graduate and undergraduate, has been in progress in the Cardiac Clinics and Laboratory ever since they were established and many courses, both long and short, have been given during the last thirty years. Naturally, the graduate teaching is the more important, as in any special field, and hence there has been established during the past two years, since the end of World War II, a special course lasting one year, under the auspices of the Graduate Department of the Harvard Medical School, limited to 12 men and women, and designed for suitably trained young internists who are especially interested in cardiovascular disease and who may or may not enter the field as a specialty. This course is now well under way and has had an enrollment of physicians from various foreign countries as well as from various parts of the United States and Canada. One of the sessions, which any physician on the hospital staff or visitor is likely to find of especial interest and value is the Cardiac Grand Rounds held in the Ether Dome every Friday morning from 9:30 to 11.

A short summary course for members of the American College of Physicians is given for ten days or two weeks each fall, and a special course in electrocardiography in the spring by Dr. Conger Williams.

Finally, despite the various activities based on the Cardiac Clinics and Laboratory mentioned above, the chief function of these clinics and laboratory is to study and to treat the patients themselves as a part of the hospital whole, whether on the open wards, in the Baker Memorial, or in the Phillips House. They thus happily remain an integral part of the Massachusetts General Hospital whose directors, trustees, and staff have for so long and so generously given us their wholehearted support.

Paul D. White, M.D.,
Chief, Cardiac Clinics and Laboratory

Dr. Paul D. White sailed from New York on the *Queen Mary* on March 20. From England he will go to Paris and then on to Prague where he is to represent Harvard University and receive an honorary degree at the six hundredth anniversary of Charles University. From there Dr. White will join the American Medical Teaching Mission in Greece and Italy. This Mission is one of three now being sponsored by the Unitarian Service Committee. Dr. White expects to return home at the end of June.

Dr. Chester M. Jones will also be a member of the group in Greece and Italy.

The hospital has suffered a serious loss.

Volumes 3, 5, and 7 of the records of the Medical Service autopsies, for the years 1876-1890, have disappeared from the shelves in the Treadwell vault. A notice of this loss has been posted for some time on our Post Office bulletin board, but so far no hint of the whereabouts of these volumes has resulted.

We still have faith enough in human nature to hope and believe that these priceless books will be returned just as soon as this notice goes out. If anyone knows of the present location of the books or can give Miss Seymour, our Record Librarian, any help toward tracking them down, please get in touch with her immediately. Her telephone extension here at the hospital is 270.

As a final inducement in our endeavor to repair this deplorable damage to our hospital records, we have decided to add, even though reluctantly — Please return the books. No questions will be asked, nor will the situation be made awkward for you.

DEPARTMENT OF RADIOLOGY

In facing and accepting readjustments which are to be expected following a war, the Department of Radiology has been no exception. Since the previous report, many changes from the old order are apparent.

During the past two years, shifts in the radiologic staff have occurred. Dr. Hampton, after much deliberation, decided to embark on private practice in Washington, D.C. Dr. Lingley and Dr. Schatzki returned to the Department and spent some time with us before going elsewhere — Dr. Lingley to private practice in Worcester and Dr. Schatzki accepting the position of Radiologist at the Mount Auburn Hospital in Cambridge. To compensate for these, Dr. Joseph Hanelin, Dr. James J. McCort, and Dr. William L. Palazzo have become active members of the staff. Dr. Hanelin came to us from the University Hospital at Ann Arbor; Dr. McCort had his residency at this hospital before entering the armed forces; and Dr. Palazzo had been a Graduate Assistant in the Department

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*White, P. D. and Myers, M. M. "The classification of cardiac diagnosis", *Jour. A.M.A.*, 1921, LXXVII: 1414.

following training at Bellevue Hospital in New York.

Dr. Holmes, who left us in 1945, is enjoying his retirement in Belfast, Maine. He spends a few hours each week at the local hospital, thus giving himself the pleasure of keeping in touch with his lifelong interest and giving the hospital the benefit of his sagacity and experience. At the annual meeting of the Radiologic Society of North America, held in Boston in December 1947, Dr. Holmes's "boys" gave a dinner in his honor. Fifty of the eighty-four men he had trained were present. This large attendance — men gathered from all parts of the country— indicates the high esteem in which the "teacher" is held by all those who have had the privilege of studying under him. Dr. Holmes's talk, made in his usual concise and thoughtful manner, gave all who heard it a feeling of satisfaction and enthusiasm for the field of work they had chosen. He pointed out that philosophizing was something allowed a person in his position; his points were illustrated by pertinent stories from his own experience. A paper he, as the representative of Radiology, read before the American Medical Association last June also shows the marks of a great man. One has but to hear Dr. Holmes "philosophize" to understand the admiration, respect, and affection all his "boys" feel for him.

The prime function of the Department of Radiology has continued to be the care of the patient. During 1946 and 1947, more patients were examined than during any two-year period in the past; over 100,000 patients received either diagnostic or therapeutic aid. Recently, through State and Federal aid, a chest survey has been in effect. This is available to any patient entering the hospital. The benefit to the patient and to the hospital is yet to be determined, although the long-range value to the public at large should be clear. Another program of similar type is under consideration. This is a survey study of the stomach in asymptomatic patients beyond the age of forty, in an attempt to detect early cancer. This problem does not adapt itself as readily as the chest survey because of technical difficulties.

Teaching continues to be a most important phase of the work in this, as in other departments of the hospital. The students are both postgraduates and undergraduates — the former coming from widespread sections of this country, as well as from abroad; the latter having the opportunity of taking assigned or elective courses.

The research that has been under way is largely in the field of evaluation of previous technics and results — of taking stock, one might say. Such review of past work inevitably results in improved diagnostic and therapeutic approaches to various conditions. Investigations of this type will be continued.

We are awaiting installation of therapy equipment in the 2 million volt range. It is hoped that with the use of this new equipment further cures and more satisfactory palliation may be achieved. The policy of the Department at the present time is to thoroughly investigate the therapeutic range from one to perhaps 10 million volts. It is our belief that therapy will be found to be most effective in this range, although we have not closed our eyes to the possibility of investigating the betatron in the future. This program is under the direction of Dr. Milford D. Schulz.

A study of congenital heart lesions is under way, with Dr. Stanley M. Wyman cooperating with Dr. Paul D. White's group. This investigation should provide information which may be of considerable benefit to this group of patients.

Other fundamental research involves a study of blood changes in persons exposed to roentgen rays, in order to forestall or to detect early abnormalities indicating danger of the development of leukemia in such individuals. In order to accomplish this it is necessary that changes in the blood should be accurately correlated with the known amount of radiation received by the bone marrow. The value of this study lies not only in the field of X-ray, but in the wider field of all penetrating radiations.

It is hoped that the Department may maintain its present high standards and improve wherever possible in the future.

Laurence L. Robbins, M.D.,
Chief of Radiology Service

* * *

At the monthly meeting of the Medical Staff on March 8, Mr. Stanley Garn of the Department of Anthropology at Harvard spoke on "The relation of anthropology to the medical sciences". Mr. Garn has been working with Dr. Paul D. White's group.

Tea was served, as usual, in the Medical Staff Room before the meeting.

* * *

A copy of *Orvosok Lapja,* a Hungarian medical journal, has come to our hands. Its leading article, "Experiences of an American journey", is by Dr. Andrew Hedri, Professor of Surgery at the University of Budapest, who visited M.G.H. in October of 1947. Here is a translation of a portion of the article:

> At the Massachusetts General Hospital I saw the Department of Surgery of the Harvard Medical School, under the direction of Churchill, the foremost surgeon of Boston. I had the opportunity to watch several operations executed by him and was especially impressed by a lobectomy and a pneumonectomy. I was told that he is considered the first thoracal surgeon of America. On the second day of my stay in Boston, Churchill asked me to give a lecture to his staff. This was done and he introduced me. Several surgeons of Boston took part in the discussion.
>
> Looking back to our American journey, I must say that perhaps it is Boston which remains foremost in my memory.The reason may be the atmosphere of medical history which one experiences around Harvard. Churchill told me about the centennial celebration, as it was in Boston where the first [public demonstration of] ether narcosis [for major surgery] was given on October 16, 1846. He took me to the amphitheatre where that first operation under ether anesthesia was executed. . . . It was here that I had the strongest impression about the progress of surgery in the last century.
>
> I left Boston with aching heart and was very sorry I was unable to spend more time there.

Accompanying the article are illustrations showing our Bulfinch Building in 1821, M.G.H. as it is today, the glass inhaler with sponge inside which Morton used for that first operation here in the Ether Dome, and a picture of a modern narcosis apparatus.

* * *

Massachusetts General Hospital has added two more "firsts" to its long and impressive list.

On January 9, the American Red Cross Arts and Skills Service began a regular schedule of work here in hand crafts — the first time this has been done in any civilian hospital in the country. Heretofore, such service has been available to military hospitals, only. Under the supervision of five members of the above branch of the Red Cross, patients on the Research Ward in the Bulfinch are making such articles as stuffed felt animals; furry bedroom slippers; stenciled handkerchiefs, aprons, napkins, towels, etc.; plastic belts; huck bags; and leather picture frames and pocketbooks. A very attractive exhibition of things made by these patients appeared in the Brick Corridor not long ago.

The last "first" occurred on the afternoon of March 11 when, in the Warren Library, a group of ambulatory patients enjoyed a program given by the Entertainment and Instruction Service of the Red Cross. On July 15 the Red Cross absorbed the old organization known as the American Theatre Wing and, under the new name, has been putting on shows in veterans' hospitals since that time. The program arranged for M.G.H. was the first to be given by this service in any civilian hospital in the country.

To start off with, the patients listened to Paul Edward's playing of one of his own piano compositions entitled "Prelude", after which they absorbedly watched four of America's outstanding cartoonists sketch, in colored chalks, several of their best-known characters. These cartoonists were: Ed Payne, creator of "Billy, the boy artist" and "Professor O. Howe Wise", comic strips begun by Mr. Payne in the *Boston Globe* in 1899; Charles Donelan, a past member of the *Boston Herald* staff and now a well-known illustrator for various magazines; Al Capp, whose "Li'l Abner" is a top favorite among readers of the comics; and, last but not least, Boston's own Frank Dahl, whose cartoons in the *Boston Herald* are enjoyed each morning by all readers of that newspaper and whose book-form collections have brought smiles to the faces of thousands the country over and beyond. The casual chatter emitted by these artists while they produced their sketches was most amusing.

The last number on the program was a game which suggested, in a way, the old parlor game of musical chairs. Each cartoonist stood before a blank sheet of paper. While Mr. Edward played the piano, each man started to sketch. When the piano stopped abruptly, the men swapped places, and so it went until each had contributed a part of each sketch. The results were amazing, to say the least.

It was a rare opportunity for the patients of M.G.H. to watch these men perform within such close range.

The Board of Trustees, at their meetings on February 20 and March 5, voted:

To continue Dr. Arthur W. Allen temporarily as Chief of the East Surgical Service, pending the recommendation of the General Executive Committee on the organization of the Surgical Service.

To appoint:

Dr. Glenn E. Behringer as Third Assistant Resident in Surgery, beginning February 15;
Dr. Lester J. Bienvenu as Junior Resident in Dermatology, beginning July 1;
Dr. James O. Elam as Assistant Resident in Anesthesia for a period of two years, beginning January 1, 1949;
Dr. Robert M. Green as Consultant in Anatomy;
Dr. Roy W. Leeper as First Assistant Resident in Dermatology, beginning July 1;
Dr. William R. Richardson as Third Assistant Resident in Surgery, beginning March 1;
Dr. Blair van H. Thatcher as Third Assistant Resident in Surgery, beginning March 1;
Dr. Earle W. Wilkins, Jr. as Third Assistant Resident in Surgery, beginning March 15;
Dr. Henry J. Zukowski as Assistant Anesthetist for six months, beginning July 1.

At their meetings on February 11 and 18, and March 3 and 10, the General Executive Committee voted to promote:

Dr. George L. Nardi to the position of First Assistant Resident in Surgery, as of March 1;
Dr. Jesse E. Thompson to the position of First Assistant Resident in Surgery, as of March 1.

To appoint:

Dr. Alfred Campo as Graduate Student Assistant in Surgery;
Dr. Charles D. Cook as Clinical Fellow on the Children's Medical Service for the period ending July 1, when he will become Assistant Resident on that Service;
Dr. Charles G. DeMuylder as Graduate Student Assistant in Surgery;
Dr. John M. Erskine as Clinical Fellow in Surgery, beginning March 8;
Dr. Vilem Kilian as Research Fellow in Surgery, effective as of March 1;
Dr. James R. Lyman as Clinical Assistant in Medicine, assigned to the Allergy Clinic;
Dr. Charles G. Mixter, Jr. as Clinical Assistant in Surgery;
Dr. Alfonso Ocampo as Graduate Student Assistant in Surgery;
Dr. Thomas L. Shipman as Clinical Assistant in Medicine;
Dr. William A. Tillmann as Clinical Fellow in Psychiatry for one year, beginning July 1.

♣ ♣ ♣

New addresses:—

Dr. Richard W. Greene (*M* 1945), 92 Marion St., Brookline, Mass.
Dr. Lorand V. Johnson (*Oph.* 1937), 10515 Carnegie Ave., Cleveland, Ohio.
Dr. Herbert C. Moffitt, Jr. (*EM* 1942), 2116 Baker St., San Francisco 15, Cal.
Dr. P. N. Papas (*a. in U* 1937-47), 199 St. Paul St., Brookline, Mass.
Dr. Harley C. Shands (*a, in Psychi.*), 32 Agassiz St., Cambridge, Mass.
Dr. Clarke Staples (*gr. asst. S* 1942), 543 Highland Ave., Malden, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary for the past 120 years has been taking care of the eyesight and hearing of thousands of men, women, and children from all over New England. This month, for the first time in its history, the Infirmary is asking for community help in raising $500,000 to modernize its operating suites and to build an additional floor on the present building that will not only add beds but also make a more efficient hospital unit.

The Emergency Building Fund Committee consists of: Frederic Winthrop, Chairman, Henry Porter, Edmund V. Keville; Ladies' Visiting Committee: Mrs. Sullivan A. Sargent, Mrs. Leslie Soule; Doctors' Committees: Alumni—Dr. Robert L. Goodale; Ophthalmology Staff—Dr. Edwin B. Dunphy; Oto-Laryngology Staff—Dr. LeRoy A. Schall; Special Gifts—William A. Parker; Trusts and Foundations — Edmund Keville; Business and Corporations—Henry Porter.

At a meeting of the Infirmary's Board of Surgeons in Ophthalmology, it was voted to reinstate the appointment known as "Graduate Assistant in the Out-Patient Department", these volunteer appointments to be made on an annual basis. Following the vote, Dr. D. Robert Alpert and Dr. Irving L. Pavlo were appointed Graduate Assistants in the Eye Out-Patient Department.

Dr. James A. Moore (*Oto-Lar.* 1940) has been appointed Professor of the Department of Oto-Laryngology at Columbia University. Dr. Moore had previously held the position of Associate Professor while taking the course at the Lempert Institute.

Dr. Maurice Sherman, who recently completed the course for Graduates in Oto-Laryngology at the Harvard Medical School, began his residency in Oto-Laryngology the beginning of March.

Two surgeons from London, England — Mr. W. A. Mill from Saint Thomas' Hospital and Mr. F. C. W. Capps of Saint Bartholomew's Hospital—recently spent some time here observing techniques in our operating rooms and clinics.

Miss Ruth Sleeper, Director of the School of Nursing and Nursing Service, spent the week of March 1st in Chicago, participating in an institute on nursing education conducted by the American Hospital Association and the National League of Nursing Education.

A new program especially for staff nurses has been announced by Miss Edna S. Lepper, Assistant Director in charge of Nursing Service. While its primary purpose is to orient the nurse who is new to the hospital, a number of the meetings will concern matters of general interest and will be attended by all staff nurses. Topics that will be covered in the program include: hospital and school history, hospital organization, the counseling programs for students and graduates, the ward teaching program, research at the hospital, the nurse's role in research, the nurse-patient relationship, and psychiatric nursing.

The Medical Clinic at McLean is a small but busy unit that serves the personnel of the hospital much as the general practitioner supplies the needs of his community. Indeed, the problems presented have a similar diversity and range, from the present influx of early spring colds to more serious medical problems. During the course of the past year, some 650 patients have been seen during clinic hours; of these 91 required hospitalization for observation and treatment.

The facilities provided include a well-equipped consultation and examining room, staffed by a physician and two nurses. An observation ward provides five to seven hospital beds in private or semi-private rooms for the care of bed cases. The services of our laboratory technician are available for the routine examination of specimens, hematology, serology, and some blood chemistry. For the more specialized laboratory tests, advantage is taken of the services of the Massachusetts General Hospital laboratories. X-ray examinations, EKG, and basal metabolism tests are done here. Incidentally, we have just recently installed new X-ray equipment, including a fluoroscopy unit. Our pharmacy dispenses all medications. The physiotherapy departments are accessible when hydrotherapy, diathermy, massage, etc. are indicated.

A close liaison exists with the Staff Clinic at the Massachusetts General Hospital. Surgical problems, most often accident cases, are given emergency treatment here, then transferred through the Staff Clinic to surgery, so that the patient may have the advantage of the skill of trained surgeons. Hand injuries involving nerve or tendon lesions, dislocations and fractures, have been handled in this way. Referrals are frequently made through the Staff Clinic to the various specialty divisions of the O.P.D.

whenever consultation or special treatment is indicated.

As I have said, we see in the main the typical problems that present themselves in the office of the general practitioner: seasonal variations in small epidemics of upper respiratory disease and gastro-intestinal disturbances, allergies, skin disease, industrial accidents. Then there are the long-term management and follow-up cases of cardiovascular disease, diabetes, anemias. Interesting diagnostic problems not infrequently present themselves. In these, as in all medical emergencies, we are fortunate in having our medical consultant constantly available.

Another function of the clinic lies in the field of preventive medicine. Admission and annual physical examinations and laboratory work-ups are given to the incoming nursing classes and to all new employees. Inoculations against communicable diseases are given. There is the usual amount of paper work in maintaining the health record files and in filling out industrial accident and compensation reports.

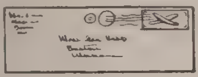
Monotonous? No. The clinic provides the same "human interest" that the doctor of the old school was privileged to enjoy. The chef comes for "some medicine for his lumbago" and stays to discuss the politics of the kitchen; an affiliate returns for her "check-up" and has interesting comments upon her experiences here; a secretary fortunate enough to spend a winter vacation at the Olympic Games stops by for a chat and a smallpox inoculation.

So far, however, the Psychiatric Service is one step ahead. . . . . . We have not had a baby!

Marie Lorenz, M.D.,
Clinic Physician

A recent gift to the Archives Department:—

From Mrs. Samuel Mixter—Dr. Oliver Wendell Holmes's engraved calling card, with his name and the date April 3d, 1894, written by him on the reverse side; also, a stamped envelope addressed to himself by Dr. Holmes.



Dr. Logan H. Roots (*WS* 1933) is back in China, on the staff at the Church General Hospital, Wuchang 1, Hupeh. Dr. Daland has passed on to us this interesting letter he received from Dr. and Mrs. Roots. The letter was written by Mrs. Roots, and gives us a first-hand account of life as it is lived today in China.

Ten years ago the terrible war that caused so much misery and confusion came to China. And ten years have passed since we have lived as a family in Wuchang, where Logan and I began our combined career. The war sent us wandering, too, as you know, and separated us for over two years. Now, back in the old city on the Yangtze, we are starting over, alongside the Chinese people who have really suffered.

We sailed from San Francisco on March 7, on the former Army transport *Marine Adder*, and arrived in Hongkong on March 26. Out of Boston's midwinter into California's early spring, a hot day in Honolulu, and then pleasantly warm weather in Hongkong and Canton — both cities of the tropics. By mid-April, we felt we had already had two months of spring. Then we had two more, and liked it.

We came dormitory style on the ship, with table service, which was better than the previous travelers on the *Lynx* had had. But we, too, felt crowded and had to hunt for a quiet corner and a way to keep clean. One reads of the American liners now under construction, soon to replace these limping transports, and hopes rise again for the next time of transit.

We found old friends in Hongkong and, having to wait two weeks for train service, we enjoyed the sights and the people and had a lovely Easter there. Finally, we found a way to go to Canton by coastal steamer. It was a pleasant, eight-hour trip, with delightful scenery. In Canton, we had to wait three days, so we took advantage of the time and visited both the great Hackett Medical School and the Lingnan University, of which we had heard so much. Living in the New Asia Hotel was a strange experience, for it is a mixture of old and new China, and is hardly satisfying on either side. The train trip from Canton to Wuchang was a treat in scenic beauty. Our car was divided into compartments, which gave us considerable privacy. And we were supplied with pots of hot tea and little cups, and basins of hot water for washing. No water faucets nor dressing rooms, but our real needs were supplied. Our needs and our wants require a clear dividing line these days. We ate plain Chinese food at crude tables by open windows, with soldiers for companions.

Our train arrived after midnight, and good friends were waiting for us at the East Gate Station. Both Chinese and foreign — they had waited a long time, for the train was late. We were so grateful to them, for with children and baggage to manage in the small hours of the morning (we were three families together), outside a Chinese city — well, one just is glad for friendly help. It was still and starlight, and my ricksha coolie talked to me part of the way. He told me how the war had spoiled the city, and how poor the people were now. At last we drew up in front of the big front gate of the hospital. We were at home! I walked through the compound as in a dream to the house prepared for us. When we had left, in 1937, our daughters were two and three years old. Now they were eleven and thirteen, and we were bringing our seven-year-old son here for the first time. Our hearts were indeed warmed by the great kindness of our American nurse and other hospital friends who had helped to clean the house and arrange it with the first necessities. Furniture and utensils were all gone, but they had brought in beds, a dining table and chairs, and several odd pieces of furniture from the hospital to tide us over. And our dear friend and cook, Chang Chia-tsai, who had been with us through the war years in the far west, had come back to us and had done many things with little to do with. The windows and floors were clean, and enough supplies in the kitchen so we could have breakfast the next morning. Hot water was ready for our baths. And our good amah, who then lived across the river in Hankow, had come over and had made up our beds just the way we liked them. She also rejoined our home, to our great joy. We have been greatly blessed in these two servants. They are loyal, Christian friends, capable, quick, and intelligent, always ready to tide us over the rough places and to help us understand their customs and people. When we were all together again, they said contentedly, "Now we are one family." We are quite sure that it is right relationships with the people with whom we live that make life worth living, especially those we know best.

It was about three weeks before our first freight came, but there was much to be done with the trunks we already had. Everything had to be unpacked, sorted, and repacked, for we had to wait for chests of drawers and other storage facilities. Warm weather had come and we needed summer clothing. The children's teachers had given them a few schoolbooks to finish the term; so, as soon as we were in working order, we started a morning session of school, sitting round the dining room table. It was not easy to pick up the threads of many subjects for three different grades and try to teach them under this new environment. Besides, there were many interruptions. We were newcomers and must be welcomed and called on, which of course we appreciated.

Logan was much needed in the hospital. The main building was badly looted, its roofs leaked, and it could not yet be used. It had not been bombed, but it had been occupied by Japanese troops and was completely stripped. However, through the church's rehabilitation funds, new beds and supplies had been sent to us. These were being partly used in a smaller hospital building, formerly a nurses' home, which had been cleverly transformed by Miss Reiley and her Chinese assistants. There is a small operating room, a delivery room, men's and women's wards, and offices — an 80-bed hospital. When the main building can be used, there could be a 200-bed institution again. When we arrived, there was only one full-time Chinese doctor, with 30-odd beds, loyally holding things together, and outside doctors coming in for clinic hours. Logan has been working through these six months, trying to find an adequate staff. This is a tedious and difficult task. During the war, our Chinese superintendent went into private practice and he finds it too good a thing to leave. Younger men are looking for places with coast city hospitals or government hospitals, where there is a larger salary and better equipment. But we feel sure that if our standards are high and equipment good, we shall eventually find just the right men for the mission hospitals, even with less material attraction.

The nursing problem is a large one, too. During the war, the nursing school was broken up, and there are many difficulties about restarting one. We are getting along with about a dozen faithful, older graduates and midwives, and a small group of very young nurses' aides. But this is only a transition period and gives us something more to work for. Meanwhile, under the care of our small staff, lovely, black-haired babies are being born, successful operations done, broken bones repaired, and medicines old and new administered. Eye diseases and cataracts are treated. Our out-patient department has been recovered from its temporary occupants, who were very reluctant to depart, is now repaired, and is in heavy, day-long use. Rejuvenating the main building is now started in earnest.

The summer months were very pleasant, in some ways, but they went slowly for me. June was a relatively cool, wet month. At the time of the Dragon Boat Festival in late June, it was decided that I should take the family, with our cook and amah, to the old family cottage in Kuling. During the great heat of July and August, foreign children just exist if they are not taken to the hills. It seems that the sun came extra close to several countries last summer, including the U.S.A. The last two weeks in July and three weeks of August were intense, with no break day or night. I was very thankful that our children were so well and active and happy there in the mountains. But Logan and several others of our workers stayed in the valley through the whole summer. It was very hard, for prickly heat tormented and sleep was not good. Then, to top it off, Logan had an accident just at the beginning of the August heat spell. He slipped and fell hard, break-

(White Star Illustrated Photo Service, Inc., Boston)

No. 9 in a series of Staff photographs
Dr. Edward D. Churchill — Chief of West Surgical Service

ing six ribs and puncturing his left lung. The pain was so severe he could not lie down for a week, and sleep and appetite were poor. I was distressed, but could do nothing to help except write letters. He gradually grew better, and the first of September he suddenly arrived in Kuling, having flown from Hankow to Kiukiang that same afternoon. We had five wonderful days together.

I studied Chinese for two months in Kuling, for I had forgotten so much during the years in America. Now it goes much better, but this blooming language will always be full of thorns for me! It helps to keep me humble, I suppose, but I like to imagine how much more useful I might be if I could really indulge in free speech. I'll keep on trying.

Kuling, after ten years away, seemed much the same with its glorious hills, trees, brooks, and waterfalls. The houses are mostly in bad condition, and many completely in ruins. Our cottage, passed on to us by Logan's parents, needed many repairs and some furniture, but the roof was still on. Hundreds of refugees, as well as the Japanese, are said to have lived there. Paint is badly needed. But an old friend, who lives in Kuling all the time, put men to work last spring and made the house livable. We had all we needed for health and comfort, and we are grateful.

On September 6, we closed up the cottage and started for Wuchang. It was a bright, warm day, and all of us but small Logan and the amah walked the six miles down the mountain trail. We fortunately found passage on a good boat for Hankow and arrived the next morning. The weather turned very cool in the night and remained so for several days. That was a special blessing, for we had twenty-two boxes of freight to unpack, sort, and place. That was our second shipment which had started from Boston in January and reached us in July. It had been sitting in Shanghai since March. Others have had to wait longer than that for freight, so we are not complaining. The children helped in many ways, and it was really a family lark, finding things we had been needing. The servants were specially glad for the new kitchen utensils and a few modern conveniences. In America we accept casually the hundreds of things that make work easier, but here we learn to appreciate every small item. However, it gave me a great surprise when I handed the servants a good broom, thinking they would be glad not to have to stoop to the three-foot kind which they buy here. The amah prefers the short one, and says the tall one is too slow! She is happy with a good American washboard and galvanized tin tub and lightweight pails, however. I doubt if she would like an electric washer. Well, we have scrubbed and painted and varnished, made and hung curtains, and generally made the house look and feel like home. We have a guest room ready for use — a real boon out here.

The schoolroom is our pride and joy. It is a small, pleasant, downstairs room with good lighting. We brought out three used school desks for the children, and I bought mine here. Our little Estey organ is an asset for school music. The new books are most attractive. We are using the Winnetka Extension course and all of us are finding it very interesting and satisfactory. We opened school on September 29 with four pupils — our three and Peggy Van Sant. She is a lovely little girl whose parents teach in the Central China University and at St. Hilda's Middle School. Peggy is eight years old and in third grade, so she fits perfectly with Logan. They enjoy each other, and it will be good for them both. Loretta is in first year junior high and Eleanor in second. Not many pupils, but a full course. We have school all morning and for about an hour in the afternoon. Two of the University teachers have arranged to give the children music lessons, and they are all studying Chinese. Little time left for mischief for either pupils or teachers!

You have heard of the galloping inflation in China. When we came in the spring, it was $12,000 to one American dollar. Now it is about five times that. You can imagine how you would feel paying $1,000 for one egg. That part of our breakfast costs $6,000. But you will be relieved as soon as you do a little arithmetic, just as we are. It is very hard on the people, and so confusing. Martial law goes on and off, but there seems no real danger here. We still say there is a great future for this wonderful country.

Dr. Terry E. Lilly, Jr. (*ES* 1943), who has been Assistant Resident at the Massachusetts Memorial Hospitals since last July, sends this future new address. He writes:

Please continue making my pleasant monthly visits to the General possible by renewing my subscription to The News.

After July 1, my address will be Memorial Hospital, Center for Treatment of Cancer and Allied Diseases, New York, N. Y.

Dr. James Keeley (*NS* 1937) brings his record up to date and gives us much information in few words. He writes, from Mayo Clinic, Rochester, Minnesota:

I hasten to comply with your impassioned appeal for news.

Continuing my Fellowship in Surgery on the Mayo Foundation. Now in my last six months in Rochester as first assistant to C. W. Mayo who is a grand person and an excellent surgeon.

Married in June 1946 to Mary Hart Cooke of Poughkeepsie and Vassar College. Son James born 9 January 1948. Mother and baby doing very well.

Part I, America Board of Surgery is behind me and I am hoping to complete the examinations in another year. Will receive M.S. in surgery from University of Minnesota this June.

After a summer vacation, expect to practise surgery in Poughkeepsie, New York. Home address: 103 South Hamilton Street.

Although I have been separated from the Army, I have just been notified I have been awarded a Bronze Star.

Dr. Edwin C. Albright (*WM* 1942) is one of those who have thoughtfully kept us informed of their whereabouts, and we appreciate it. This note from him arrived recently, from 3901 Euclid Avenue, Madison 5, Wisconsin.

Please renew my subscription to The News and accept this latest progress note.

I expect to finish a residency in medicine and commence an instructorship in the Department of Medicine, University of Wisconsin Medical School, in July of this year.

Our family was increased by the arrival of a second son, David Robins, on August 6, 1947.

Thank you for The News — the most enjoyable contact with the M.G.H. and its alumni.

THE NEWS

No. 68 Boston, Mass. May 1948

MASSACHUSETTS EYE & EAR INFIRMARY EAR, NOSE AND THROAT CLINIC

The story of the Ear, Nose and Throat Clinic of the Massachusetts Eye and Ear Infirmary is that of the development of Otology and of Laryngology as specialties.

From general medicine and surgery, diseases of the eye were the first to emerge as a specialty, followed by diseases of the ear, and later by those of the nose and throat. Stimulated by their study abroad, and modeled after similar and older institutions in Vienna and London, Drs. Edward Reynolds and John Jeffries, early in 1824, started a clinic in a small room in the Scollay Building, situated in what is now the center of Scollay Square. The clinic was an instant success, and its history has been one of a constant search for larger and better facilities.

The original "Boston Eye Infirmary" was incorporated in 1827 as "The Massachusetts Charitable Eye and Ear Infirmary", thus making it the second oldest institution of its kind in America. In 1924, the name was changed to "The Massachusetts Eye and Ear Infirmary"; the present building, built in 1899, is its sixth home.

Here, in close proximity to the Massachusetts General Hospital, it is natural that the two independent institutions, with their own board of lay managers and their separate finances, should work in close harmony and cooperation in the care of their patients. The members of the staff of the one institution are, by courtesy, staff members of the other institution. The Ear Clinic of the Infirmary takes care of the ear patients of the General Hospital.

Laryngology received its first recognition as a specialty in 1866, when Dr. H. K. Oliver, one of the Visiting Physicians of the Massachusetts General Hospital, received an appointment at the Harvard Medical School as a lecturer in "Consultation, Percussion and Laryngology". He was succeeded in 1872 by Dr. F. I. Knight as Lecturer in Laryngology, and a special Laryngological Clinic was established in the Amphitheatre Building. This was the first clinic of its kind in New England.

In 1922, the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a Department of the Infirmary. Since 1925, the surgeons of the Aural and Laryngological Departments united into one group as Oto-Laryngologists. On January 1, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the Infirmary. At the same time, the Out-Patient Department of the Infirmary and the Massachusetts General Hospital were housed together in the new Out-Patient Building, erected on Fruit Street on land owned by the two institutions.

The final unification of the two clinics —Otology and Laryngology—was accomplished in 1947, when a remodeling of the space occupied by the Nose and Throat Clinic provided improved quarters for the combined clinics.

The Ear, Nose and Throat Clinic now consists of eight rooms, with a central sterilizing room and a central dark room. Each room has running water, X-ray view box, compressed air and suction, and equipment for a thorough examination of the patient.

The patients are seen by appointment and the physician is no longer the unknown factor. His name now appears on his booth, resulting in improved physician-patient relationship.

That the Ear, Nose and Throat Clinic is busy is shown by:

No. of new patients (1947)	3,711
No. of visits (1947)	28,392
Total of visits	32,103

In addition to the care of patients, the clinic is active in both under- and post-graduate teaching. Since 1899, all teaching in Oto-Laryngology of the Harvard Medical School has been done at the Infirmary. Classrooms for the teaching of undergraduates are a part of the Out-Patient Clinic, where patients may be utilized for instruction of the future doctors.

In 1940, a special clinic for the deaf was organized as part of the Out-Patient Department. This clinic is partly for research into the causes of deafness and partly for rehabilitation of the deaf. Here, too, are held special classes in lip reading, speech correction, hearing aid fitting, and hearing aid instruction.

For the past year, the Out-Patient Ear, Nose and Throat Clinic has provided a classroom for the rehabilitation of the laryngectomized patient by the development of speech without a larynx.

LeRoy A. Schall, M.D.,
Chief, Oto-Laryngological Department

* * *

Dr. Fritz Lipmann, our Research Chemist, has been given the Mead Johnson and Company award for Research on the Vitamin B Complex. This was done on recommendation of the American Institute of Nutrition at Atlantic City, on March 16. A cash prize of $1,000 was included.

Dr. W. Franklin Wood, Director of McLean Hospital, has been appointed President of the Massachusetts Hospital Association.

Dr. Albert G. Englebach, past Assistant Director at M.G.H. and now Director of Mount Auburn Hospital in Cambridge, Massachusetts, has been appointed President of the New England Hospital Assembly.

* * *

During the months of April and May, the Medical Art Department and the Photographic Laboratory is presenting a serial pictorial story of the activities of their respective departments. The purpose of the exhibit is to assist the members of the hospital by giving information on the techniques in Medical and Photographic Art, together with cost of engraving and types of paper used in reproduction. Other departments have, from time to time, used the lighted exhibition boxes for their exhibits. We hope those who have not yet availed themselves of this opportunity will do so.

It was with an ulterior motive in mind that we planned this recent exhibit. The existing exhibition boxes have been found inadequate for the mass of material, suitable for exhibition purposes, this hospital possesses. The four boxes we now have were donated by the Ladies' Visiting Committee and Dr. Arthur W. Allen. We would welcome donations to place additional exhibition boxes in the Brick Corridor, as that is an ideal place for exhibits. Spring will bring a number of conventions to M.G.H., with interesting material which will never be seen unless we have more adequate facilities for displays.

Donations may be sent to the Medical Art Department.

* * *

On April 5, our outgoing local telephone calls began to be handled differently by our telephone operators. In case you may not know about the new procedure, here is a paragraph from a notice sent recently round the hospital:

"The new procedure will be to dial the operator, identify yourself, and then give the name of the exchange you wish to call: i.e., 'Hancock'. The operator will then connect you with an outside dial tone and you will dial the number yourself. Dial only two letters and five numbers, such as 'HA 6-5493'."

Notices explaining in greater detail the change in telephone procedure are posted on bulletin boards outside our hospital post office, at the foot of Treadwell stairs, and elsewhere.

THE HYPERTENSION CLINIC

In 1928 and the years following, the Hypertension Clinic appeared gradually and unofficially in the medical Out-Patient Department, in response to a special interest. This was an effort to assay the effectiveness of various drugs and diets in essential hypertension. To do this it was necessary to have a number of patients, in whom the previous course of the blood pressure was recorded, followed for a long time. During the early thirties such a group was being followed by studies of the symptoms, the course of the disease, the organic changes, and the effectiveness of therapeutic procedures. Soon, patients were being referred for evaluation and follow-up from other clinics in the hospital. Various members of the staff were associated with this work. Two were Dr. Ashton Graybiel, now Director of a research laboratory in aviation medicine for the Navy, and Dr. Edward G. Thorp, now Chief of the Medical Service of the Malden Hospital. Also, we had an occasional foreign colleague from the cardiac laboratory—one of whom was Dr. Alberto C. Taquini of Buenos Aires, a member of the International Council of Cardiology.

Eventually, the group of patients was sufficiently large to require a special day and a clinic secretary. The latter position was first held by Edith M. Palmer, a graduate of the MGH School of Nursing in 1928. The group was well organized by 1934-1935 when Goldblatt's work renewed interest in the renal factor of hypertension and when the possibilities of surgical relief of hypertension were being explored. An investigation of the renal etiology of hypertension was undertaken by Drs. Richard Chute and Neil L. Crone. Soon, Dr. Dera Kinsey, now at the Massachusetts Memorial Hospitals, and Dr. Watson F. Rogers, a Graduate Assistant at the hospital, joined the clinic. Miss Olive L. Dingle, later famous for "dingelizing" or doing posture and cold tests, now at the Massachusetts Memorial, was then engaged in statistical studies. Dr. Reginald H. Smithwick, now Professor of Surgery at Boston University, was the surgical colleague. Various surgical procedures for relief of hypertension were employed by him before the dorsolumbar splanchnicectomy technique was devised. A major concern was the selection of patients for surgery and evaluation of the results, but at the same time a large number of patients were followed, different ones treated by diet, by drugs, and by psychotherapy.

During the war, residents in cardiology and graduate students from that department, together with Dr. Kinsey and Dr. Dorothea G. Loofbourow, carried on the work which became largely a follow-up of the surgically treated patients. Since the war, the medical treatment of hypertension by drugs, by various diets, and by psychotherapy is again being stressed, along with our continued interest in the surgical treatment. The clinic, together with the group in the hypertension research laboratory and the cardiac laboratory and the hospital's committee on research diseases of the autonomic nervous system, is attacking hypertension—one of medicine's major unsolved problems—on many sectors, bringing to bear the knowledge, experience, and techniques from many of the hospitals' clinics and laboratories.

Mrs. J. W. M. Bunker has recently resigned as secretary, after managing the paper work during the war. Mrs. George Whitney and Mrs. Augustus H. Vogel are now in charge. Dr. Loofbourow and Dr. James H. Currens are making a special study of the rice diet. Dr. John T. Quinby is a regular member of the clinic. Dr. Fred Alexander and Dr. Stewart Cooper from the hypertension research laboratory, Dr. Oglesby Paul and Dr. E. A. Stewart Reid from the cardiac laboratory are interested in the surgical follow-ups, the teaching and dietary problems respectively. Dr. Henry H. W. Miles and Dr. Jacob E. Finesinger are working on psychiatric aspects. Most important of all in the clinic, from the beginning, have been the many good and loyal friends who are our patients. Each year there are some we see no more. But happily there are many who continue with us and remain well, which teaches us that high blood pressure often may be compatible with many years of useful life. It is our endeavor to find the means of steadily increasing this portion of our clinic.

Robert S. Palmer, M.D.,
Chief, Hypertension Clinic

* * *

An Anemia Clinic has been established in the Out-Patient Department, as another section of the Medical Clinic. It is designed to handle cases of blood dyscrasias other than lymphoma and leukemia. Dr. Bernard M. Jacobson is heading up this clinic.

The Anemia Clinic is held every Friday afternoon between 1 and 4 P.M. Appointments may be made by calling the Massachusetts General Hospital, Extension 235.

* * *

The Printing Department has recently installed machinery for a new process of duplicating. It is best used in place of the mimeograph and hectograph and usually produces copy which gives a better appearance, at the same or lower cost. The service of the shop also includes the preparation of the master from the material submitted.

The service is available not only for hospital business, but for other activities associated with the work of the hospital. Mr. F. E. Selleck, the Head Printer, Extension 898, will be glad to show samples of the work and discuss arrangements for having it done.

J. S. L.

* * *

The announcement of the meeting of the Massachusetts General Hospital Research Council on April 8 gave the following program:

"Electrical stimulation of the orbital surface of the frontal lobe and frontal lobotomy in man: their effect on blood pressure and respiration", Drs. William P. Chapman, Robert B. Livingston, and Kenneth Livingston.

"Clinical and laboratory studies on beryllium toxicology", Drs. Robert S. Grier, Peter H. Nash, and David G. Freiman.

* * *

Because so few, comparatively, could see Barbara Wilensky's recent gift to the hospital of a money bouquet, we had a photograph made for The News. The corsage was arranged within a cellophane box, attractively tied with ribbon.

Barbara has been a patient in Phillips House for over a year. Not long ago, Dr. Bauer received this note from her, along with the bouquet:

> On my thirteenth birthday I received one hundred eleven dollars and two cents as gifts. I would like to give it to you to use in your arthritic fund.

The hospital is deeply appreciative of this generous contribution from one of its youngest benefactors.

Barbara Wilensky's gift to M.G.H.

* * *

ROSINA VANCE

Many readers would wish to be informed of the death of Miss Rosina Vance. She made a host of friends here as Chief Dietitian from 1926 to 1929 and in 1930 to 1932 when she returned at the time the Baker Memorial was opened, to organize and direct that dietary unit.

Miss Vance had trained in dietetics at the Presbyterian Hospital in New York and later returned to the staff there. She was on the staff at Mt. Sinai in New York, after working in Puerto Rico. She came to Massachusetts General from the Peter Bent Brigham Hospital, and left us to go to the New England Deaconess Hospital. For the last two and a half years she had been at the Baptist Hospital in Winston-Salem, North Carolina—her home.

M. D. F.

The resignation in March of Miss Shirley Wells (B.S., Iowa State College; M.S., University of Iowa), who for the last fifteen years has been the dietitian in charge of the Research Ward 4, is one which we accept only with great regret.

To the work of this ward, which in effect is a scientific laboratory, she has brought great skill and devotion. The dietitian in this enterprise is of primary importance because experimental diets must be made up with mathematical exactness. There was never any doubt in the performance of balance studies that what entered the body of the patient being studied had been measured with scientific accuracy. That was Miss Wells's contribution to many years of important research by such investigators as Albright, Aub, Bauer, Butler, Jones, Lerman, Rawson, and others. She, also, by her endless kindliness and good nature, raised the morale of the ward and made the lives of its patients happier.

Beyond Ward 4, too, Miss Floyd assures us, Miss Wells's counsel was sought on all sorts of problems in the whole Dietary Department. Her scientific knowledge was much respected.

Her services to the M.G.H. have been of great value and significance. We shall miss her, both for her work and for herself. In whatever lies ahead for her, either in her home state of Iowa or elsewhere, we wish her every success and happiness.

J. H. M.

The Board of Trustees, at their meetings on March 19 and 26, and April 2, voted:

That, in the future, the General Surgical Services shall be headed by one Chief and that Dr. Edward D. Churchill be appointed to this position;

To accept the resignation of Dr. Arthur W. Allen as Chief of the East Surgical Service with great regret and to ask the Secretary to express to him the gratitude and appreciation of the Board for his devoted services to the Hospital;

To accept with regret the resignation of Dr. Rulon W. Rawson from the position of Associate Physician, to be effective July 1;

To promote Dr. Edgar B. Phillips, II, to the position of Assistant Resident on the Children's Medical Service for one year, beginning October 1;

To grant leave of absence to Dr. Oliver Cope from March 12 to July 1, so that he may go to Switzerland on invitation of the Swiss universities to lecture on surgical subjects.

To appoint:

Robley Evans, Ph.D. and John G. Trump, D.Sc. of Massachusetts Institute of Technology as Consultants in Physics;

Dr. Loren G. MacKinney as Assistant Resident on the Children's Medical Service, from April 1 to August 31;

Dr. Thomas J. Quinn, Jr. as Assistant Resident in Anesthesia for two years, beginning August 1.

At their meetings on March 24 and 31, and April 7, the General Executive Committee voted to appoint:

Dr. John R. Brooks as Clinical and Research Fellow in Surgery;

Dr. Ernest Craige as Clinical and Research Fellow in Medicine for the period July 1, 1949 to July 1, 1950;

Dr. Thomas L. DeLorme, Jr. as Clinical and Research Fellow in Physical Medicine;

Dr. Chester W. Fairlie, Jr. as Clinical Fellow in Medicine, effective as of January 1, 1948;

Dr. Joseph E. Giansiracusa as Research Fellow in Medicine;

Dr. John W. Hurst as Research Fellow in Medicine for the period July 1, 1948 to July 1, 1949;

Dr. Addison L. Messer as Clinical Fellow in Medicine for the period July 1, 1948 to July 1, 1949;

Dr. Vincent P. Perlo as Clinical Fellow in Neurology for one year, beginning July 1;

Dr. Royal S. Schaaf as Clinical Fellow in Medicine for the period January 1, 1949 to January 1, 1950;

Dr. Carlyle F. Stout as Clinical Fellow in Medicine;

Dr. Consuelo A. Taguiri as Clinical Fellow in Psychiatry.

Interest in nursing as a career is showing a definite increase. During the month of April, the School of Nursing has sponsored a number of activities to meet this interest. On April 2, 3, and 10, groups of high school students were guests of the School for programs which gave them further information about nursing and offered an opportunity to tour the hospital under the direction of student guides. Recently, too, Miss Jessie Stewart, Assistant Director of the School, has filled a number of speaking engagements at high schools where good-sized groups registered an interest in nursing.

Several graduate nurses from other countries are currently with us, to study modern methods of nursing and nursing education. They are Miss Tuygill, from Turkey; Miss Velasquez and Miss Manipon, both from the Philippine Republic; and Miss Price, from England.

Plans are now under way for a special celebration, on June 11, 12, and 13, of the seventy-fifth anniversary of the School of Nursing.

The new program for staff nurses, mentioned in last month's NEWS, has been augmented by the establishment of orientation tours for new graduates from other schools, designed to acquaint them with all the activities and facilities of this hospital.

Miss Elizabeth Grogan is the new Assistant Supervisor in Pediatrics. Before coming here, she had recently completed the clinical course in pediatrics at Boston University.

New addresses:—

Dr. H. Thomas Ballantine, Jr. (*WS* 1939), 15 Common St., Dedham, Mass.

Dr. Robert A. Broome, Jr. (*M* 1944), Box 3122, Duke Hospital, Durham, N.C.

Dr. Charles B. Fowler (*Or.* 1929), 10 Cooper St., Santa Cruz, Cal.

Dr. Henry S. Fuller (*WM* 1943), Bowman Gray School of Medicine, Winston-Salem 7, N.C.

Dr. John P. Gens (*r.s. U* 1943), West Road, New Canaan, Conn.

Dr. Leonard T. Kurland (*gr. asst.* 1947), Harvard School of Public Health, Boston 15, Mass.

Dr. Edita Sternova Sporer (*An.* 1942), 125 East 19th St., Brooklyn, N. Y.

Dr. Edward L. Young, 1180 Beacon St., Brookline 46, Mass.

MASSACHUSETTS GENERAL HOSPITAL BLOOD BANK

In the past two years the Blood Bank has made every effort to enlarge its yearly financial contribution to the General Fund because of the hospital's indebtedness. The largest single item of expenditure in 1947 was $47,600 for professional donors. Reduction of the size of this sum would be of material benefit. We do not feel that the complete elimination of the purchase of blood is wise, because it is extremely useful to be able to buy blood to cover a group in which we are low or to buy universal donor blood to have on hand for emergencies. However, if many of the people who now pay for blood could send in voluntary donors in an excess of our need our expenditures could be materially reduced. To effect this reduction, late in 1946 we took on a secretary who would make contacts with relatives and friends of patients to bring them in to donate blood. As a result of her efforts, in the General Hospital the excess of bloods donated for patients over those withdrawn rose from 2% in 1946 to 10% in 1947. This meant that although we paid $150 more for professional donors in 1947 than in 1946, because of an increased use of blood in 1947, the percentage of bloods used that were purchased fell from 25.3% to 22.2% — an encouraging fall. Thanks to the efforts of Miss Dunn and her assistants, in the Phillips House the number of donors rose from 22% of bloods used in 1946 to 27% in 1947. In the Baker, despite all our efforts, it fell from 57% to 53%.

In October 1947 the laboratory fee for the setting up, cross-matching, etc. of each blood (which is separate from the $25 blood replacement fee that we charge a patient for a blood and in turn pay each professional donor) was raised to a level that is consistent with what is charged by other hospitals. At the same time, to ease the financial burden on the patient, we adopted a policy of allowing cancellation of this fee if an extra donor were supplied. A brochure describing the system of charges and replacements is now given each patient on arrival. However, these measures are not enough. We need the efforts of each member of the visiting staff to help increase donations. When the bank was opened and throughout the war, the visiting staff made this effort by interviewing the patient or his family. Now, we will assume the burden of getting in the donors if the visiting staff or their residents will tell the floor secretary or nurse in charge, preferably well in advance, how many bloods you feel the patient will need, so they can tell us and we will consult the patient's family. Any effort the visiting staff can make in speaking to the family will be a great help, but we appreciate the difficulties of doing this in many instances, and any effort made will have to be a sustained one in order to be effective.

Any suggestions the staff may have will be greatly appreciated.

Lamar Soutter, M.D.,
Blood Bank Director

MASSACHUSETTS EYE & EAR INFIRMARY

The Emergency Building Fund Campaign is well under way. The opening money-raising event was a silver tea, given by the personnel of the Infirmary on the first day of April. In charge of the tea were: Miss Annie M. Robertson, R.N.; Miss Dorothy M. Tarbox, R.N.; Miss Walborg L. Peterson, R.N.; Miss Henrietta I. Olsen, R.N.; Miss Mary J. MacKay, R.N.; Miss Linda Hall, Mrs. Alberta Caton, and Mrs. Alice Sidley.

Later in April, an informal dance was held at the nurses' residence, the proceeds of which went toward building the new floor for the Infirmary. Mrs. Vera DeRosa, R.N. was in charge of the dance, assisted by Miss Henrietta Olsen, R.N.

Among those who gave lectures for the postgraduate course at Gill Memorial Eye, Ear, Nose and Throat Hospital in Roanoke, Virginia, were Dr. Edwin B. Dunphy, Dr. Trygve Gundersen, and Dr. John H. Tucci. The course is given annually in the spring.

Dr. LeRoy A. Schall has recently returned from a meeting of the "Triological" which was held in Atlantic City. He also attended the meetings of the American Broncho-Esophagological Association, and later participated in the 69th annual meeting of the American Laryngological Association at Hot Springs, Virginia.

Dr. Frederic Breed has begun his residency in Ophthalmology at the Infirmary. Dr. Breed, a graduate of Amherst College and Harvard Medical School, interned at the Chelsea Naval Hospital.

Dr. Richard Goldcamp completed his residency in Oto-Laryngology on the first of April. He has returned to Youngstown, Ohio, where he will begin his practice.

The Infirmary has recently welcomed many visitors who came to observe its clinics, operating rooms, and general procedures. Among these guests were: Dr. Alexander V. Popanicoleau from Athens, Greece; Dr. Carlos Sylvestre, Professor of Surgery at the University of Rosario, Argentina; Dr. Wu Kung Li, Lanchon, China; Dr. Anthony Dobrzanoski, Professor and Director of the Oto-Laryngologic Clinic, University of Warsaw, Poland; and Dr. Ernesto H. Bernaseoni, Professor of Pathology at the University of Rosario, Argentina.

We reported in the April issue that Mr. Stanley M. Garn (Department of Anthropology at Harvard, Research Fellow in Medicine at M.G.H., and Research Fellow in Anthropology at Forsyth Dental Infirmary) spoke on "The relation of anthropology to the medical sciences" at the March meeting of the Medical Staff. Because Mr. Garn's subject is one that has not been included in any previous articles in THE NEWS, we were particularly eager to procure a transcription of his address. Thanks to Mr. Garn's cooperation, we are now able to give you a brief of his interesting talk.

The anthropologist, like the doctor, sees man at his worst—both physically and socially. The anthropologist and the physician have learned that man's behavior cannot be predicted by any simple rules. This knowledge and this experience gives to the physician and the anthropologist what has been called the "jaundiced view of life".

An Englishman has defined the divisions of anthropology. "Some study bones, some study stones, and some live with nasty savages." The first kind of anthropology—the study of bones, the people who cover them, and their variations —is the kind I purvey. If you object, at times, to the polysyllabic Greek words which are part and parcel of physical anthropology, do not blame us. Physical anthropology was founded by anatomists like Broca, Topinard, Sergi and others—when they weren't teaching medical students. They left to us the descriptive technique, measurement, and the study of human variations. We have taken this legacy, and banked it. From time to time, with your aid, we add new techniques and new methods.

While physical anthropology was for a long time the study of human morphology, we found that comparative anatomy and anthropometry did not solve all of our problems of racial migration and human differentiation. Eventually, some of our knottiest problems were solved for us by techniques drawn directly from clinical medicine.

For example, we have long wondered about the peopling of the Americas. While our more orthodox members have assumed that early man came across the Aleutian chain during the last phase of the Wisconsin glaciation or during early post-glacial warm spells, some of the more radical ethnologists have suggested connections between Polynesia and Peru, and Indo-China and Mexico. Some had even suggested a regular sailing schedule between Tonga, Easter Island, and Panama! Now, the archaeological evidence did not show any connection between the comely Polynesians and the impossible Incas, yet such negative proof was not enough. Finally, there came the blood groups, and the techniques of Landsteiner, Levine, and Weiner turned the trick. We found that the B factor was missing in aboriginal North America, while it was common in Polynesia and in Asia. Furthermore, the distribution of the subgroups of A were equally unusual. Under these circumstances we can say that the American Indian must have come over before the B substance was widely spread in hither Asia, while the Polynesian peoples must represent a more recent stream of migration from the general Malayan region. Luckily, these blood groups (they are more properly tissue groups) are found not only in living creatures, but the factors can be detected in the skeleton as well. Candella has blood-grouped mummies, Aleut crania, and other antiquated remains. William Laughlin of the Department of Anthropology at Harvard, has just reported on a fossilized find from Mexico—a find that may represent the earliest post-glacial population of North America. Laughlin obtained definite evidence of a group factor in the ground-up bone.

Serology, which we have borrowed from medicine within the last decade, may solve other problems. We have a number of fossil finds that are in doubt—in Piltdown man we are not even sure that the jaw and skull go together. Blood grouping may be able to tell us what went with which.

A surprising number of mutations in or about the blood are of interest to both anthropology and medicine. In some parts of Africa the mutation to the sickling-trait has become widespread. Some of the peoples who have the gene for sickling came to North America, to Cuba, and to Brazil. Today we can determine where some of the Negroid peoples in the New World originated by determining the frequency of sickle-cell anemia in various areas.

In the Mediterranean region there is an analogous mutation which is in part responsible for Mediterranean anemia. So far, this gene appears to be common in Italy and Greece, and the condition appears in people who originated in these countries. Now, the distribution of this condition suggests that it is not a recent mutation, but may have been present in the Neolithic invaders of the southern Mediterranean region. If this is true, other areas of Europe should show some Mediterranean anemia, for the Neolithic Mediterranean stock is well spread throughout Europe. Eventually, our knowledge of human migration may help to predict where newly discovered diseases will be found most frequently.

But the majority of the characteristics which anthropologists study are more obvious (though not more important) than blood and its contents. We have been interested in human races for decades. We would like to know how, in the course of 800,000 years, human differentiation has occurred. When we study human evolution in the light of general mammalian evolution we assume that diet, climate, and individual differences in physiology must play a part. In other mammals we know that some breeds are prolific, and some breeds are less prolific. We know that some dogs are keen of scent, and others cannot detect Limburger cheese at ten inches. We know that some varieties of mice can grow and live happily on "deficiency" diets unable to maintain normal nitrogen balance in the usual breed of rodents. Such differences in man would be of extraordinary interest to us, from the viewpoint of evolution and differentiation, and such differences would also be of paramount interest to the medical sciences.

One of the first things to consider in natural selection is diet, for this is a greater variable than all others. Some people eat fish, and nothing but fish. Others live on insects and small animals. Still others consume 2,000 cc. of fresh blood daily, and others live on milk, yogurt, or kumiss. By choosing the proper people or tribe, you can conduct any dietary study you wish, and at low cost. It is not necessary to put 100 volunteers on a meatless diet, for in Indo-China, China, and the Philippines there are millions of rice eaters. On the other hand, if you believe that some of the cereals low in tryptophan are a contributory factor in dental caries, then you should examine the Indians of the Southwest and some of the natives of Peru. This matter of human differentiation, disease, and diet is still untouched. But the people are there, relatively untouched, except by anthropologists.

There also appear to be endogenous factors linking the individual to disease. These are the so-called idiopathic or constitutional factors. Now, I dislike these words. "Constitutional" is not a good adjective. It is a weasel-word. But the idea that there are endogenous interpersonal differences in metabolism that predispose an individual to one disease and partially immunize him to another is an important one. Why should only one of many children exposed show the paralytic symptoms of polio?

Some of these "constitutional" factors are sex-influenced, and probably hormone-mediated. In many people tuberculosis is more common in the male. Hamilton, at Long Island Medical College, has compiled a long list of diseases that are male specialties. Except for endocrine disorders and a few others, Hamilton finds that men out-sick women every time. But there are other individual differences that are not explainable on the basis of sex, though they do seem to have some relation to body build or habitus. Whenever we find that such a relation is valid, we have to find out the mechanism of the relation Some associations between dysfunction and build must be on the simplest level. Obviously, skinny people don't break their legs playing professional football. Other associations are probably on a mechanical level—such as shortness of breath in the fat individual. But still other associations are probably directly linked to organic differences in the organism. For instance, we do know that certain types of individuals mature early. Such individuals usually have short legs (because the growth period is attenuated) and they usually develop greater amounts of covering tissues. These early-maturing organisms exhibit other differences in growth rate, and probably in disease susceptibility. These differences appear to be genetic in nature rather than endocrine, for there is no evidence that early-maturers exceed late-maturers in their hormonal output. The difference in form or build appears to be due to the greater responsiveness of their tissues.

If we are to compare individuals, we need standards of comparison—whether the study is anthropological or medical. In growth studies on children we can use obvious stages—tooth eruption, size, the menarche. But in the adult we have the gross morphology of the individual —the result of exogenous and endogenous factors. In such work, habitus or body build is a static guide to individual dynamics. We have to use measures of body build that are comparatively precise and standardized. We know that such measures should not be affected by nutrition. A measure of build is not very good if ten frappes and a hamburger can change the rating or the index. Therefore, we are now using some methods of evaluation designed to rate the less changeable parts of the individual—the skeletal system and its form—methods of evaluation which are identical with or resemble the "somatotype" system. However, there are other studies which stress the transient factors of body build. In such studies weight, specific gravity, and the height-weight index may be of more value. In all work of this kind we assume that the gross form of the individual is the result of his potential development, and the accidental and exogenous factors to which he has been exposed. Neither can be neglected.

But there is more to the individual than his form and size. Man is a social animal, strikingly modified in his actions by society and its patterns, both overt and covert. These relationships between man and society are under investigation by the social anthropologists. By living with peoples far removed from our cultural tradition, they have found that many of the characteristics which we call "human nature" are merely the products of the society. Such studies are of increasing importance to medicine, now that the effect of emotion on the body is being studied everywhere. So far, we have found that some of the assumptions of the pedantic psychologists are either over-stated, or true only for our own kind of society. Many Americans like to believe that our times and our "complex" civilization result in stresses, strains, and subsequent organic disorders. But we frequently forget that people who live in Borneo rather than in Boston are also subject to environmental stresses. I do not know whether our custom of chasing a street car, or the older custom of being chased by a tiger is more "damaging" to the nervous system. But I do believe it is necessary to find out whether ulcers, colitis, and hypertension are uniquely American disorders. In primitive cultures people do not live long enough to die of cardiac disorders.

Yet we do know that civilization, in some mysterious way, is responsible for the widespread appearance of malocclusion and dental caries. Fossil men and primitive men rarely had even minor degrees of malocclusion, and among peoples who do not eat refined grains dental caries is rare. As soon as savage but happy natives take on our way of life, they become subject to our dental disorders. The evil may be in the diet itself or it may be due to alterations of the growth pattern produced by the diet. Here, too, we can study the problem best by observing transitional peoples who are shifting to the packaged denutrified foods of modern civilization. In this work the physician can join the anthropologist who is already there, observing.

This summer Peabody Museum is sending an expedition to the Aleutians to study a group of people who have been in one area and on one diet for millenia, and who are now shifting to new foods and new modes of life. Since this study involves dental and medical problems, we have included an orthodontist and a cardiologist in our group. The orthodontist is Dr. Coenraad Moorrees of Forsyth Dental Infirmary, and the cardiologist is Dr. Fred Alexander of this hospital. The Aleuts differ from us in many ways. They are extremely short, they have a slow pulse, and they normally live on a very high protein diet. Dr. Alexander will be able to find out what cardiac disorders accompany this combination of food, physique, and life.

I mentioned before that many of our customs, which we think are "natural" and "normal", are merely the result of our cultural tradition. In America and in Europe babies are reared in a horizontal plane—on a bed, in a crib, or in the new baby box. For months our young children get a wonderful view of the ceiling and of the walls. Then, for another period of years, they roam about the floor or play-pen, getting a "worm's eye view" of the world. But the aboriginal natives of this continent prefer the vertical plane for their children. Indian papooses are carried in cabooses. Indian infants have the chance to view the world from on high and in the normal position. Many people think that the Indian method is superior, and that it results in earlier coordination and in more rapid orientation. I do not know whether the vertical method is better. However, we took over tobacco from the Indians and may yet take over their system of pediatrics.

In writing this account I have had to skip many topics of importance. The study of the resemblances between man and the anthropoids provides the anthropologist with evidence on evolution; the doctor has in the anthropoid an almost-human experimental animal. Continued research on primatology will be of benefit to us both. I have not been able to touch on the primitive pharmacopeia—many of our important drugs were once in the kit bag of the medicine man. I have not been able to discuss osteology, trichology, and medico-legal problems. All that I have not said reminds me of the judge who had to endure a very long speech by the defense attorney. After it was all over the judge looked up and declared, "I thank my learned brother for all that he has left unsaid."

Recent gifts to the Archives Department:—

From Dr. J. Dellinger Barney—an observation cystoscope, bought in 1905, and a catheterizing cystoscope, bought in Berlin in 1906, both used by Dr. Barney when he started practice; a framed picture of the 1916 G.U. Staff at M.G.H., including Drs. Hugh Cabot, Edward L. Young, Jr., E. Granville Crabtree, Harvard H. Crabtree, Richard F. O'Neil, J. Dellinger Barney, and George Gilbert Smith.

From the Annabella McCrae estate—a framed photographic copy of one of our daguerreotypes, showing an early operation under ether.

From Mrs. Monroe A. McIver—a gold lined, heavily embossed silver box, purchased in Canton, China. An inscription in Latin, inside the box, indicates it was a gift in 1839 to Dr. Amos Holbrook of Milton, Massachusetts, a member of our staff in 1822 and 1823, from an unidentifiable friend and admirer. Dr. Holbrook bequeathed the box, upon his death in 1842, to Dr. James Jackson, our first Physician, who, in turn, gave it to Dr. John Homans.

From Dr. James H. Means—a letter written by Dr. Means, while he was serving in the armed forces in Europe during World War I, to The Right Reverend Edmund S. Rousmaniere, Dean of St. Paul's Cathedral, Boston, Mass.

From Mrs. Ellen Morton—papers concerning William T. G. Morton, and a second album of photographs which belonged to the Morton family.

From Mr. William Wood Smith—an electro-magnetic stimulator.

From Dr. Washburn—2 coins, disinterred during excavations for the Moseley Building—a one cent piece, United States, 1826, and a one penny token, Province of Nova Scotia, 1832.

Important events, concerning Massachusetts General Hospital, that occurred in the month of February during the earlier part of the nineteenth century:

Feb. 25, 1811—A charter for the hospital was obtained from the Legislature. Francis Blake, in his "Extracts" from Bowditch's *History of Massachusetts General Hospital,* says:

> The charter incorporates James Bowdoin and fifty-five others of the most distinguished inhabitants of the various towns of the Commonwealth, by the name of the Massachusetts General Hospital. The Governor, Lieutenant-Governor, President of the Senate, Speaker of the House, and the Chaplains of both Houses, are constituted a board of Visitors. The institution is placed under the care of twelve Trustees, of whom four are chosen by the board of Visitors. A grant was made of the Province House Estate, so called, with authority to sell the same and use the proceeds at pleasure, provided that within five years an additional sum of one hundred thousand dollars should be obtained by private subscriptions and donations. A further term of five years was allowed by an Act of June 14, 1813.
>
> By a resolve passed February 13, 1816, authority was finally granted for sale of the Province House, on the sole condition of giving bond to pay the proceeds of sale into the State Treasury, unless, within one year from such sale, said additional sum of one hundred thousand dollars should be obtained. On April 1, 1817, the Hospital leased this estate to David Greenough, Esq., for ninety-nine years, at an annual rent of two thousand dollars. . . .

The Province House came back to the hospital in 1916. For a description of the House and its environs, accounts of its various owners and occupants, from 1679 when it was built, up to 1864 when it was destroyed by fire, we enthusiastically recommend to you a chapter in Dr. Washburn's *History of Massachusetts General Hospital,* beginning on page 558. His story of the diversified role the House played—as Headquarters of a Provincial Governor, hiding place for the famous pirate Captain Kidd (who was found and arrested there), the part it played during the Revolution, and afterwards as a tavern and a hall of negro minstrelsy—all of this makes as exciting reading as the most ardent devotees of "thrillers" could desire. Here, too, is the story of the copper Indian which once topped the cupola of the House, and which now is in the custody of the Massachusetts Historical Society. Read, also in this same chapter, an excerpt from Hawthorne's detailed description of the House, as given in his *Twice-told tales.*

No. 10 in a series of Staff photographs
Dr. Edward B. Benedict—Endoscopist

This is the first real letter we have had from Dr. L. Alexander Vance (*P* 1937 & *r.p. R* 1939). From 16 Atlantic Street, Lynn, Massachusetts, he writes:

Indeed, it has been a long time since I checked in with The News. However, it has not been a situation of my own choosing, since the past few years have been pretty strenuous.

I was released by the Navy to inactive duty in February of 1946 and began at once to find a spot in which I could practise. The City of Lynn seemed to present a good opening for a Roentgenologist. So, after much dickering I procured a house in which to open an office. There were many anxious days of waiting to see if the occupants would move out according to our agreement, and I think I was the most surprised one when they turned the house over to me on the specified date.

After remodeling and procuring some X-ray equipment, we began to function on September 1, 1946. It has been a real satisfaction to see the practice grow. In December I took in an associate—Dr. Ray Dillon, a graduate from the Boston City Hospital. We are doing the X-ray work in several hospitals and find the days are short in which to get everything done.

I hope I can drop in soon to see the many wonderful people at the M.G.H.

Just the sort of letter we like to receive — the sit-down-and-chat-for-a-while kind — has come from Lt. Armand L. Bengle, MC, USNR (*ES* 1947), whose present address is NAS Box #8, Navy #961, c/o Fleet Post Office, San Francisco, California.

Lieutenant Bengle says:

Two much-welcomed copies of The News have been forwarded to me here from home. It goes without saying that I have enjoyed The News very much in the past, but my present location has heightened that enjoyment and appreciation manyfold, since it now remains my primary source of information about, and contact with, the M.G.H. It must so remain until that much-longed-for day when I shall be back there.

Upon being called to active duty last July 10, I reported to the U.S. Naval Hospital, Newport, Rhode Island, along with several other MGH-ers. I was assigned to the surgical service, my primary duty being that of anesthetist. In spite of the fact that I was doing the work I love best and was sufficiently close to Boston to be able to return to the M.G.H. several times during the ensuing months, I was happy when my overseas orders arrived.

I was detached November 7, and after a few weeks at home left for San Francisco. I had never been west of New York State before.

On December 9 I boarded the Navy transport *U.S.S. Gen. H. W. Butner*, bound for the Philippines. We had stop-over in Guam; Yokosuka, Japan; Tsingtau and Shanghai, China; Subic Bay, Luzon, Philippine Islands; and finally my destination, Manila. I am at the Naval Air Station on Langley Point, a finger of land projecting into Manila Bay near the once famous Naval Base of Cavite. It is about 35 miles across the bay to the city of Manila by crashboat.

There are four doctors here, including myself; and though we are not doing a "land office business", still we have plenty to do. I have charge of all surgery and surgical specialties, including anesthesia. I also run daily sick call, which has a vague resemblance to OPD work but is also an instructive course in the detection of malingerers. So far, tropical lethargy has not laid its grip on me, and I have done, in the month I have been here, a few hernias, an appendectomy, and numerous minor surgical procedures, including some plastic work. I am still in the process of lining up equipment for some of the simpler diagnostic procedures in G.U., etc. And in sick call, I have had the opportunity to study many diseases infrequently seen in New England. As you can see, therefore, this is not a case of dispensing "pink pills for pale pilots", and I count this year or so out here as a definite part of my professional development. Nonetheless, I'll be happy when it is over.

So far, I have found plenty to do in the off-duty hours — trips to Manila and the surrounding countryside for sightseeing and exploration; deep sea fishing; occasional plane flights (such as the air-sea rescue flight I recently took to a merchant ship off Samar); swimming; the maintenance of an extensive correspondence; frequent movies; and much reading, both serious and light.

Thanks again for seeing to it that I have continued to receive The News. I am eagerly awaiting information in it concerning the now-dispersed MGH-ers who entered the Navy with me.

Too little after too long has come from Lt. Laurence K. Groves, MC, USNR (*WS* 1947), but here it is. He writes, from Navy Recruiting Station, Columbus 15, Ohio:

I have just had a change of duty to the above address. The duty is just as bad as the address sounds.

The following has arrived from Dr. Arie C. van Ravenswaay (*P* 1934) of the C. H. van Ravenswaay Clinic, 329 Main Street, Boonville, Missouri:

Since my separation from military service in November 1945, I have been at home gradually reconstructing a practice. We still enjoy essentially a free form of medical practice in rural Missouri, with very few services being provided by the state or charitable institutions. Our problems, however, have been very similar to those of everyone else, with great difficulty in obtaining nursing and technical assistants, and an additional problem resulting from the reluctance of well-trained young men to come to small communities.

I greatly enjoy reading The News, which forms such a pleasantly readable contact with an institution which means so much to us all.

* * *

It is understandable to all friends of this hospital that your editor might very well be prejudiced in favor of M.G.H. She frankly admits she is—for there are plenty of reasons to be—but she would never, knowingly, allow her enthusiasm to carry her beyond the border of fact and into the field of overstatement. However, in spite of checking twice with each of three people—making six checkings in all—she finds that an overstatement did appear in the April issue of The News and she hastens to make a correction and to apologize to those whose rights she erroneously usurped.

On page 3 of the April issue, we reported two Red Cross activities here at M.G.H. as being the first in any civilian hospital "in the country". We learned later that we should have said "in any private hospital in Boston".

Massachusetts General Hospital has plenty of legitimate grounds for claims to "firsts"—both past and present—without reaching for any to which we are not entitled.

THE NEWS

No. 69 Boston, Mass. June 1948

PATHOLOGY AND BACTERIOLOGY DEPARTMENT

The Laboratory of Pathology and Bacteriology shares with the hospital as a whole three major functions: diagnosis, education, and research. In contrast to the clinical services, it has no direct responsibility for treatment of patients but, through the post mortem service, has a unique and indispensable function in checking the medical efficiency of the hospital as a whole. To maintain a proper balance between these four functions would be difficult under ideal conditions. It has been impossible under war and postwar conditions. There have been two major problems—the first economic, the second spatial. With the cost of living rising more rapidly than salaries could be increased, it has been possible to hold only a skeleton group of experienced personnel. Replacements have been difficult to find, and after brief experience they have often moved on to greener pastures. Consequently, we have been constantly short-handed and the comparative inexperience of a large proportion of the technical and secretarial personnel has lowered our operating efficiency.

Of equal importance has been the overcrowding of the laboratory. The last inch of possible expansion in the Allen Street building was obtained in 1935 by the removal of the hospital garage which formerly occupied much of our ground floor. Since that time, despite the fact that the hospital has not increased its bed capacity and has even closed many beds in the last two years, the routine work of the laboratory has increased progressively with every year, to a level now over one hundred percent above 1935. During the same period, the staff has increased by fifty percent but the addition of research personnel, graduate students, attached residents from the clinical services and so forth has raised our population from twenty to approximately forty. The proverbial shoe horn could scarcely squeeze a single additional worker into the building. Under such conditions it is difficult to keep even a modest research program going. For the regular staff it means long hours of overtime work, and research assistants cannot be taken on because there is no place to put them.

Naturally, the laboratory staff has the keenest interest in the proposed new laboratory building. Some relief is in prospect for the coming year. Plans have been drawn and funds secured to remodel portions of the fourth, fifth, and sixth floors of the domestic building—half of the new space to be assigned to diagnostic bacteriology. The space freed in the Allen Street building will give pathology at least the temporary relief of a decompression.

Graduate education is assuming a role of constantly increasing importance throughout the hospital, and this reflects upon the work of the laboratory. Interesting specimens must be preserved for display at a long series of clinics and representatives of the laboratory assigned whenever possible to demonstrate them. Fear of the "Boards" drives clinical residents to the laboratory to review their pathologic histology, and slide collections must be maintained for their use.

In spite of difficulties, research has been maintained. The majority are collaborative efforts in clinico-pathologic correlation. Dr. Castleman completed his survey of the renal biopsies in hypertensive patients and, with Dr. Norris, reviewed the thymus material from myasthenia gravis. Dr. Sniffen has nearly completed a long project upon testicular biopsies done in close collaboration with the clinical endocrinologists — particularly Drs. Howard and Talbot. He has also been studying the cholesterol pneumonitis cases which have so frequently been confused clinically with carcinoma. Drs. Kulka and Pearson have investigated a peculiar form of vacuolar nephrosis, originally described in bacillary dysentery. They have found it in ulcerative colitis and in certain cases of carcinoma in the intestinal tract. Dr. Firminger, with Dr. Woodruff of the genito-urinary service, studied the incidence of hemoglobinemia and hemoglobinuric nephrosis following transurethral resections. Dr. Mallory has collaborated with Drs. Jones and Volwiler in correlation of liver biopsies with medical treatment of hepatic disease—particularly fatty cirrhosis. In bacteriology, Dr. Dienes has continued his studies of the L organisms which are beginning to attract attention of bacteriologists all over the world.

Tracy B. Mallory, M.D.,
Chief of Department

* * *

The Surgical Staff of the Massachusetts General Hospital gave a dinner on May 10 at the Brookline Country Club, for Dr. Arthur W. Allen, in appreciation of what he has done for the hospital and as a token of the great esteem in which he is held. Sixty-nine members of the Surgical Staff were present. The Chiefs of the various surgical and specialty services were also there, as were two of the senior members of the Board of Consultation—Dr. Lincoln Davis and Dr. Beth Vincent.

Dr. Allen was presented with a silver coffee service—a large Sheffield tray, and a large and very beautiful solid silver coffee urn, with sugar and creamer.

The dinner was delightful, and every speaker called attention to Dr. Allen's tremendous contributions to the hospital. He responded most graciously and thoughtfully.

This dinner was one of the most impressive gatherings held by the Surgical Staff in a great many years.

J. V. M.

* * *

At a meeting of the Board of Trustees, held on April 30, 1948, it was voted:

To reorganize the General Executive Committee as follows:

I. MEMBERSHIP

Director	ex officio
Medical Chief	"
Surgical Chief	"
Psychiatrist	"
Pathologist-in-Chief	"
Roentgenologist-in-Chief	"
McLean Chief—liaison	"
Two Members at Large 1 Physician 1 Surgeon	elected

II. ELECTION

Two elected members to be chosen annually as follows:

The General Executive Committee to act as a nominating committee.

Four staff members to be nominated from the Medical Division to be voted upon to fill the position of Physician Member at Large.

Four staff members to be nominated from the Surgical Division to be voted upon to fill the position of Surgeon Member at Large.

Ballots to be mailed to staff members as follows:

Chiefs of Service, Physicians, Associate Physicians, Assistant Physicians or the equivalent of these ranks in Dermatology, Neurology, Psychiatry, Pediatrics, Surgery, Anesthesia, Neurosurgery, Orthopedics, Pathology, Urology, Gynecology, and Radiology. In Obstetrics, to the Obstetrician only; and in Dentistry, to the Chief only.

III. SUBSTITUTES:

will be eliminated, and instead alternates will be appointed by the General Executive Committee whenever one of its regular members expects to be absent for a protracted period.

IV. JURISDICTION:

In the filling of vacancies in the position of Chief of Service the procedure will be: Upon request of the General Executive Committee, the Trustees should appoint an *ad hoc* committee. The report of this committee should be made to the General Executive Committee, which would then pass it on to the Trustees with its comments and recommendations. The *ad hoc* committee may consider and recommend on matters of policy, as well as on individual appointments.

May 7, 1948.

As a result of the ballots submitted by the staff, Dr. Wyman Richardson and Dr. Leland S. McKittrick were chosen as the Medical and Surgical Representatives at Large.

The Board of Trustees at their meetings on April 16 and 30, voted to appoint:

Dr. Franklin DeBusk as Assistant Resident on the Children's Medical Service for one year, beginning October 1, 1949;

Dr. Brown McI. Dobyns as Assistant in Surgery, with the privilege of seeing a limited number of private patients on White-4;

Dr. Chester N. Frazier as Chief of the Dermatological Service, to become effective on or about July 1;

Dr. Edwin B. Goodall, Jr. as Assistant Resident in Neurology, for the period April 1 through June 30;

Dr. Dorr F. Hallenback, Jr. as Assistant Resident in Psychiatry for one year, beginning January 1, 1949;

Dr. William Stark as Assistant Resident in Neuropathology for one year, beginning July 1;

Dr. William H. Timberlake as Assistant Resident in Neurology for six months, beginning July 1, and as Resident, beginning January 1, 1949.

At their meetings on April 14, 21 and 28, and May 5, the General Executive Committee voted:

To promote Dr. George H. Carter to the position of Resident in Psychiatry, beginning July 1;

That Dr. Chester C. d'Autremont's appointment on the Neurological Service be changed to that of Resident rather than Assistant Resident, effective as of April 21;

That Dr. John W. Hurst's appointment be changed to that of Clinical and Research Fellow in Medicine, effective as of January 1, 1948.

To appoint:

Dr. Cully A. Cobb as Clinical Assistant in Neurology for the period April 21 to June 30;

Dr. Joseph J. Delfino as Graduate Student Assistant in Surgery;

Dr. Carter L. Marshall as Clinical Fellow in Dermatology for one year, beginning April 1;

Dr. Edward A. Mason as Clinical Fellow in Psychiatry for the period beginning May 1, 1948 and ending June 30, 1949;

Dr. Owen G. Miller as Clinical and Research Fellow in Dermatology, beginning July 1.

* * *

At the April meeting of the Medical Staff, our Consultant in Preventive Medicine, Dr. David D. Rutstein, talked on "Preventive medicine, with particular relationship to cardiovascular diseases".

Tea was served, as usual, in the Medical Staff Room before the meeting.

INTRAVENOUS PYELOGRAPHY

Revision of Bulletin No. 10,
issued November 12, 1942

Intravenous injection of diodrast or similar drugs for intravenous pyelograms or other examinations may cause reactions of the immediate or somewhat delayed anaphylactic type. In serious liver or kidney disease a delayed reaction may occur. Either type of reaction may be sufficiently severe to cause death. Fortunately, fatalities are rare, but to guard against a serious consequence the following recommendations are made.

Preventive measures:

Before ordering an intravenous pyelogram the referring physician shall ascertain and note in the record the following:

A. 1. Whether the patient is allergic to or has a history of hay fever, asthma, eczema, or hives;

2. Whether diodrast or similar substance has been given before and whether it or any other drug has caused a reaction or discomfort.

If affirmative answers have been given to these questions, the possibility of substituting a retrograde pyelogram should be considered. If an intravenous pyelogram is still believed necessary, note on the X-ray requisition the information obtained from the above questions and request the examination only after thorough discussion with the radiologist.

B. An intravenous sensitivity test may be done on the ward by the referring physician within twenty-four hours of the scheduled examination and the result recorded on the X-ray requisition. The intravenous test should consist of 1.0 cc. of diodrast diluted with 9.0 cc. of saline injected intravenously and the patient shall be observed for one hour, for signs of shock, flushing, urticaria, or other allergic manifestations. Should any of these be demonstrated, the intravenous pyelogram should not be done.

C. The N.P.N. and the urine specific gravity must be noted on the requisition. The examination will not be done if the specific gravity is less than 1.015 or the N.P.N. is over 40, unless it is agreed by the attending physician and the radiologist that the necessity of the examination is greater than the risk.

Precautions for the X-ray Department (in addition to previous tests):

Before injecting diodrast or similar substance, have on hand ready for immediate use:

1. Ampules of adrenalin chloride 1-1000.
   Sterile hypodermic syringe and needle.
2. Flask of 5% glucose in saline, with appropriate apparatus for intravenous infusion.
3. Never do an intravenous pyelogram when alone.
4. Inject 1.0 cc. of dye and stop. Watch the patient for two minutes for signs of shock, flushing, urticaria, and other symptoms of allergy. If any of these are noted, consult the physician in charge; if not, continue the injection slowly over a period of five minutes.

Finally, any reaction following intravenous injection of any drug should be carefully *noted* in the record for future warning.

N. W. Faxon, M.D.,
Director

SOAPSUDS ENEMAS

Revision of Bulletin No. 11,
issued February 29, 1906

Intrarectal injection of soapsuds or similar drugs for intrarectal therapeutic or diagnostic enemas may cause reactions of the immediate or somewhat delayed (retention) type. In moribund patients the results are liable to be particularly disastrous. Fortunately, fatalities are rare, but to guard against serious consequence the following recommendations are made.

Preventive measures:

Before ordering a soapsuds enema the referring physician shall ascertain and note in the record the following:

A. 1. Whether the patient is allergic to soap or soapsuds or has a history of hay fever, asthma, eczema, or hives;

2. Whether soapsuds or similar substance has been given before and whether it or any other soap has caused reaction or discomfort.

If affirmative answers have been given to these questions, the possibility of substituting a cathartic should be considered. (However, before this is done the referring physician should consult Bulletin #32 issued in November 1884 re: Precautions with catharsis in the *ille patiente.*) If an enema is still believed necessary, note on the medication sheet the information obtained and request the procedure only after thorough discussion with TSO.

B. An intrarectal sensitivity test may be done on the ward by the referring physician within 10 days of the scheduled rectal injection. The intrarectal test shall consist of 1 cc. of MGH Cuticura solution diluted with 100 cc. of triply distilled 1/2 normal saline. This is injected slowly (See Bulletin #12, November 1935 re: Rate of injections) and the patient shall be observed for 2 hours or until absorbed or rejected. This is preferably to be done by a senior member of the resident staff.

C. The fecal specific gravity, stool urobilinogen, and serum spinach level should be ascertained before the rectal injection is carried out and noted in the record.

D. If no reaction is noted from the test solution of 1 cc. of Cuticura, then any soap in any quantity may be safely used, the patient having demonstrated an exceedingly high resistance to noxious agents.

E. If any of the above procedures result in keeping patients in the Emergency Ward an extra day, the assistant resident in charge of the Service shall call the Assistant Director on call between the hours of 11 P.M. and 4 A.M. and request a 3d night—permission for which will be granted if documentation of evidence in the particular case is deserving. A reduction of 10% will be made in patients' fees for any extra time required.

Reamed D. Duff,
Chairman — Reaction Committee

"A little nonsense, now and then,
Is relished by the wisest men."

* * *

THE HAND CLINIC

Injuries to the hand are common and are seen almost daily in the Emergency Ward. Infections of the hand are serious, often leaving in their wake a useless and crippled member. It was to cope with these two problems that in the early 1920's a special assignment on mangled hands was made. It was then found that these injuries and infections were spread throughout the entire hospital — that is, in the several departments of the Out-Patient Department, Emergency Ward, and many surgical wards. In an effort to correlate and to more or less standardize treatment of these cases, the Hand Clinic was established in the Out-Patient Department. This clinic met once a week to see all such cases that could be brought together, examined, diagnosed, and treatment prescribed and their progress reviewed.

In the early years, Drs. A. William Reggio and Franklin G. Balch were regular attendants at the clinic, and somewhat later Dr. Edward Hamlin was given an official assignment. He has been with it ever since and is now in charge of it.

It became our policy, insofar as possible, to have all patients, who had injuries or infections of the hand and had been treated either in the Emergency Ward or in the wards of the hospital, reviewed in the Hand Clinic after they had been discharged. Also, as the years went by, more cases were referred to the Hand Clinic, to be seen and studied for consultation. These cases included old mangled hands that were referred for reconstruction, burns of the hand for resurfacing of skin, old injuries for plastic operations to give more function, nerve and tendon injuries for review and follow-up, circulatory difficulties, and congenital malformations. Sooner or later, all of these cases in the Out-Patient Department were funneled through the Hand Clinic on their way into the hospital. From the beginning, it was the policy of the clinic to have the Junior Surgical Resident on duty present these cases and participate in the discussion. Later, the fourth year medical student attended the clinic and assisted in preparing the cases and presenting them. After the organization of the Physiotherapy Department, Dr. Arthur L. Watkins took an active part in the clinic and assisted by bringing to us cases that had received physiotherapy or occupational therapy. He then presented them for review, discussion, and disposal.

During the late war, there came a tremendous awakening to, and interest in, injuries to the hand and upper extremities. Vast numbers of nerve, bone, tendon and muscle, and skin injuries filled the war hospitals and created added interest in this important problem. Since the war, Dr. Hamlin has been in charge of the Hand Clinic, which meets regularly Wednesdays at 1 P.M. The cases are reviewed as formerly, and we have now added to the clinic Dr. James C. White from the Neurosurgical Department, Drs. Joseph S. Barr and Robert J. Joplin from the Orthopedic Department, and Drs. Bradford Cannon and Richard C. Webster from the Plastic Department. Surgery of the hand is a composite of every type of surgery except bowel surgery. It requires knowledge of plastic, bone, joint, tendon, and peripheral nerve surgery, and circulatory disease.

Insofar as the common hand case is concerned, acute injury to the hand is the most common injury with which we have to deal. It is necessary to indoctrinate every Assistant Resident who may be on duty in the Emergency Ward, in order that he may properly and completely examine each case and be equipped to prescribe and to render or direct the best surgical treatment. This is by far, I believe, the most important function of the clinic, for it represents quite the greatest number of patients we have. We all agree that the proper handling of the acute emergency, in the proper way, will greatly shorten the disability and will greatly diminish the residual disability which the patient has. With all these doctors interested and working on this problem, we hope to continue to improve the general standard of treatment.

Henry C. Marble, M.D.,
Consultant to the Hand Clinic

* * *

Dr. Francis D. Moore, West Surgical 1940 and one of our Assistant Surgeons, has been named as Surgeon-in-Chief of the Peter Bent Brigham Hospital. He has also been appointed Moseley Professor of Surgery at Harvard Medical School.

Since the current issue of the *Harvard Medical Alumni Bulletin,* which most of our readers probably see, carries an article regarding Dr. Moore's professional career, we refer you to that publication instead of repeating the information here.

* * *

The first of July next, Dr. Rulon W. Rawson will leave our staff in order to take up a job offered him by Cornell University and the Memorial Hospital in New York.

His career of seven years at the Massachusetts General Hospital has been distinguished chiefly by a series of brilliant investigations on the thyroid. Also, he has contributed enthusiastically and effectively to the education of medical students and house officers. Furthermore, we are grateful to him for his devoted labor, together with Dr. Bauer and Mr. Crockett, in raising the new research fund of the hospital.

He arrived in our midst in the autumn of 1941, the holder of a Research Fellowship of the American College of Physicians, with a burning desire to get to work at once on one or more of the several problems of thyroid physiology which had been shaping up in his mind for some years. He was in possession of new techniques with which to attack these problems, some of which, notably the use of mean acinar thyroid cell height as a bio-assay of thyrotropin, he had devised himself.

He started in two small rooms in the attic of the Bulfinch, making observations on the effect of cultures of thyroid tissue on the physiologic activity of thyrotropin. From that time until the present the growth and development of the thyroid research laboratory, under his leadership, both as to number of workers and interest of projects, has steadily progressed.

Since 1943 when Dr. Saul Hertz left for Naval duty, Rawson has also managed the affairs of the Thyroid Clinic, which has attracted to its two weekly formal sessions an ever increasing number of scientific visitors from all over the globe.

It is not possible here to give even an outline of the contributions which have emerged from the clinic and laboratory during the seven years of his incumbency. An impressive array of papers has come forth describing studies on thyrotropin, thyroid hormone, their interrelations, antithyroid drugs, and finally tumors of the thyroid which, during the last few years, have been a very major item in the whole program of research.

Among the talents which enabled Rawson to make this fine record of achievement are a lively scientific imagination, accuracy, full understanding of the need for controls, prodigious memory for facts, complete honesty—both intellectual and moral, and a generous attitude toward colleagues.

Dr. Rawson obtained his college training at the University of Utah; got his M.D. at Northwestern University in 1937, and interned after that at Passavent Hospital, Chicago. Prior to coming to the M.G.H. in 1941 he had spent three years with Aub at the Huntington Memorial Hospital, Boston. At present he holds the titles of Assistant Professor of Medicine at Harvard and Associate Physician to the Massachusetts General Hospital. In New York he will become Associate Professor of Medicine at Cornell and Senior Attending Physician at the Memorial Hospital in charge of general medicine, and a member of the Sloan-Kettering Institute in charge of clinical investigation. Although his work will be primarily in cancer, a very broad interpretation of the field of endeavor which this term implies has been promised him.

We have no doubt that his career in New York will fully maintain the high standards he has set here. We hope to continue to collaborate with him in research.

We wish him every success and satisfaction in his new undertaking. His going is a great loss to us, but we are proud to send out a scientist of his stature to head an important undertaking elsewhere.

J. H. M.

* * *

The Class of 1948 of the School of Nursing will be graduated on Friday, June 11, in exercises to be held on the Bulfinch Lawn. Mr. Francis C. Gray, Chairman of the Board of Trustees of the Massachusetts General Hospital, will preside. The two principal speakers will be Miss Nellie X. Hawkinson, Professor of Nursing Education at the University of Chicago, whose subject will be "Society's challenge to nursing", and Dr. Nathaniel W. Faxon, speaking on "The contribution of the School of Nursing to the development of the Massachusetts General Hospital".

The graduation exercises will be part of a three-day program in celebration of the seventy-fifth anniversary of the School of Nursing. On the evening of June 11, there will be a special anniversary meeting, with Mrs. W. K. Jordan, Chairman of the Ladies' Advisory Committee of the School of Nursing, presiding. The speakers of the evening and their topics will be as follows: Mr. Bancroft Beatley, President of Simmons College, "Trends in vocational education for women"; Dr. Henry K. Beecher, Professor of Anesthesiology, Harvard Medical School, and Chief of the Department of Anesthesia, Massachusetts General Hospital, "Concerning opposition to progress"; and Miss Ruth Sleeper, Director of the School of Nursing and the Nursing Service, "The two inseparables—nursing education and nursing service".

A meeting for guidance workers in Massachusetts high schools was sponsored by the School of Nursing on May 12. The program included tours of the hospital, conducted by student guides; a nursing demonstration, presented by Miss Sylvia Perkins and her assistants; a talk by Miss Ruth Sleeper; and an informal tea.

A visitor for the summer in the Nursing Department will be Miss Marion Barret of McGill University, who is coming to do field work in teaching and administration.

Mrs. Sophie McDonough, night supervisor in the General Hospital since early in 1945, is greatly missed since her recent resignation.

A new Graduate Assistant in the Nursing Arts Department of the School of Nursing is Miss Julia Graves. Miss Graves was graduated from this School of Nursing in 1945 and has since seen service with the Army Nurse Corps.

One of the prime objectives in psychiatric nursing is aimed toward the normal rather than the abnormal. To initiate a spirit of friendly participation in everyday, stimulating activities to a community group in a psychiatric hospital has been a constant challenge to our personnel and serves as a basis to promote good mental attitudes. Although one thinks of the medical and nursing staff as the promoters, we have found that all the other departments within the hospital quietly and efficiently contribute their share.

Perhaps our recent Minstrel Show will demonstrate such an activity. A group of student nurses conceived the original idea. The faculty of the school hardly dares to guess that it came from a particular group. A Simmons affiliate, a McLean Senior, and a Children's Hospital affiliate were among those who approached us. A few days later we found that the father of a Cooley Dickinson Hospital affiliate, who has had experience in conducting such shows, had offered his services as a director.

A Massachusetts General Hospital affiliate divulged that she could help with a tap dance routine. The McLean Senior students financed the project, and so the first meeting for try-outs was scheduled, inviting talent from all groups within the hospital community. One of the McLean men graduates was Interlocutor; the cast was a mixture of student nurses, graduate nurses, ward helpers, and a recreationist — all participating together—and what fun they all had. The talent found was amazing, to say the least.

As the rehearsals progressed, one of our carpenters cheerfully built a set of elevated tiers for the stage; the electrician helped to adjust the spotlights; the gardeners supplied flowers and plants; the occupational therapists printed the tickets and helped with the costumes; the dietary department planned refreshments for the cast after the last performance; and the administrative medical staff gave permission to include all employees for the first performance and the patients for the second performance.

When the selected dates late in April arrived, the enthusiasm of all was delightful to observe. Patients and employees filled the hall both nights. The chorus, the endmen, and the features brought laughter and enjoyment for the total hospital community.

The value of such a demonstration described is difficult to express. The important thing which stands out in our minds is that the spirit of friendly participation has been beneficial to all—patients and hospital personnel alike.

Margaret C. Tibbetts, R.N.,
Director, School of Nursing and Nursing Service

MASSACHUSETTS EYE & EAR INFIRMARY

It may be of interest to NEWS readers to hear one man's impressions of Mexican ophthalmology—observations made as the result of a two-weeks' stay in that nation's Capital. In Mexico City there are about seventy practising ophthalmologists, including the eminent Professor Manuel Márquez, a political exile from Madrid. The one desire of all the young ophthalmologists is to spend a year in the United States, and during the war many had residencies in this country, especially in New York and Chicago.

Most ophthalmologists in Mexico spend their mornings in one or more of the many small clinics, and practise in their own offices between one and three and between five and eight o'clock, with a siesta between three and five. During these office hours, fifteen to thirty private patients may be seen. Fees are of the order of $5 per visit.

The clinics in Mexico City consisted of numerous small units, either adjuncts to the several general hospitals or separate charitable organizations, each with its own staff and teaching connections. The quality of practice and surgery in these clinics seemed high and the ophthalmologic equipment was good, but the physical quarters were in many cases very poor. In one instance, for example, a chicken coop opened up into the same patio as did the patients' rooms.

The lack of any basic research would appear due, in part at least, to the fact that there is no central eye hospital large enough to support a research division. The talent and enthusiasm are there, nevertheless, and in at least one other field a research laboratory has been set up—the like of which I have never seen in the United States. Moreover, the absence of any income tax and the accumulation of considerable wealth by the few (as appears to be the present case in Mexico) open the way for potential new endowments.

The one disease which "belongs" to Mexico (and Guatemala) is onchocerciasis, and the Mexicans take righteous pride in their studies on it. They showed me two patients with onchocerciasis—one with a severe uveitis and the other with superficial punctate keratitis. Neither showed the microfilaria in the anterior chamber at that time, but scrapings of the skin placed on a slide showed an abundance of the squirming filaria looking like giant spirochetes. The initial lesion in this patient was on the buttocks, and specimens of this lesion which had been excised showed the gestating parasite full of developing microfilaria. Thence the microfilaria travel throughout the body and into the eye by way of the subcutaneous tissue. They are never found in the blood stream nor lymphatics.

The Mexican ophthalmologists are cordial to the extreme and anxious to establish rapport with their northern colleagues. They are already planning open house on a large scale for the Pan American Congress of Ophthalmology in 1952. I predict that this will be the ultimate in hospitality, and will provide a great sum total of pleasure and profit for those who attend.

David G. Cogan, M.D.,
Director, Howe Laboratory

Dr. Morris Sherman, who has been on Oto-Laryngology laboratory service for the past three months, has begun his House Service in Oto-Laryngology. Dr. Sherman is a graduate of Louisiana State University Medical School.

Dr. Gustav C. Bahn completed his residency in Ophthalmology at the Infirmary on the first of May. He has returned to New Orleans where he has already begun his practice.

Dr. Everett C. Moulton, who also finished his Ophthalmological residency in May, is beginning his practice at Fort Smith, Arkansas.

Dr. Manuel Stillerman, who received a Fellowship from the American Board of Ophthalmology, has completed his observations at the Infirmary. At present, he is observing the work in Ophthalmology being done at the Johns Hopkins Hospital in Baltimore.

Recent visitors at the Infirmary include Dr. Ovelando Grigoyew from Santa Fé, Argentina, Dr. David Sevlener, Rosario, Argentina Republic, and Dr. De Smedt from Belgium. These doctors spent some time here observing in our clinics and operating rooms.

New addresses:—

Dr. Franklin G. Balch, Jr. (*ES* 1925), 1180 Beacon St., Brookline 46, Mass.
Dr. J. Dellinger Barney (*ES* 1905), 412 Beacon St., Boston, Mass.
Dr. Joao Cruz Guimaraes (*Oto-Lar.* 1946), Rua David Campista, Botafogo 6 F, Rio de Janeiro, Brazil.
Dr. James A. Halsted (*WM* 1932), Faulkner Hospital, Jamaica Plain, Boston 30, Mass.
Dr. Alfred T. Joseph (*Dn.* 1941), 475 Commonwealth Ave., Boston 15, Mass.
Dr. Charles G. Mixter, Jr. (*WS* 1940), 319 Longwood Ave., Boston, Mass.
Dr. James M. Stewart (*M* 1946), 6 Calumet St., Rochester 10, N. Y.

From Atlantic City, Dr. Edward B. Benedict sent us this account of his recent trip up to that point. Although the Benedicts are now back at the hospital, the letter is just as interesting and amusing now as when it was written.

I am sure hardly anyone at the M.G.H. knows we have been away at all, but the fact is that Pat (Dr. Patricia H. Benedict) and I have been gone about three weeks and have covered about 3500 miles by automobile. I am marking time this morning while she is attending the meeting of the "Young Turks".

We headed first for Kansas City, passing *en route* acres of flat fertile country under spring cultivation. In Kansas City we saw some of the large stockyards, and were entertained by friends who served us some of the thick juicy beefsteaks for which the city is famous. It amused and interested us very much to see the *Naval* Air Base in Olathe, Kansas, about 1500 miles away from any salt water!

From Kansas City we drove to Jefferson City, Missouri, to visit some farming friends. In spite of the fact that the weather was beautiful and the temperature 85-95, with apple blossoms and lilacs in every direction, the subject of conversation got around to cold feet. Since there are some nights when my feet are none too warm, I listened attentively. Our old farmer host said he had the same trouble and was like the radio comedian who had left his lower extremities hanging out exposed over the end of the bed. When asked why he didn't put them under the covers, he said he didn't want those — — cold things in bed with him! (Peripheral Circulatory Clinic please note.) Some of these delightful old people bear their ailments with fortitude and good humor. We asked one old lady about her general health and her reply was, "My rheumatism hangs on just lovely."

Believe it or not, the trip was undertaken primarily for medical reasons. In St. Louis, under the auspices of the Missouri Chapter of the American Cancer Society, I spoke at the Annual Convention of the Homer G. Phillips Hospital Interns Alumni Association. This is a hospital for colored people, and all the interns are negroes. About 200 negro doctors were present at the Symposium on Malignancies of the Stomach, presided over by Dr. Remus Robinson, with Dr. Robert Elman as Moderator. Dr. Anton Carlson of Chicago talked on Physiology, Dr. Ira Lockwood of Kansas City on Radiology, E. B. B. on Endoscopy, and Dr. Lauren Ackerman of Columbia, Mo. on Pathology. The Medical and Surgical Aspects were discussed by Dr. Joseph Kirsner of Chicago and Dr. Irvin Abell of Louisville, respectively. At the Annual Dinner, Dr. Evarts Graham of St. Louis introduced Dr. Carlson as the speaker of the evening.

In Louisville, we called on Ralph [*WS* 1935] and Helen Adams in their lovely old suburban home, with beautiful gardens and grounds, near the city. Unfortunately, their twin boys and baby boy had all gone to bed.

On the way to Nashville we made a side trip to the Blue Grass country around Lexington, where we visited Warren Wright's beautiful Calumet Farm and were told with positive assurance that "Citation" would win the Kentucky Derby and that "Coaltown" would place second. They did! Unfortunately, we had been too conservative to bet.

In Nashville, we stayed at the Shulls' (Dr. and Mrs. Harrison Shulls') delightful home out of town. Besides driving us all around the beautiful countryside, "Hack" prevailed upon us to stay over so that I could lecture on Endoscopy to the third and fourth year classes at Vanderbilt University Medical School.

Except for cold rainy driving all the way going west from New York to Springfield, Illinois, we had hot sunny weather throughout the Middle West and South until we got back to Lexington, Virginia. Here it turned cold and rainy, so we visited the University of Virginia in Charlottesville, and Monticello the home of Thomas Jefferson, in the rain, and were unable to take the famous Skyline Drive through the Shenandoah National Park. Washington was beautiful, as usual. Unfortunately, "Hamp" (Dr. Aubrey O. Hampton, *r.p. R* 1927 & *former Chief R*) was visiting in Texas.

Atlantic City is cool and today is rainy. At the meeting of the American Gastroenterological Association, I presented a paper (co-author Dr. Richard H. Sweet) on "Benign stricture of the esophagus, with special reference to hiatus hernia, esophageal ulcer, and duodenal ulcer". I also demonstrated at that meeting and at the meeting of the American Gastroscopic Society the new operating gastroscope with special channel for aspirating secretions and biopsy forceps. A great deal of interest was shown. A young New York surgeon approached me after the meeting regarding a career in Endoscopy. Of course I told him it is a fascinating field for a man with adequate general background who is willing to continue to correlate his work with medicine, surgery, radiology, pathology, etc.

At the Annual Dinner of the American Gastroenterological Association, the Julius Friedenwald Medal was presented to Dr. Franklin W. White [*EM* 1896] of Boston. In accepting the medal Dr. White said he thought they had picked the wrong man, and that their eulogies were as incorrect as the following limerick:

"There was a young fellow named White
Who could travel much faster than light;
He went out one day
In a relative way
And came back the previous night."

At the Annual Luncheon of the American Gastroscopic Society, the guest of honor was Dr. George B. Eusterman of Rochester, Minnesota, who spoke on "Gastric diagnosis in retrospect".

At a small dinner, attended by Dr. and Mrs. Walter L. Palmer of Chicago, Dr. Herman Moersch of Rochester, Minnesota, Dr. Dwight L. Wilbur of San Francisco, Pat and me, Dr. Wilbur told a story which illustrates the thriftiness of some people other than "Proper Bostonians". It seems that a salesman came to the door to sell a bicycle but the family said they could not afford it, at which point the small son pulled out a good sized roll of bills and change and offered to pay the salesman. His father and mother were aghast and asked him where he got the money. He replied that on a recent trip he had taken with his father "Daddy was very careless about his money, and left some lying on the table after every meal!"

In conclusion, Atlantic City seems to have just the right touch of welcome for the distinguished Association of American Physicians. In the windows of shops and restaurants the following sign, all on one card, is prominently displayed:

WELCOME
UNITED STATES BREWERS
Association
American Physicians

The News always appreciates a letter such as this, from Dr. Dwight M. Fowler (*ES* 1946).

Not so long ago I returned to the U.S. from Korea, where I served with the 6th Infantry Division as Division Medical Inspector. There are innumerable stories—some good, more of them bad—that might be told about this very oriental, very muddled, and very dirty land. Some of the following are illustrative.

As Medical Inspector my work was primarily preventive medicine, with emphasis mainly upon insect control and secondarily on rodent control and general health of natives and GI's. Just about any disease that is water-borne, insect-borne, or rodent-borne is endemic in Korea and ready to explode with little coaxing. Native cooperation in improving sanitation deserves nothing but demerit, and it was only through the efforts of occupation troops that the general health of GI's and Koreans remained excellent throughout the twelve months of 1947. One small outbreak of typhus appeared early in the year, and less than two dozen cases of cholera were diagnosed during the latter part of the summer. Sporadic reports of dysentery, typhoid, smallpox, and diphtheria—most of them unconfirmed by laboratory methods—appeared from time to time. All of these were among the natives. Compared with the previous year, when some 12,000 natives died of cholera alone, there is much reason to be proud, for without large-scale immunizations, chlorination of city water supply systems, and attempts (with mediocre success) to educate the natives, there is good reason to believe that such outbreaks might be annual.

No. 11 in a series of Staff photographs
Dr. Joe V. Meigs—Chief of Gynecological Service

Thanks to DDT, mosquito and fly populations were excellently controlled in camp areas some distance from a native village. I have nothing but the highest praises for DDT. Properly used, it never failed to control common insect pests. Even when a camp was surrounded by native dwellings the same was true, though at the expense of considerable effort, for each native dwelling—inside and out—each little body of water, each pigsty, within a half-mile radius of the confines of the camp had to be sprayed or dusted with DDT. In Fusan (population 600,000), for example, where U.S. troops were rather scattered throughout the city, every building received at least one dousing of residual DDT spray. The results were very gratifying when measured in terms of insects present and insect-borne diseases. For example, the rate of new malaria in GI's during the period 1 April—1 November 1947 was 1.3/1000/annum, 20 or 30 times lower than during the previous year when sanitary teams were less fully organized. Rice paddies, omnipresent in the agricultural section of Korea (Southern, US-occupied), were perfect breeding places for many species of mosquitoes and some flies. DDT dust was applied to many of these, with deleterious effects to the insect larvae and no effects upon the crops. Even though stagnant water was as common there as grass and trees in Boston, I think there were smaller numbers of mosquitoes and flies in the controlled areas of Korea than in Boston. The natives were rather indifferent to insects. They didn't seem to mind them when present, nor miss them when absent. And this indifference was well illustrated by such examples as the following: it was felt by some that, given small sprayers (flit guns) and residual spray to use, individual natives might spray their own dwellings and maybe the dwellings of others near by. But, alas, the sprayers were soon found on the shelves of the thieves' (black) market, and the DDT and diesel oil had disappeared (allegedly into auto gas tanks).

Enough for insects. I'd like to mention rodent control, and again point out that native cooperation was disappointing. First, the Korean is unwilling to keep food beyond the rodent reach. I have watched rats in a native house gnawing at food about to be eaten. The family, temporarily interrupted by my visit, would ordinarily have shoved the animal out of the way, or held the food beyond his reach. They were disturbed not by the fact that the rat was dirty, apparently, but rather that it was devouring their food. But even this latter fact seemed to excite only a modicum of indignation, for food is more plentiful now since the U.S. has begun to ship it over to Korea; hence there is less demand for frugality. It was hoped that by supplying the natives with ordinary steel-spring rat traps an effort might be made by them to rid their dwellings of the pests. The springs were found a few days later in the black market; the wooden bases had already been burned for kindling. Finally, it was impossible to poison the animals, due again to lack of cooperation. Poisoning is carried out by using "rat bombs"—small boluses of sodium fluoracetate mixed with meal or fish. These are thrown at random throughout a heavily infested area. The rats often eat them and die. But since there is no way of controlling beggar children (not necessarily orphans—many voluntarily familyless because they can live more "elegantly" in the streets than at home) who would devour the bombs, they cannot be used. The rodent control program was not successful. It was hoped that appropriations might be raised so that bounties could be offered the native for each rat tail he brought to military government. This may be attempted another year.

I should like to conclude this section by saying that any success we have had in improving sanitation and living conditions has been in spite of, and not because of, the natives.

Statistics are totally unreliable in Korea. However, the following trends are interesting. The average age of the native at death is about 40 years. Infant mortality is very high—estimated by some doctors at 30-40 percent. One of the commonest causes of infant death is falling from the mother's back while she leans over to prepare the family meal or to select a dried and salted devilfish in the market place. Many a life has been lost either from fatal burns in a cauldron of fat or a fractured calvarium ere the infant has reached 6 months. Infant diarrheas are important, along with infectious diseases and malnutrition. The relative importance of these and other factors is unknown. Older people die of infections caused by trauma, enteric and pulmonary diseases—probably in that order. The native doctors have been much impressed with the sulfa drugs and penicillin, and these now occupy an important place in the black market.

Surgery is still performed bare-handed and in street clothes, with anesthesia varying from ether to a shock state. The hospitals—once thriving under Jap rule—are now pitiful to see. No windows and no central heat in wintertime, for example. The only heat is supplied by the patient's family who assemble in the room with their little charcoal stoves. The family, also, is responsible for most of the postoperative care. But many patients do well—*vis medicatrix naturae!*

Pregnancy is commoner than non-pregnancy. It takes only a few minutes to arrive tentatively at that conclusion on first entering Korea. Yet it remains valid following more prolonged observation. At the time of delivery the mother does not consider a hospital: she goes to her home. Generally, a doctor is not consulted—most frequently a midwife attends. Not uncommonly, there is no one to assist. Episiotomies are made from within by the oncoming infant. The continuity of the perineal floor is not restored by sutures but rather by caustic soda. Many perinea are horribly misshapen following over-eager applications of lye. Not infrequently cervical stenosis may result in death of the mother during a subsequent delivery—at least, that is what I have been told.

One last story and then this must cease. Malaria, endemic in all of Korea, especially in the southern zone, is often acquired early in childhood. At a tender age the enlarged spleen of "chronic" malaria may be found. To the Korean doctor the spleen resembles a turtle when palpated through the abdominal wall. Hence, the native designation for malaria is "turtle". To treat the disease, a lock of hair is cut from the head and mixed with an oil or grease. This is placed over the "turtle" and ignited. "Cures" should be accredited to fear of another treatment rather than to actual symptomatic relief. It is not uncommon to find natives with small abdominal scars overlying the spleen; they have been "ridden" of malaria at some time in the past, probably.

This is a tardy letter. However, it was not because I didn't think about the M.G.H. that I failed to write sooner. The News, which reached me during the overseas tour, was mighty welcome, and I thank you for it.

I expect to start a residency in Neurosurgery at Cushing General Hospital in June.

Best wishes to all.

THE NEWS

No. 70 Boston, Mass. July and August 1948

DENTAL SERVICE AFFAIRS

One of the aims in the development of the Dental Service is to strengthen the cooperation and teamwork with all of the other active services in the hospital. The ideal has not been reached, but progress has been made. An important factor contributing toward this achievement has been the increase in the use of consultants from other services in the care of our patients. Closer supervision by the house staff and senior visiting men has also been of importance in the handling of complicated cases.

Most of our work necessarily comes within the scope of surgery. This includes the treatment of infections in and about the oral cavity, fractures, and benign neoplasms. Many of the minor procedures are carried out in the Clinic. The house cases are admitted from the Clinic and from the Emergency Ward.

The number of patients admitted to the Clinic has fallen off in the past year. It is difficult to attribute a definite reason for this. In order to maintain the house service on a higher plane it is hoped that some changes can be made in the appointments of our visiting men so that their talents may be utilized more efficiently in the care of our patients, as well as in the training of our two house officers. In a small service such as we have, a limited point of view becomes a threat in the training of house officers. We hope to correct this by utilizing for house service some of our well-trained visiting staff whose activities for some time have been limited to the Clinic, only. Our Clinic, I am certain, can boast of the fact that all patients are treated by men who have had years of experience and have given unselfishly of their time.

Probably the most important new activity in the Clinic and in the house has been concerned with the teaching of students in the third and fourth years of the Harvard School of Dental Medicine. These students are assigned on regular schedules to the Clinic, where history taking and examinations are carried out. If we were to examine the types of cases seen by our students during the past three months, one could not help but realize the importance of the Massachusetts General Hospital in the new educational plan now in effect at the Harvard School of Dental Medicine.

David Weisberger, M.D., D.M.D.,
Chief of Dental Service

* * *

The American Association of Plastic Surgeons recently held its annual meeting in Boston. The meeting was sponsored jointly by the M.G.H. and the Children's Hospital. Members, wives, and guests were cordially welcomed at a buffet supper at the home of Dr. and Mrs. V. H. Kazanjian, Monday evening, May 31.

On the following morning there were case presentations by Drs. Donald W. MacCollum, Thomas H. Lanman (*ES* 1918), and other members of the Staff at the Children's Hospital, followed by a luncheon at the Medical School. The afternoon session was devoted to the presentation of papers by members of the Society. An evening at the Pops was enjoyed by all.

The next two days, the meeting continued at the M.G.H. with a presentation of patients by Drs. Kazanjian, Ernest M. Daland, and Bradford Cannon on Wednesday morning and Thursday afternoon, and a series of papers by members of the Society on Thursday morning.

At the Annual Banquet on Wednesday evening, at the Harvard Club, speakers included Professor T. P. Kilner, Nuffield Professor of Plastic Surgery at Oxford, and our own Dr. Arthur W. Allen.

* * *

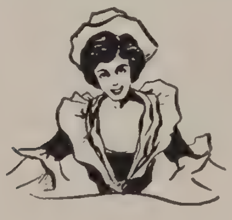
The 75th Anniversary of the School of Nursing, held June 11-13, was the occasion for an outstanding program. Included among its events were addresses by Miss Nellie X. Hawkinson, Professor of Nursing Education at the University of Chicago; Mr. Bancroft Beatley, President of Simmons College; and, from M.G.H., Dr. Henry K. Beecher, Chief of the Department of Anesthesia; Dr. Alfred O. Ludwig, Associate Psychiatrist; Miss Marie E. Rearick, Supervisor of Psychiatric Nursing; Dr. Nathaniel W. Faxon, Director; and Miss Ruth Sleeper, Director of the School of Nursing and Nursing Service.

The meaning of this anniversary celebration was well expressed in two complementary addresses by Miss Sleeper and Dr. Faxon, each of whom traced the growth in size and significance of the School of Nursing since its inception in 1873 as the Boston Training School for Nurses. Dr. Faxon, speaking at the graduation exercises of the Class of 1948 of the School of Nursing, discussed the contribution of the School to the development of the Massachusetts General Hospital. Stressing the role of woman as man's "helpmeet" in hospitals as elsewhere, he spoke of the resistance encountered when the plan for a training school was first discussed, and went on to enumerate the benefits to the hospital that have accrued from that original plan. Most important, he said, has been the social-economic contribution—the provision of student nurses and graduate nurses to meet the expanding needs of the hospital in the period of "mushroom growth" from 1873 to the present time. He mentioned, also, the maintenance of high standards of patient care, the aid in integration of the hospital activities and planning of facilities, and the interest and help in research projects which have been contributions of the School. Dr. Faxon expressed admiration for the School faculty, that over the years has enabled nursing in M.G.H. to keep step in the rapid advance in nurses' responsibilities. "There is now much more to nursing than making a bed or soothing the fevered brow," he said. Financially, too, according to Dr. Faxon, the School has made its contribution, since in 1930 alone the saving to the hospital through services of student nurses amounted to $137,000. It was interesting to learn, however, that this sum has been cut down year by year through increased expenditures to develop and better the School, until it is possible to prophesy that value of service and School expense will soon balance. Dr. Faxon concluded his address with a fine tribute to the group of women who started and guided the School during its formative years, and to those who "as superintendents and teachers bore the heat and burden of the day by day operations."

Addressing a large group of homecoming alumnae at the Anniversary Meeting on June 11, Miss Sleeper spoke on "The two inseparables—nursing service and nursing education". Retracing in her turn the history of the School, she showed very graphically the "mushroom growth" referred to by Dr. Faxon and the evolution of the Nursing School curriculum and policies under the influence of that growth. Pointing out that in 1873 "the curriculum was in essence the care of the sick" and quoting a recommendation of that year that "two more pupils should be engaged in readiness to open another ward", Miss Sleeper referred to the limited character of early nursing procedures, then traced the rapid additions of lectures, outside affiliations, and so many new procedures as to demand an additional year's training. She paid tribute to Miss Annabella McCrae for her outstanding contribution to the expanding curriculum.

Today "the impact of medical science on nursing service" is presenting new and important problems to the nursing educator, Miss Sleeper said. She pointed out the vast increase in time expended on certain nursing techniques—for example, on hypodermic and intramuscular injections which, in this hospital in 1948, require time every day equivalent to the full service of 41.8 nurses. "What curriculum," she asked, "can develop in the immature student the ability to see beyond the techniques, to be sensitive to the patients' needs?" Similarly, early ambulation, psychosomatic medicine, the downward trend in the age of student nurses, all make their challenge to the Nursing School in which service to the patient remains the basis of curriculum growth. "The nurse of 1948," said Miss Sleeper, "must be prepared for work in a field which has unlimited possibilities for new developments."

The pattern for the progress ahead was perhaps set up by Dr. Beecher in an address on the same evening. Citing the opposition to the establishment of the School of Nursing as one of his examples of "Opposition to progress", Dr. Beecher described the part of youth in scientific discovery and medical progress as contrasted to the conservative influence of the "relatively elderly powers". "Three-quarters of a century ago," he said, " . . . this abundance of robust youth . . . put the Training School for Nurses on its feet." He then quoted from the hospital Annual Report for 1876 which prophesied of the student nurses that "with right notions of their duties, they will eventually prove a blessing to the sick of all classes in the community."



The results of the Vincent Show were recently announced at the Annual Meeting of the Club. Their contribution to the Vincent Memorial Hospital of the handsome sum of $38,000 is $2,000 more than that of last year, proving—all mathematicians and grammarians to the contrary—that what seemed like *supreme* effort last year could be increased to *more supreme* effort this year. The thanks of everyone connected with M.G.H. go to the Vincent Club—not only for its splendid donation, but for the hours and hours of time and thought so freely given by its members.

It may interest our readers to know that plans for the 1949 Show are already under way, with the dates March 28 through April 2 set for the event.

* * *

Interns and Residents have been very lax, in the past, in the matter of renewing their Limited Registration Certificates which permit them to practise at M.G.H. This omission has aroused much criticism of the hospital from the Massachusetts State Board of Medicine.

It is the duty of all Interns and Residents to see that their Certificates are promptly renewed. They are hereby instructed to notify Mrs. Flynn when their expiration dates are drawing near, and she will handle the matter of renewals.

W. T. S. Thorndike, M.D.,
Assistant Director

* * *

MYASTHENIA GRAVIS CLINIC

The syndrome of myasthenia gravis was first suggested by Thomas Willis in 1672, but the disease was not clearly delineated until the reports of Erb in 1878, Goldflam in 1893, and Jolly in 1895. The first patient to enter the wards of the Massachusetts General Hospital with this disease was admitted in 1905. In the following thirty years, up through 1934, thirty-one patients received this diagnosis in the wards and possibly a few more in the Out-Patient Department. The disease was thus rare, only one patient a year, on the average, being seen in a moderately large general hospital. Seven of the thirty-one are known to have died either within a few weeks in the hospital or within a year at home. The disease was rapidly fatal, probably even more so than our ratio of 7 in 31 would indicate since our follow-up records were not complete. The average age of death in this early series was slightly over 35 years. During this period, moreover, treatment was nearly unavailing. After 1930, ephedrine sulfate was used as a form of treatment with moderate success.

Interest in the disease was greatly stimulated by the report of Dr. Mary Walker of London in the *Lancet* for June 2, 1934. She had used parenteral physostigmine with remarkable effects; the muscular weakness in her patients disappeared within fifteen to twenty minutes after injection. The distressing side effects of physostigmine were soon controlled by atropine, the latter drug not interfering with the good effects of physostigmine on the skeletal musculature. Shortly after June 1934, prostigmine, a synthetic analogue of physostigmine, was used with the same general effect; most of the symptoms, even in a severe myasthenic, disappeared rapidly.

On March 28, 1935, prostigmine, now called neostigmine, was first used at the Massachusetts General Hospital on a patient who had been under observation with a diagnosis of myasthenia gravis since 1933. The injection was made in the Ether Dome at my request by Dr. Robert S. Schwab, then Resident in Neurology. The effects were dramatic and led us to investigate the effects of prostigmine in diseases other than myasthenia gravis. By the end of 1935, five patients with myasthenia gravis and seven patients with other conditions such as muscular dystrophy, amyotrophic lateral sclerosis, progressive bulbar palsy, and the progressive ophthalmoplegia of von Graefe had been examined. The response in all cases of myasthenia gravis was rapid and in most cases complete, while in other diseases the effects of the drug were minimal. The "Prostigmine Test" was thoroughly proved by ergographic and electromyographic studies, as well as by fluoroscopic examination in cases of dysphagia, after ingestion of barium. A diagnostic schema was developed to record the results, and the data was published in the *New England Journal of Medicine,* December 26, 1935, the first report of the diagnostic value of prostigmine in myasthenia gravis.

Our interest in this condition grew rather slowly and, in 1936, Dr. Roger S. Mitchell and I were able to report on a group of eighteen patients tested twenty-seven times. By September of the next year, 1937, twenty-three patients had been seen, largely in the Out-Patient Department. In 1939, the subject was thoroughly reviewed by Drs. Viets and Schwab, the number of cases being seventy. The Myasthenia Clinic was formed at this time in the Out-Patient Department and has continued ever since. The total number of patients seen with myasthenia gravis through June 1, 1948, is 245 and many more have been reported to us by correspondence. About twenty-five papers have been published from the Clinic in the twelve years.

The Clinic is held in the Out-Patient Department once a week except during the month of August. About sixty patients are constantly seen and, in addition, twenty to thirty are observed each year in the private or public wards of the hospital. The principal work of the Clinic has been in demonstrating the efficacy of prostigmine in the care of patients and as a center for studies—such as race, progress of the disease, the evaluation of thymectomy as a form of treatment, and the use of drugs other than prostigmine.

The Clinic has been fortunate in having a group of patients who have been willing to remain constantly under care. There is, for instance, in the Clinic today the patient who was first injected in 1935, and many of our patients have been under our personal observation for periods of five to ten years. From them, we have learned something of the progress of this disease and the value of treatment when carefully adjusted to the individual patient. Practically every patient under our observation is on a special schedule of prostigmine and supplemental drug designed for that patient alone. The schedules, moreover, may change from month to month and constant supervision is needed.

The trend, however, is for the Clinic to become smaller rather than larger, and this is based on three factors: 1) The disease is more fully recognized now than it was ten or twelve years ago and physicians have become adept in both diagnosis and in caring for patients with myasthenia gravis. 2) Treatment with prostigmine has enabled many patients to remain comparatively well. Deaths in our Clinic over a period of twelve years are about 25 percent, but as the age of onset of the disease is from infancy to patients over seventy, a considerable portion of deaths is due to advancing years. The mortality from myasthenia gravis itself is probably under 10 percent at the present time and perhaps as low as 5 percent. 3) A further stimulation came when thymectomy was first used by Blalock at the Johns Hopkins Hospital in 1941 as a form of treatment in patients with myasthenia gravis, but without tumors of the thymus as disclosed by roentgenoscopic examination. The operation was first carried out here by Dr. Churchill in December of the same year. Subsequent operations were done by Dr. Oliver Cope and Dr. Richard H. Sweet. Through the month of June 1948, twenty-nine patients from the Clinic have been subjected to thymectomy, twenty-six of them at the Massachusetts General Hospital. Of this group, twenty-one are living and eight have died.

The Clinic, run jointly by Dr. Schwab and me, has been carried on with the assistance of various Residents in Neurology. The secretary in recent years is Miss Margaret M. Bateman, and an office is maintained on Bulfinch IV. A number of exhibits have been given before various medical associations, particularly at the annual meetings of the American Medical Association and the American Neurological Association.

As a result of a twelve-year study of this disease at the Massachusetts General Hospital, Dr. Schwab and I have reached the following conclusions:

1. Patients with myasthenia gravis, with a few exceptions, can now be maintained on various amounts of prostigmine bromide taken by mouth. Occasionally, the oral medication must be supplemented by injections subcutaneously and on rare occasions the drug is given intravenously. Intravenous treatment has been a considerable factor in reducing the operative mortality, the drug being given by the continuous drip method during the operative and post-operative period.

2. Although a large number of cases have been seen at the Massachusetts General Hospital in the last twelve years, this does not mean that the disease is more common than formerly considered. The "Diagnostic Test", first devised at this hospital in 1935, has been of great value in disclosing cases that otherwise would have been missed. The Clinic, moreover, draws patients from a wide area, including those from outside the United States.

3. Myasthenia gravis tends to progress by spontaneous remissions and relapses. Theoretically, one ought to be able to give enough prostigmine either by mouth or by subcutaneous or by intravenous injection to maintain the patient properly at all times. Very sick patients, however, require a large dose of prostigmine. In exceptional cases doses as high as forty 15 mg. tablets, or the equivalent in soluble prostigmine, are not infrequently required.

4. If a patient is maintained during a period of relapse, a spontaneous remission is almost certain to occur. When this becomes evident, patients quickly reduce the amount of prostigmine necessary for maintenance. A resistance to the effects of the drug is not ordinarily developed and most patients, requiring thirty or more tablets a day during a relapse, are frequently maintained on two or three tablets or even less during a remission. Some patients are free from all symptoms and require no medication for months or even years.

5. The adjustment of the schedule to the patient is the most important part of the treatment. Each patient requires a separate schedule. Thus, constant observation is necessary, and in the Clinic patients are seen at intervals of from two weeks to six months, depending on the severity of their illness.

6. The disease is best considered as a deficiency disease, with prostigmine making up the deficit. Other drugs are of relatively little value.

7. Most patients in our thymectomy series feel that the operation results in a more constant maintenance of good health, without fluctuations, and in some cases the amount of prostigmine necessary for sound adjustment is radically reduced. The death rate of thymectomy on our hands is eight out of twenty-nine cases, most of the deaths having occurred before 1945. Only one death has occurred in the last eleven cases operated on.

8. The disease may have its onset at any period of life from infancy to old age, but the majority of the patients have their first symptom between twenty and thirty. The decade between sixty and seventy, however, comprises the second largest group.

9. Patients with myasthenia gravis, when well maintained on prostigmine, may have a "normal" pregnancy. Delivery is not affected and the children in our series were not abnormal. Some patients experience a partial or even a complete remission of symptoms during the last two trimesters of pregnancy. Symptoms again appear after delivery.

10. Prostigmine, in general, makes other types of muscular fatigue worse. Its use in degenerative diseases of the nervous system, such as progressive muscular atrophy, is contraindicated.

11. Finally, about half of the patients under our observation are well adjusted on medication, most of them carrying on their usual occupations; another 40 percent of the patients under observation lead a somewhat restricted life.

Henry R. Viets, M.D.

* * *

The announcement of the May meeting of the Massachusetts General Hospital Research Council gave the following program:

"Clinical and laboratory studies on beryllium toxicology", Drs. Robert S. Grier, Peter H. Nash, and David G. Freiman.

"Studies of intracranial tumors, employing radioactive isotopes. The concentration of P32 by cerebral tumors", Drs. Bertram Selverstone and Arthur K. Solomon.

MASSACHUSETTS EYE & EAR INFIRMARY

The Junior League of Boston has pledged year-round service to the Boston Eye Bank, to assist with the program for furnishing eye tissue to the surgeons for the corneal transplant operation.

The Junior League voted unanimously to sponsor the project, to make certain that the Eye Bank is given 24-hour service. The Red Cross is very active in its support of the program and transports eye material from 9 to 5 on weekdays. The League will now furnish transportation at all other times. Its members are also conducting a campaign to raise funds to finance the service and to enroll volunteers who will donate their eyes to be given after death to the Eye Bank.

Dr. Garrett L. Sullivan, Assistant Surgeon in Ophthalmology at the Infirmary, has been appointed by the Executive Committee as General Director of the Eye Bank.

Dr. LeRoy A. Schall, Chief of Ear, Nose and Throat Service, was awarded a Doctor of Science honorary degree from Jefferson Medical College on June 4. Dr. Schall received his M.D. there in 1917.

Dr. Paul A. Chandler, Surgeon in Ophthalmology, was given an honorary Doctor of Science degree, on May 31, from Hastings College, Hastings, Nebraska. Dr. Chandler graduated from this college in 1920, before coming to Harvard Medical School.

At the same commencement exercises, Dr. Chandler's brother, Rev. Russell C. Chandler, was given an honorary Doctor of Divinity degree.

Dr. Edwin B. Dunphy, Chief of Ophthalmology, will sail on June 24 for England, where he will attend several ophthalmological meetings—among them the Oxford Congress.

Dr. Parker Heath, Director of Pathology Laboratory, was elected in June as Vice-President of the American Ophthalmological Society.

Dr. David G. Cogan, Associate Surgeon in Ophthalmology and Director of the Howe Laboratory, is to be in Germany during July and August, under the auspices of the Unitarian Service Committee, which has previously sent similar missions to Czechoslovakia, Italy, Greece, and Poland. The present mission, which is the first to have an ophthalmologist, is to make a lecture tour of the university centers in Germany. Dr. Cogan's lectures will be on the clinical physiology and pathology of the cornea and on the neurology of the extraocular muscles.

An exhibit of a new type of movable implant, which is a modification of several existing varieties, was presented at the Chicago Session by Dr. William B. Stone, Jr., Resident in Ophthalmology. The exhibit depicts the results of a large series of implantations done at the time of enucleation, and also a series done on sockets where the previous result has been unsatisfactory. The results of a series of plastic repairs on contracted sockets, utilizing the implant, and the advantages and disadvantages of the procedure were shown. The surgical technique necessary and results of animal studies on tissue growth into and around these implants over varying periods were diagrammed in detail. The exhibit made it clear that no extrusions have occurred over a year's period, and the motility on an over-all basis is 84% of that of the normal eye.

The Board of Trustees, at their meetings on May 14 and 28, and June 11, voted:

To accept the resignation of Dr. Francis D. Moore with regret and to appoint him to the Board of Consultation, effective July 1.

To appoint:

Dr. Jarrel G. Burrow as Assistant Resident on the Dental Service for one year, beginning July 1;
Dr. Jonathan Cohen as Assistant Resident on the Orthopedic Service, beginning July 1, 1949;
Dr. Lewis Francis as Assistant Resident in Anesthesia, beginning July 15;
Dr. Nicholas M. Greene as Assistant Resident in Anesthesia, beginning August 15, 1949;
Dr. Grant V. Rodkey as Second Assistant Resident in Surgery, beginning June 14;
Dr. Robert S. Shaw as Third Assistant Resident in Surgery, beginning May 25;
Dr. Allan J. Stinchfield as Assistant Resident on the Orthopedic Service, beginning January 1, 1949;
Dr. Paul Sweet as Dental Intern for one year, beginning July 1;
Dr. Jerome Waldman as Assistant Resident on the Orthopedic Service, beginning January 1, 1949;
Dr. John C. Wilson, Jr. as Assistant Resident on the Orthopedic Service, beginning October 1, 1949.

At their meetings on May 12, 19 and 26, and June 9, the General Executive Committee voted:

To promote:

Dr. Roy V. Buttles from Second Assistant Resident to First Assistant Resident in Pathology, beginning July 1;
Dr. Robert H. Fennell, Jr. from First Assistant Resident to Senior Resident in Pathology for one year, beginning July 1.

To extend the appointments of:

Dr. Howard P. Haswell as Assistant Resident in Anesthesia for a second year;
Dr. Charles K. Wainger as Clinical and Research Fellow in Dermatology, through December 31.

To appoint:

Dr. Perfecta C. Bautista as Graduate Student Assistant in Neurology for the months of May, June, and July;
Dr. John W. Bell as Clinical Fellow in Surgery;
Dr. Samuel Bluhm as Clinical Fellow in Radiology;
Dr. Reinaldo F. Brignone as Research Fellow in Surgery;
Dr. John D. Crawford as Research Fellow to the Children's Medical Service, as of January 1, this appointment to continue through June 30;
Dr. Thomas F. Dwyer as Clinical Fellow in Psychiatry for the period June 1 through November 30;
Dr. William A. Elliston as Research Fellow in Orthopedic Surgery for the period January 1, 1948 to June 30, 1949;
Dr. Davitt A. Felder as Clinical and Research Fellow in Surgery, as of July 1;
Dr. Theodore S. Golden as Clinical Assistant in Pediatrics, beginning March 1;
Dr. Edwin B. Goodall, Jr. as Clinical Fellow in Neurology for six months, beginning July 1;
Dr. Ralph H. Luikart, II, as Clinical Assistant in Dermatology for nine months, beginning July 1;
Dr. Roland H. McFarlane as Research Fellow in Medicine, to work with the Hypertension Committee for one year, beginning July 1;
Dr. Frederic B. Mayo as Clinical Assistant in Medicine;
Dr. Abraham I. Perley as Clinical Assistant in Dermatology for six months, beginning July 1;
Wilson R. Slaunwhite, Jr., Ph.D., as Research Fellow in Medicine;
Dr. Arthur A. Thibodeau as Research Fellow in Orthopedic Surgery for the period January 1, 1948 to June 30, 1949;
Dr. Harold A. Vinson as Clinical Fellow in Radiology;
Dr. William S. Worthy as Clinical Assistant in Surgery, assigned to Gynecology.

* * *

DERMATOLOGY DEPARTMENT

Dr. Chester N. Frazier, our new Chief of Service, comes to us from the University of Texas, where he has been Head of the Department of Dermatology. Dr. Frazier has been named Edward Wigglesworth Professor of Dermatology at Harvard, where he will develop the newly-established research program on diseases of the skin. The program will make use of recent advances in physiology and biochemistry in a search for new knowledge of skin diseases.

With the aid of an increased budget we shall be able to operate on a more satisfactory basis, with a full-time Chief. Several laboratory projects are in prospect. We are all looking forward to the advent of this reorganization.

We have been waiting for over a year for a copy of the Chinese citation conferred upon Dr. Merrill Moore (*gr. asst. N* 1933-34) by Generalissimo Chiang Kai Chek. In reply to another more recent request for the text of the award, we received a letter from Dr. Moore, together with a copy of a Commendation, signed by Major General John P. Lucas, USA, Deputy Commander at Nanking Headquarters, a letter from Colonel George E. Armstrong, MC, Chief of Personnel, Office of the Surgeon General, Washington, D. C., and a picture of Dr. Moore receiving the Chinese decoration. The picture is on the bulletin board near the foot of Treadwell stairs.

Dr. Moore's letter reads, in part:

I apologize for waiting so long before sending you a copy of my Chinese award, but I did not receive it until lately. It is in Chinese and I haven't been able to get a good translation yet, but in the meantime I am sending you copies of the material on which the award was made. The Chinese citation is practically the same as the one I am enclosing, dated 26 July 1946. The title of the Chinese decoration is Yen Hui—"Cloud and Banner". Thank you very much for your kind interest.

I follow THE NEWS carefully and always find it informative and often inspiring.

The text of the 26 July 1946 Commendation, signed by Major General Lucas, is as follows:

1. I desire to commend you for the superior and outstanding manner in which you have performed the duties of Surgeon, this Command.

a. As Surgeon of this Command you have been responsible for the organization and operation of all medical service in the Nanking Area.

b. You have assisted materially in the selection of sites for all sanitary installations of this Command.

c. Under your direction the City of Nanking and environs have been sprayed with DDT from the air. This is the first time a world capital has been air-sprayed for disease control.

d. You have supervised the air evacuation of numerous emergency medical and surgical cases.

e. You organized for Supreme Headquarters, Chinese Army, the first public health conference to take place in China after the occupation of the enemy.

f. At the request of U.S. Army authorities you planned and executed the sanitation of a Japanese Prisoner of War Camp in the Nanking Area. You corrected dangerous conditions that, had they not been corrected, would have favored the spread of cholera, typhus, and other communicable diseases down the Yangtze Valley.

g. The fact that the disease rate of the Nanking Headquarters Command has been so low (between 1% and 2% for the first six months of this year) and the fact that the general health and sanitation standards are so high reflects great credit on the indefatigable efforts of you and the United States Army.

2. By direction of the Secretary of War you are authorized to wear the Army Commendation Ribbon.

Excerpts from Colonel Armstrong's letter:

During the period from approximately 1 March 1946 to 31 August 1946, Lieutenant Colonel Moore . . . was assigned to duty with the Nanking Headquarters Command, Nanking, China. During the bulk of this period he was the Station Surgeon and as such carried the duties and responsibilities of any Station Surgeon. In addition to this, he acted as the Medical Advisor to the Medical Section of the Chinese Army Ground Forces Headquarters located in that city.

On 1 May 1946, General George C. Marshall returned to China from the United States and took up his abode in Nanking. From that date until 31 August 1946, Lieutenant Colonel Moore acted as the personal physician to General Marshall, his family, and his personal staff—this with the verbal authority of the Surgeon of the China Theater and the Acting Theater Commander. In addition to acting as personal physician, Lieutenant Colonel Moore was also responsible for the sanitation of the General's mess and quarters.

A paragraph in which Colonel Armstrong pays high tribute to Dr. Moore's work in China is omitted at Dr. Moore's request.

* * *

Miss Frances M. Hernan, Chief of our Accounting Department, spent the month of June attending the National Retail Credit Men's Conference in Banff, Alberta, Canada, and vacationing at Lake Louise.

Dr. Gerardo M. Balboni has established, with friends and patients, an Italian Memorial Fund for Cancer of the Throat at the Massachusetts Eye and Ear Infirmary. This Fund is now over $13,000. The purpose of the Fund is to establish a free bed.

Recent gifts to the Archives Department:—

From Dr. J. Dellinger Barney—one of the blue Bulfinch plates.

From Mrs. Richard A. Shaw, 2 Spencer Avenue, Orono, Maine—2 framed pictures of operations, taken about 60 years ago.

We have published letters from Dr. Arthur K. Stone, the only living member of the MGH Class of 1888, and Dr. Edward M. Greene of the Class of 1889. There are no living members of the Class of 1890. We have written to the 1891 alumni, asking them to send us any "recollections of early days at M.G.H." they think might interest our readers. We hope to receive letters from them soon, for we prefer not to pass along to the next younger class until those of 1891 have been heard from.

Mr. Leonard K. Eaton, who is working at Harvard for his Ph.D. in American Civilization, spent some time in our Archives Department recently, gathering material for his term project paper in his Fine Arts course with Dr. Kenneth J. Conant. The result is an excellent nineteen-page article, titled "The Massachusetts General Hospital: Genesis and character". Mr. Eaton has presented us with a bound copy of his work—a very valuable addition to our collection on the Bulfinch Building.

We wish everyone who is at all interested in the history of M.G.H. would plan to come to the Archives Room and read this treatise. Due to his background in the history of civilization, Mr. Eaton has brought out many points hitherto generally overlooked—for instance, to mention only one, his feeling that the rapid growth of such industries in this area as the manufacturing of cotton goods, and the development of Boston as a shipping center, contributed quite as much toward convincing the citizens of Massachusetts that a general hospital was badly needed in this vicinity as did the arguments emanating from the medical and surgical fields. Occupational diseases and accidents were on the increase, and the need of an institution for their care alone would have been strongly felt, even had the physicians said nothing.

Mr. Eaton's treatment of Bulfinch, the architect, is a scholarly one; and many little-known facts concerning the awarding of the building contract, which are brought out in this paper, are most interesting.

We have good reason to believe we shall hear more on the subject of the development of hospitals when Mr. Eaton has finished his final thesis. In the meantime, we guarantee you a most rewarding and exciting half-hour or so when you come in to read his project paper.

Important events, concerning Massachusetts General Hospital, that occurred in the month of July during the earlier part of the nineteenth century:

July 5, 1811 — The bylaws of the hospital were adopted.

July 4, 1818 — The cornerstone of the Bulfinch Building was laid. Bowditch, in his *History of Massachusetts General Hospital,* devotes several pages to the proceedings, including the speech delivered on the occasion.

July 8, 1828 — The Secretary was directed henceforth to audit the accounts of both branches of the institution—McLean and the Bulfinch, with a salary increase of one hundred dollars a year for the additional work.

July 5, 1836 — A committee was appointed to hire or purchase a pianoforte for the Asylum, with appropriate music. Another committee was chosen to purchase a billiard table for the Asylum, should they consider it expedient. They did. Both the piano and the billiard table were purchased.

July 15, 1840 — The officer called House Apothecary at the Asylum was ordered to be known as the Assistant Physician. The broad and exacting duties of the Apothecary in the early days of the hospital are listed in a letter from Drs. James Jackson and John C. Warren (the first Physician and first Surgeon, respectively), written in 1829 to the Trustees, in which they request the appointment of a second Apothecary—one to serve on the Medical Service and one on the Surgical. This letter is now on display in the Archives Room, and is well worth reading.

July 15, 1842 — The Superintendent, as the Director was called in those days, was advised to prohibit the use of tobacco by the patients within the house.

July 20, 1865 — It was voted "that the Physicians and Surgeons to out-patients be authorized to charge such fees for their first visits as they may think proper, whenever they are satisfied of the ability of patients to pay the same."

July 15, 1870 — The attention of the officers of the hospital was called to the rules relating to autopsies, and it was voted that a "Post Mortem Register" be kept to meet the requirements of those rules—each entry in which shall be examined and signed by the Visiting Committee, and the book laid before the Trustees at their regular meetings.

Important events, concerning Massachusetts General Hospital, that occurred in the month of August during the earlier part of the nineteenth century:

Aug. 20, 1810 — A circular letter was issued by Drs. James Jackson and John C. Warren inviting subscriptions "for a hospital for the reception of lunatics and other sick persons". The letter closes as follows:

> Hospitals and infirmaries are found in all the Christian cities of the Old World; and our large cities in the Middle States have institutions of this sort, which do great honour to the liberality and benevolence of their founders. We flatter ourselves that in this respect, as in all others, Boston may ere long assert her claim to equal praise."

As you may remember, a circular letter from the Reverend John Bartlett, Chaplain of the Boston Alms House on Leverett Street, preceded the above letter by several months. At Mr. Bartlett's request, a number of distinguished Boston gentlemen met in Vila's Hall on the evening of March 8, 1810, and on the following day Mr. Bartlett's letter was sent out. A framed copy of the letter hangs in our Archives Room. Drs. Jackson and Warren were two of the seven signatories to the letter.

The Trustees' Report for 1936 has this to say regarding Mr. Bartlett's early activities in the interest of the insane and sick poor of Massachusetts, and particularly of Boston:

> . . . The Reverend John Bartlett . . . was deeply impressed with the hardships suffered by the insane and the sick poor, from lack of hospital accommodations. He made a study of the steps taken in England, New York, and Philadelphia, to remedy such situations and as a result wrote to about twenty-five "wealthy and respectable men" of Boston urging them to meet to consider the development of his plans. . . . It was the first effective step taken toward the foundation of the Massachusetts General Hospital.

Aug. 21, 1821 — Notice was sent to Drs. James Jackson and John C. Warren that the hospital would be ready for patients on September 1. One patient was admitted on September 3, and it was not until September 20 that another application for admission was made.

Aug. 3, 1828 — The Board of Trustees declined, "though with sincere regret", loaning our Gilbert Stuart portraits for an exhibition of Stuart's pictures. Mr. Stuart had died in July 1828.

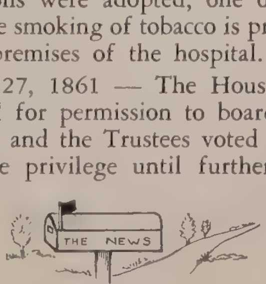
Aug. 21, 1842 — The Treasurer was authorized to pay for the marble bust of Dr. James Jackson. Bowditch, in his *History of Massachusetts General Hospital,* says of the bust:

> As a work of art, it is truly admirable. It is the most speaking likeness that can be conceived. It will transmit to coming times the calm and benignant countenance of the first Physician of the Hospital.

The bust is now in Treadwell Library.

Aug. 18, 1844 — Five new rules and regulations were adopted, one of which was: The smoking of tobacco is prohibited in the premises of the hospital.

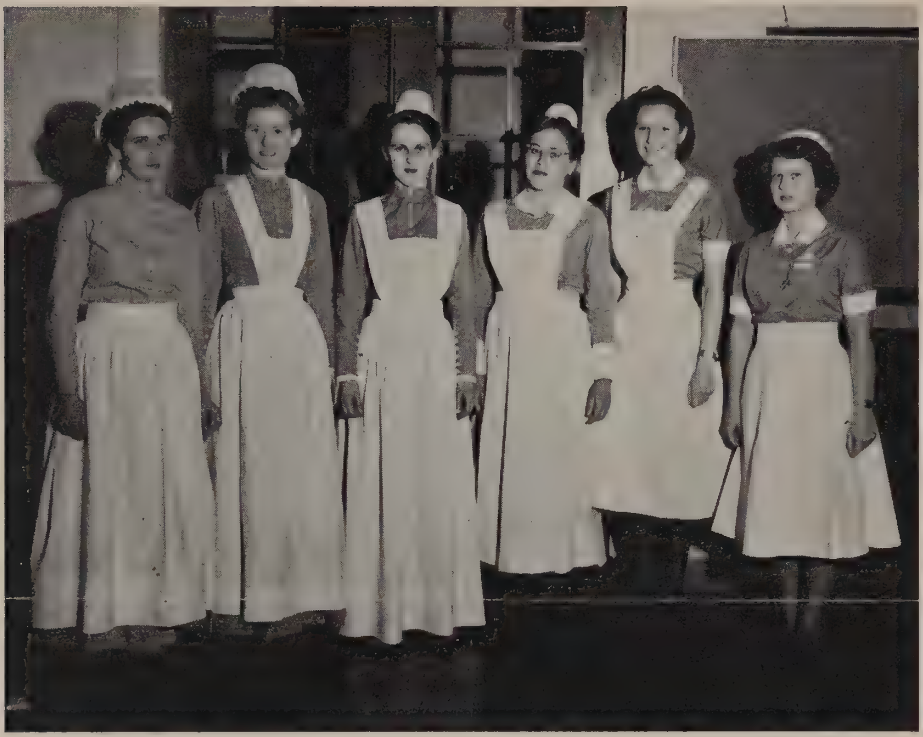
Aug. 27, 1861 — The House Pupils appealed for permission to board in the hospital, and the Trustees voted to grant them the privilege until further notice.



New addresses:—

Dr. Oscar W. Hills (*M* 1943), 403 7th St. NW., Rochester, Minn.

Dr. Ivar Lund (*An.* 1947), Ulleval sykehus, avd. III, Oslo, Norway.



Past, present, and future uniforms of MGH student nurses, as modeled at the Anniversary Meeting, June 11

What are probably the last letters from Miss Morse to be written from Czechoslovakia are most interesting ones. She says, in part:

My time here is coming to an end and I am writing to ask that all future copies of The News be sent to my Cambridge address —19 Craigie Street. Like everyone else, I have thoroughly enjoyed receiving the paper over here. It has brought a little touch of familiar home and I have felt closer to M.G.H. than I would have had it not come. . . .

My last jobs before returning home are with children here in Bratislava and helping to lay the foundation for future training in the professions of Physical Medicine. It has been interesting to see the efforts to unify all educational systems. . . . All hospital workers are to have as their basic training a nurses' training course for the first three years, beginning at the age of fifteen. In the fourth year, age 18-19, the student specializes either by carrying on her nursing training or by studying physical therapy, dietetics, etc. I have been a witness to the first efforts ever made in this country to have a course for physical therapy that is longer than three months. What they are planning seems good, and in general the whole plan of training of hospital workers seems good. Curiously, the first four items on every page of instructions (except those for the fifth year) are in Czech, Russian, and English. Can you imagine all hospital workers in the U. S. speaking these three languages? I am glad English is one of them.

Everyone in Prague seems to be working under great tension and speed. Here in Bratislava things are more relaxed and more normal. I have not been here very long, so it could be that this is a superficial view. Those with whom I am working are giving me the grandest kind of support.

Many thanks for sending The News, and best wishes to you all. I shall be returning in the summer if present plans stay the same.

Excerpts from a few of Miss Morse's letters to her family read:

The main reason for coming to Prague this time was to see Dr. and Mrs. Paul D. White. They are, as usual, quite wonderful people, and we had lunch and such a nice visit with them. Dr. White's time is cram jammed and he is doing a lot more good with people he sees than he realizes. The mental lift he is giving, by just coming, is fine. Dr. White is certainly on the inside as to the health of these people. The Whites are to meet Dr. Alice Masaryk, who, they say, is "standing up" very well.

The new Ministry of Health is a madhouse. Everyone is working days, nights, and Sundays. Reorganizing was much needed, and I like the new man very much. Certainly, his questions to me were to the point.

Two people have come from Bratislava to ask about my going there, and two T. B. men want me for a brief week. I am being asked for catalogs and circulars as never before. I am working to get something on paper for a course in P.T. and O.T. They want both, and don't know about either. I think I have given the girls here at Kladruby all I can, and the way they are taking over at the last minute is encouraging.

In Bratislava I am to do in one month what I did in three months in Kladruby. Nurses are being brought in from all over Slovakia for me. I am to divide my time between the School for Crippled Children and the Orthopedic Clinic of Dr. Cervenansky. He and his wife have both just returned from the United States and are eager about the work.

Last week end I wrote from the Polish border and the T.B. Sanitorium. Plans are well advanced there. Now I am writing from the Hungarian border. The people here are like a breath of fresh air. I have never had such a warm welcome. I strongly suspect they are giving me special food, as I have had milk and butter each day and two boiled eggs one day.

There are six nurses for eighty patients, but the buildings are now repaired and there are two rooms for P.T. and two for O.T. The equipment will do for a start, and I am glad I brought tools with me. Only one doctor speaks English, and the class numbers fifty and is growing. I don't know what I can do in four weeks, but I can try. They have asked for my lecture material, and imagine my delight when all three doctors volunteered to give lectures in the course.

I have almost no interpreting, but it may be that an interpreter will materialize. The Slovak language is different from the Czech, and my Czech is weak enough. I have got to manage to give the course and work with patients at the same time—two places at once. But the interest is grand and everyone is trying to help.

To some, I am the first American they have ever seen and therefore am a curiosity. The little Hungarian maid touches my clothes and doesn't miss a trick. My tooth powder intrigues her! I see peasant costumes and even white wool men's suits.

We were delighted to receive this nice letter from Dr. Philip D. Wilson, Jr. (*ES* 1945), written from 321 East 42nd Street, New York City.

After leaving the M.G.H. at the end of March 1946, I almost immediately received orders to active military duty. After a very brief sojourn at Scott Field, Belleville, Illinois, I was transferred to Brooke General Hospital, Fort Sam Houston, Texas, where I spent the rest of my two years of service.

I was very fortunate in that I spent my entire time on the Orthopedic Service under Lt. Col. Milton S. Thompson (*Or.* 1934). As you can imagine, my service was much more interesting and profitable from the professional standpoint than that of most.

I was separated from the Army on 16 March 1948 and beat it home to New York, where I started on orthopedic residency at the Hospital for Special Surgery on 1 April 1948. I am enjoying it very much.

At the first opportunity I hope to visit the M.G.H. and catch up with everybody. How are the burn dressings going these days?

Thanks for keeping me up on everything through The News.

Dr. Stafford L. Warren (*WM* 1924), Dean of the School of Medicine, University of California, Los Angeles 24, sends these few words:

In the birth of a medical school, deaning is no cinch, although very interesting.

John S. Lawrence (*WM* 1925) is with us as Professor of Medicine and has become a Californiac of the fulminating type.

We were disturbed by something Dr. Burton M. Shinners (*NS* 1938) wrote us recently. He said:

There are alumni out in the "field" who are particularly shy in sending in reports when they read about the great triumphs from the local Massachusetts group. However, sometime when there is something worth while to send in, I will do this.

We wish to take issue with any of our alumni who may be harboring similar thoughts as their reasons for not writing us.

In the first place, the reason itself is a highly debatable one. Against what measuring stick may we safely and correctly evaluate a "triumph" or a "worth while" achievement in this many-faceted profession of doctoring? There just isn't any such gauge.

In the second place, your friends and acquaintances are quite as eager to know how you are and how things are going with you, as a *person,* as they are to hear about your professional careers. They wouldn't be your friends, if this were not true.

Finally, while The News is largely concerned with professional matters, being an MGH publication, it is also—and hopes to continue to be—a "family" paper; and members of a family are interested, primarily, in *how* its members are and not *what* they are. That The News may always carry its "family" columns depends upon you and your letters. Don't let it down.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 71 Boston, Mass. September 1948

MEDICAL SERVICE AFFAIRS

The postwar house staff organization for the Medical Services of 12 interns, 8 assistant residents, 3 residents, and 1 chief resident mentioned in our article in THE NEWS of April 1946 is working well. Under the able leadership of mature and experienced chief residents, it is a well-greased and smooth-running affair. Its successful launching is due in large measure to the devoted work of Drs. C. H. Burnett, L. K. Dahl, and J. B. Stanbury. The residents have given of themselves enthusiastically to the cause of teaching, developing new exercises, and guiding the medical students and interns, with more skill than ever before. They have given much attention also to the improvement of Grand Rounds. With the advent of the Harvard course for veterans, it became necessary to move Grand Rounds from the Ether Dome to the OPD Amphitheatre. The graduate course has now stopped but the Amphitheatre remains full, so we cannot return to the Dome. This is flattering, but we like the Dome better. At Dr. Dahl's initiative, the publication of Medical Grand Rounds has been started in Lippincott's new journal, *The American Practitioner*. According to the publisher, this seems to have had a good reception.

The organization of the visiting staff mentioned in the previous report has also been put into operation successfully. The underlying principle is that for a position on our staff a physician must do not less than an adequate minimum job of work. We are living up to this principle with gradually increasing effectiveness. During 1947 no less than 21 physicians had two months or more of ward visiting. Of these, 15 were members of the entirely volunteer staff. It is interesting to compare this with the situation in the year 1910, when only 5 visiting physicians had any medical ward responsibilities whatever. At that time also there were no medical students at all with responsible ward duties, and no residents. Yet the number of beds remains approximately the same. From the educational point of view, at least, we are making far greater use of them now than in 1910. Moreover, although the full-time staff has come into being since then, the private practitioners of today have far better ward opportunities than had their predecessors.

Luncheons of the ward visiting physicians have been held about every two months. These are informal occasions, providing opportunity for free discussion of medical service problems. They accomplish much in the way of exchange and of integrating effort and ideas.

In the Medical O.P.D., Dr. E. M. Chapman has worked untiringly to raise standards, and is able to report various improvements. The appointment system has been relaxed for patients needing prompt help. They are seen the day of entry. This seems to have pleased the visiting physicians by making their case work more interesting. Graduate instruction in special clinics has been offered our own staff members, so that they can learn what is new and worth while in clinics devoted to special subjects.

Improvements have been made through the joint efforts of Drs. Chapman and Beckman in the teaching of fourth year students in the O.P.D. That these are appreciated was made clear by a recent student critique of teaching sponsored by Alpha Omega Alpha.

In bedside instruction progress has also been made. The fourth year ward clerk has evolved through the years into an indispensable member of the ward practice team at the M.G.H. Great emphasis is placed on his personal responsibility in the care of the patient. An effort is made to train him in right attitudes as well as to impart knowledge. During recent years much attention has been given to social and economic factors in disease—what illness means to the patient—and a very effective seminar type of approach has been developed by Dr. Beckman and Miss Dorothy Kellogg of the Social Service Department. Also, the medico-social conferences which are held weekly by each ward independently, which are attended by the whole ward team, visiting physician, residents, interns, clerks, head nurse, and social workers, have made for more effective solution of the patient's entire problem. This year the introduction of the preventive point of view by Harvard's new Professor of Preventive Medicine, Dr. David D. Rutstein, is wholesomely broadening.

One of the functions of a teaching hospital like the M.G.H. is to train gifted young men and women and send them forth to exert their skills in fields of ever increasing opportunity. We are, in brief, a germinative centre. Going out in this fashion to carry our gospel, during recent months, are Dr. R. W. Rawson, who goes, as noted earlier in THE NEWS, to Cornell and the Memorial Hospital in New York; Dr. W. W. Beckman, who goes to New York University as Assistant Dean; Dr. Oglesby Paul, who will teach Cardiology at the University of Illinois Medical School, and also carry on a private practice; and Dr. L. K. Dahl, who has gone to the Rockefeller Institute to work under Dr. D. D. Van Slyke.

Our missionaries of medicine—Drs. White, Aub, and Jones—have also been busy spreading our gospel in foreign parts. Two summers ago White and Aub went to Czechoslovakia, one summer ago Aub and Jones went to Austria, and this summer White and Jones have been in Greece—all under the auspices of the Unitarian Service Committee. Who knows but what these gestures of friendship, expressed through the medium of professional teaching, may one day tip the scales in favor of peace.

To speak of research in any way at all adequate would require a separate and lengthy report. Moreover, research has become an all hospital enterprize rather than a service affair. Its growth in recent years has been phenomenal and its approach increasingly fundamental. From the medical staff, Bauer has done a fine job of leadership in his capacity as Chairman of the Research Committee. Bauer, Rawson, Cope, and Crockett rendered superb service in raising the research fund.

From the point of view of the Chief of Service, it is very gratifying that the cost of operating Ward Four is now being met from the research fund. This ward, during its twenty-nine years of existence, has been highly productive of new medical knowledge. It is essentially a medical research laboratory, albeit its patients get top quality medical care, and is in consequence costly to run.

The Medical Service, as do other services, looks forward to the opportunity of expanding in the new Science Building when we get it. The Bulfinch is of finite size, and with every investigator in it continually wanting more space, the pressure gets fairly high at times. It is a grand old building, and we have never been envious of the White. In the Bulfinch even the elderly can comfortably walk to the top. Its patients can be put out on the lovely greensward when the weather is clement, and their condition permits. It reeks with tradition and has a priceless atmosphere. Once there was a trustee who wanted to tear it down, but fortunately the will of the other eleven prevailed against him. When our laboratories go into the Science Building we expect to make room for the dermatological ward in the Bulfinch. Then we shall have all the medical services but pediatrics—that is to say, internal medicine, psychiatry, and dermatology—under one roof. This sort of juxtaposition enhances the effectiveness of teaching, research, and the care of the patient. Moreover, it will be a great pleasure to welcome the new Professor of Dermatology and Chief of that service, Dr. Chester N.

Frazier, into our medical milieu. His arrival, we feel sure, marks the beginning of a new era.

J. H. Means, M.D.,
Chief of Medical Services

* * *

On Monday, August 9, the first patient was admitted to Storrow House, our new convalescent hospital in Lincoln.

Storrow House was the gift of Mr. James J. Storrow. It is a large, fireproof house which can accommodate about 50 patients. It is situated on top of a hill and surrounded by sixteen acres of grounds. The view on all sides is magnificent. The grounds are heavily wooded and include a tennis court and a picnic area with stone fireplaces and running water.

Patients of all financial circumstances will be accepted at Storrow House—not only from our own hospital, but from other hospitals and from private physicians.

All bookings may be made through the General Hospital Admitting Office—Capitol 7-4300, Extensions 414, 415, 416.

* * *

INFANTILE PARALYSIS CLINIC

To fulfill properly its purpose as a *general* hospital, the Massachusetts General Hospital has a number of *special* clinics, and among these is the Infantile Paralysis (Poliomyelitis) Clinic. Located on the ground floor of the Out-Patient Department Building, it receives poliomyelitis patients—infants, children, and adults. Infantile paralysis is not a particularly apt term, for the patients are by no means all infants nor are they always paralyzed.

The Clinic was first opened for the care of poliomyelitis patients in 1916 and has been in constant operation since that time. It was probably the first clinic in New England devoted exclusively to the care of poliomyelitis patients without restriction as to age. The severe poliomyelitis epidemic of 1916 was the immediate cause of the opening of a special clinic. All hospital facilities were severely taxed by the influx of 138 new patients, mostly children, with severe paralysis. Dr. Harry C. Low was put in charge of the Clinic and continued his services in that capacity until 1929. Dr. Low had a genuine interest in the patients, eliciting their trust and confidence.

From 1929 until 1941, I had the privilege and responsibility of directing the Clinic's activities. Since then, Dr. John A. Reidy has been in charge. This long-term service is a necessity in a Poliomyelitis Clinic. Mature judgment, a conservative attitude, intimate knowledge of the patients and of their individual problems are necessary prerequisites to good treatment. The yearly census of new patients varies markedly, depending on whether the disease has been of epidemic proportions or not. Over the past decade, there has been an average of about 500 patients under treatment at all times.

Adequate care of these patients is a cooperative enterprise involving the Orthopedic Service, the Department of Physical Medicine, Social Service, and the Orthopedic Workshop. Dr. Reidy and his assistants see and examine each patient, outline treatment, check apparatus, refer suitable cases to the house for surgery, etc. Poliomyelitis is a subtractive disease, taking away in a completely unpredictable fashion a varying amount of the victim's muscle power.

The doctor must help the patient to strengthen weakened muscles, prevent or correct deformity, and restore function to the locomotor system. For many years, physiotherapists worked in the Clinic under the direct supervision of the surgeon in charge. They did complete muscle examinations and gave "treatments" consisting of baking, massage, and exercises. They taught patients how to exercise muscles, how to stand and walk with braces and crutches. They showed the patient what to do and how to do it.

Now the patients are referred from the Clinic to the Department of Physical Medicine where, under the skilled guidance of Dr. Arthur L. Watkins and Miss Nesbitt, the patient gets his "P.T.". Under-water exercise and the newer graded resistive exercises devised by Dr. Thomas L. DeLorme, Jr. are utilized in helping the patient in his effort to strengthen weakened muscles.

There are social, psychological, and economic problems which the poliomyelitis patient must face and solve. The social worker is an indispensable part of the Clinic organization, and sooner or later becomes intimately acquainted with almost every one of our patients. Miss Ethel Chase, who gave devoted service to the Clinic from the day it opened until her retirement on January 31, 1942, blazed a pioneer trail in showing what social service had to offer in the rehabilitation of the crippled. Mrs. Hazel Fritz continues this invaluable service to the patients, translating the doctor's suggestions into productive action.

With modern methods of treatment, fewer poliomyelitis patients need braces and splints, but they are in many cases still necessary and useful aids. Mr. Karl Buschenfeldt, in charge of the Orthopedic Workshop, supervises the highly skilled art of measuring, making, and fitting needed apparatus to our patients.

For a number of years, the National Foundation for Infantile Paralysis has supported a Massachusetts General Hospital research project on the cause and treatment of unequal leg length in poliomyelitis. New information on a complex problem has been obtained through this study. The detailed records available on a large number of poliomyelitis patients observed for many years is a mine of valuable information on the natural history of the disease and on the effect of various forms of operative treatment.

So long as infantile paralysis remains unconquered, clinics such as this one will be needed to care for those crippled by the disease and to further, by teaching and research, better methods of treatment.

Joseph S. Barr, M.D.,
Chief of Orthopedic Service

OFFICIAL NOTICE

Regulations for obtaining clinic records for research

The Record Committee wishes to call to the attention of all the members of the Staff the following set of rules covering the withdrawal of clinical records from the files for use in research and investigation. This new set of regulations was approved by the General Executive Committee on July 21. It is intended to liberalize the hospital's former regulations which had not been adhered to or enforced for several years.

1. Any member of the Staff may request up to thirty (30) clinical records for his use in investigation. Requests for records for use in investigation must be made through the Reading Room and should not be mixed with requests for records for patient visits.

2. Records will be kept available in the Reading Room for a period of two weeks. At the end of this time they will be returned to file unless request for renewal is made.

3. Doctors with offices in the hospital may remove records to these offices *after* proper notification is given to the Reading Room clerk. Doctors' offices must be locked when unattended, but records must be kept accessible and visible in the offices at all times, e.g. they must not be kept in drawers or cabinets, locked or unlocked.

4. The hospital's rule that no medical record may leave the premises still continues.

5. Records taken from the Reading Room must be returned to the Reading Room before the end of two weeks. If longer time is required, a list of those records to be retained must be submitted to the Reading Room before the expiration of the two-week period. If at any time a record removed for research is requested by the Record Room, it is the responsibility of the doctor to have it delivered to the Record Room.

6. To obtain records for investigation it will be the responsibility of the doctor to submit a properly completed "Outcard" to the Reading Room for each record desired. These cards are available in the Reading Room.

7. Since there is a schedule in the file room for pulling records, twenty-four (24) hours' advance notice is requested.

8. Exception to the above regulations will be made only by the Record Librarian.

One of the most frustrating experiences in the routine of the hospital is the failure to locate a medical record when the patient reports to a clinic. Patients often wait hours and end up by being seen on a "Second Sheet". Doctors are annoyed at being unable to know the previous medical history. At the same time, Record Room personnel must be pulled off regular jobs and assigned to little teams and sent out on special searches.

A recent spot check done in one week showed that three missing records required 22½ man hours of special searching. Of these records, one was finally located in a doctor's stack in the Reading Room, having been signed out to a clinic, another was found in an office other than the one to which it had been signed out, and the third was misfiled by the Record Room. More searching is required to locate records signed out to one location and removed to another location without notification to the Record Room than is required to locate a misfiled record. The Record Room has special techniques which usually turn up the misfiled record.

It is felt that these regulations, particularly that part which requires periodic accountability for records, will prevent the loss of a record going unnoticed for a long period of time. Recently the Record Room received a unit record mailed from the office of a doctor in Virginia, a former member of the Staff who had left in 1937. He had just been cleaning out his desk drawer! Fortunately, this patient had not returned to the hospital during the interim.

Joseph S. Lichty, M.D.,
Secretary of Record Committee

A MEDICAL MISSION TO EUROPE IN THE SPRING OF 1948

I have been asked to prepare a brief account of my recent visit to Europe for the M.G.H. News. Part of the time spent abroad was in company with Dr. Chester Jones and he has joined me in that part of my account which concerns our medical mission to Greece and Italy.

Altogether, I believe it is fair to say that my visit to Europe this past spring, from March 20 to June 22, proved to be one of the most interesting and worthwhile experiences of my life. Having been invited, as the result of my participation in the medical mission of the Unitarian Service Committee to Czechoslovakia in 1946, to attend the 600th anniversary of Charles University in Prague, prior to the beginning of the work of the new Unitarian Service medical mission to Greece and Italy, my wife and I sailed from New York on March 20. We spent a few days in England arranging for further transportation and visiting several friends in London and near by, especially the Parkinsons and the Lewises, whose daughters had been with us for part of the time during the second World War.

We then went on to Paris by the Golden Arrow and there were in somewhat of a dilemma because of advice that it might be unwise to go on to Czechoslovakia because of the political difficulties. The Communist coup had occurred—as a matter of fact, a month earlier—and there was beginning to be increasing evidence of restrictions in the country. However, we found on inquiry that the French professors of the Sorbonne, including the noted surgeon, Réné Leriche, had decided to attend the celebrations despite the withdrawal of the British universities and most of the American universities from participation. On the train from Paris to Prague we found four fellow Americans whose institutions did permit them to represent them. These institutions were Boston University, the University of Colorado, the State University of Washington, and the Moravian Institute of Bethlehem, Pennsylvania. They had elected, as we had also, to accompany the French professors. As a matter of fact, the chief address at the celebration in Prague, which followed the speech by President Benes, was given by a Frenchman, the Rector of the Sorbonne. An address of less prominence had been given the day before by one of the Soviet delegates. The five days that we spent in Prague were full of interest and we enjoyed reunions with many friends made two years before. One pleasant occasion was luncheon with our own Miss Lucy Morse. I am sure this visit to Prague was well worth while.

From Prague, Mrs. White returned to America via Paris and London while I went on by plane to Rome on April 9 and thence to Athens on the 10th, four or five days ahead of the ten other physicians of the medical mission, who flew from New York to Athens and who included professors of preclinical and clinical fields in medicine and surgery from seven different universities on this side of the water—Columbia, New York, Pennsylvania, Chicago, McGill, Yale, and Harvard. The fields represented were physiology, pharmacology, bacteriology, internal medicine, pediatrics, general surgery, neurological surgery, anesthesia, otolaryngology, and dentistry.

Our function, like that of the successful missions sent to Czechoslovakia in the summer of 1946 and to Austria in the summer of 1947, was to confer in detail with the members of the medical faculties in the universities in Greece and Italy. In order to do that, we visited the various departments of the medical schools, the hospitals connected therewith, and other hospitals, too—for example, military hospitals in Athens and Salonica. We conducted a course of lectures in the university and hospital amphitheatres which were attended by the medical faculties, more advanced medical students, and practising physicians, and we saw a certain number of patients, especially if they illustrated the fields in which we were individually interested. In some of these exercises the doctors of the native universities took part—for example, in panel discussions—and we also staged several clinico-pathological conferences, copied after our own here at the M.G.H., but which were quite novel to the people in that part of the world.

We spent nearly six weeks in Greece, most of which time we were at work in Athens, but for two weeks we visited Northern Greece. Our time there was devoted mostly to Salonica, where we carried on an active program for eleven days at the University, but for two days we visited three monasteries on Mt. Athos where we investigated the conditions of health among the monks, four of whom we took back to Salonica with us for treatment. Several of us made a trip to Corinth where we visited the hospital and the excavations of the American school. Two of the group also flew to Crete and spoke to the medical society there; one went to the Island of Thasos to investigate the dental conditions.

Everywhere there was great cordiality in the welcomes we received and enthusiasm in attendance at our lectures and conferences. We saw much of interest medically and on occasion found advanced work going on, particularly in certain surgical techniques. The specialty of anesthesia, however, was a novelty and we were, we think, helpful in presenting some of the newer advances that had been going on over here during the period of the last ten years when these countries had been more or less isolated by the war. The health conditions were improving, even during the weeks we were there. There was very little serious malnutrition in the larger centers, but tuberculosis was a very important problem, being ten to twenty times as common as we know it here. Tuberculous meningitis was a common diagnosis in the hospitals, especially in the children's wards. Diphtheria, also, was fairly common and echinococcus disease was rampant. On the other hand, malaria had been greatly controlled, to a twentieth of its incidence of a few years ago, due to regular fortnightly spraying of all parts of Greece with DDT by a special fleet of airplanes. Also, there was very little tetanus and exanthematic typhus. The usual diseases of the heart, lungs, and gastro-intestinal tract were much as we encounter them here, except for the high incidence of gastric ulcer during and since the war.

Interesting incidents during our stay in Greece included visits to the American excavations at the Agora in Athens and at the ruins in Corinth, to the excellent American schools near Salonica, namely Anatolia College and the American Farm School, the celebration of Easter, which was marred by the assassination of the Minister of Justice, receptions by the university faculties, and audiences with the King and Queen. The American Mission for Aid to Greece (AMAG) was constantly helpful to us; incidentally, it has done a splendid job for Greece and for humanity.

We flew from Athens to Rome on the night of May 19 to 20 and spent two and a half to three weeks in Italy visiting, in a manner similar to our program in Greece, the medical faculties of Rome, Bologna, Milan, Florence, and Turin, and also paid a brief visit to Naples and Capri, and to Sermione on Lake Garda. Throughout Italy we were received with great cordiality and were helped by Professor Morey, Cultural Attaché of the American Embassy. We enjoyed meeting in Rome the famous Bastianelli brothers, physician and surgeon, both well over eighty but very alert and active, and we also had a very pleasant audience with the Pope who showed considerable interest in the work of our mission. Our last official exercises were lectures in Florence on June 5, after which the mission broke up, most of the individual members returning to this country via Geneva, Paris, and London. Several of us gave lectures in these cities *en route* home. I was privileged during my visit to Prague to address again the Czechoslovakian Medical Society, with the same doctors in the audience whom I remembered addressing in 1946.

Paul D. White, M.D.

* * *

Dr. Stanley Cobb was elected President of the American Neurological Association at their Annual Meeting in Atlantic City, June 16.

Dr. Jacob E. Finesinger was appointed Chairman of the Committee on Research of the American Psychiatric Association at their recent Annual Meeting held in Washington, D. C.

Dr. Robert S. Schwab was elected Secretary of the American Electroencephalographic Society at their convention in Atlantic City last June. Dr. Mary A. B. Brazier was elected Treasurer.

William Woods Beckman (*EM* 1937), until recently Associate Physician to the hospital and Associate in Medicine at the Harvard Medical School, submitted his resignation to become effective this past July 31, in order to go to New York University as Assistant Dean of its Medical School.

Dr. Beckman, Pennsylvania born, received his B.S. degree from the University of Florida in 1931 and his M.D. from Harvard in 1935. After his internship here he continued on the house staff as Resident in 1938-39 and Chief Resident, 1939-40. Following this he spent two years, 1940-42, as Assistant at the Rockefeller Institute, working in Biochemistry with Dr. Donald D. Van Slyke.

Upon completion of this work in New York he returned to the M.G.H. and has been with us until his resignation, among other things as a member of Dr. Walter Bauer's group for the study of arthritis. Beginning in 1945 he took on an additional job at the Harvard Medical School, that of Vice-Chairman of the Committee on Admissions.

Although Dr. Beckman has acquired a scholarly knowledge of biochemistry and has made contributions in that field, of late years a rapidly growing interest has been in the teaching of medicine, and in particular, of its social components. He has a profound interest in, and understanding of, people—patients, students, interns, and a great desire to be helpful in solving their problems. At the hospital, in partnership with Miss Dorothy E. Kellogg of the Social Service Department, he developed, and improved, the fourth year medico-social conference started originally by Dr. Means and Miss Cannon, and carried on later by Dr. Monks and Miss Cannon. With Miss Kellogg, also, he inaugurated, in 1943, the weekly ward medico-social conferences which have proved so useful that they have become an established item in the ward care of patients. At the Medical School his critical judgment of persons has been an important asset in the selection of students.

In innumerable subtle and informal ways he has been useful in keeping the wheels of the medical services running smoothly, both in house and Out-Patient Department.

In 1946-47 Dr. Beckman served as a member of a Joint Committee of the Association of American Medical Colleges and the American Association of Medical Social Workers which had the duty of investigating the teaching of social and environmental factors in medicine in various medical schools. He gave a great deal of devoted labor to this project, visited several medical schools, and he and Miss Harriett M. Bartlett, Associate Professor of Social Economy at Simmons College, drew up a truly monumental report. Another important undertaking to which Beckman gave himself unstintingly was the planning, under the chairmanship of Elliott Dunlap Smith, Provost of Carnegie Institute of Technology, of the Inter-Professions Conference on Education for Professional Responsibility. This very unusual and stimulating meeting finally took place in the Poconos last April. Both these enterprises were quite after his own heart.

We are glad that Dr. Beckman has gone where his unusual talents can be even more widely utilized. For the job of Assistant Dean he is a natural. He will know intimately all the students in the school, and never be too busy to give them any guidance they may require of him. He will take great interest in the school's curriculum, and always be looking for ways to improve the quality of teaching. New York University Medical School is "going places" and Beckman will have abundant opportunity to apply his talents —talents, it may be said, which are rare among teachers of medicine.

We shall greatly miss both him and his services, but we wish him every success in his larger undertaking.

J. H. M.

Thirty-eight graduate nurses from M.G.H. took part in a summer program in cooperation with the Visiting Nurse Association of Boston. During July and August, each nurse spent a full day observing public health nursing activities in various city districts.

A recent and important advance in the nursing area has been the inauguration of the Referral Plan for Continuity of Nursing Care, which has been operating successfully on White 7 since May 3 and will be gradually extended to other wards. Formulated by Miss Norma Larson, Public Health Instructor of the School of Nursing, the plan provides for effective cooperation between the hospital and community agencies in providing for the patient upon discharge from the hospital.

Miss Frances Grady, Medical Supervisor, was one of six hospital supervisors to attend a workshop on supervision held at Simmons College and sponsored by the State Department of Public Health.

The fall class in the School of Nursing is again a capacity group of approximately ninety new students, who started their course on August 31. This is the first class to follow the new educational plan and the first to appear immediately in full uniform, including the newly-designed "student cap".

The second group of young women to enroll in the Radcliffe-M.G.H. coordinated program spent their first summer here at the hospital.

At the Cost Analysis Institute, held at Simmons College during the week of June 14, the School of Nursing was represented by Miss Jessie Stewart, Assistant Director.

A recent visitor from abroad was Miss Elisa Bungaard, Director of Nurses at the Central Hospital and School, Hillerod, Denmark, who spent June and July in observation and study of nursing practices and organization in this hospital.

Miss Anna Viden, Supervisor of Residences and Lay Personnel, has returned from a six-week stay in Sweden. Miss Viden made the trip entirely by air.

Miss Elizabeth Welch, MGH 1922, is in charge of nursing at Storrow House, our convalescent home in Lincoln.

A new member of the School of Nursing faculty is Miss Miriam Dolloff, instructor in Anatomy and Physiology. Following her graduation from Bates College in 1945, she has been doing research in hematology at the Pratt Diagnostic Hospital.

Miss Joan Allen, Head Nurse of Bulfinch 3, attended summer school at Simmons College.

Brief bits:—

A note from Kathleen H. Atto (*MGH* 1922) asks that her address be changed to Veterans Administration, Northampton, Mass. She says she was separated from military service last April and is now Chief of the Nursing Service at the above Veterans' Hospital.

Dr. Perfecta C. Bautista (*gr. stud. asst. N* 1948) has returned home. Her address is 4 Bautista St., Malabon, Rizal, Philippine Islands. She says it will be a great pleasure to her to keep in touch with M.G.H. through THE NEWS while she is in her native country.

Dr. Mayo H. Soley (*EM* 1935) has a new address—1036 Woodlawn, Iowa City, Iowa. He became associated with the State University of Iowa College of Medicine, in Iowa City, on July 1. Perhaps Dr. Soley will write and tell us just what his appointment is at the University.

MASSACHUSETTS EYE & EAR INFIRMARY

THE NEW RETINA SERVICE

A new department at the Eye and Ear Infirmary is the Retina Service. Its purpose is to work out improved methods for the operation to repair separated retina.

On the Retina Service, four surgeons from the Infirmary's Ophthalmological Staff serve for 6 months in rotation with the senior house doctor as assistant and with Dr. Charles L. Schepens, Research Fellow, Howe Laboratory of Ophthalmology, as the only permanent member of the team. The panel now consists of Dr. Paul A. Chandler, Surgeon in Ophthalmology; Dr. Harry E. Braconier, Senior Clinical Assistant in Ophthalmology; Dr. Sumner D. Liebman, Senior Clinical Assistant in Ophthalmology; and Dr. Albert E. Sloane, Assistant Surgeon in Ophthalmology.

After diagnosis, the patient is brought into the hospital for three or four days' observation. During this period, the doctors on the Retina Service have an opportunity for careful examination and consultation before the actual operation.

A diagram is made of the exact location of every hole to be repaired, while the patient is lying in the position he will be in on the operating table. This diagram is then used at the time of operation. The Retina Service feels that failure of the operation, where such failures have occurred, are in large part due to late diagnosis and insufficient examination—insufficient exact knowledge of how many holes the operation must repair.

Since early symptoms are not typical, prompt aid in diagnosis of the separation is given by a special ophthalmoscope designed about three years ago by Dr. Schepens. This ophthalmoscope is of great assistance in locating the first small hole or holes. There is also a special electrode designed by Dr. Schepens, that has a light to illuminate the hole while applying the low intensity electric current with which the scar tissue is produced.

Every member of the Retina Service is engaged in extensive library research. They are collecting all the writings that have appeared throughout the world on the subject, and for those they cannot buy or otherwise acquire, they hope to have photostatic copies. Abstracts will be made of all the books and articles which will be particularly helpful with material in foreign languages. In the not too distant future, it is hoped that this library will possess a great deal of information that will be invaluable in the future study of the Retina Service.

The Howe Laboratory announces the following changes in personnel: Dr. Ernst Barnay, who has been working with Dr. Kinsey on intra-ocular fluid formation for the last six months and who was sent to the Laboratory under the auspices of the Swedish Medical Research Council, has returned to Sweden to assume the position of Professor of Physiology at the University of Upsala; Dr. Pierre Danis, who has been working with Dr. Cogan on experimental production of band keratopathy and allied problems under the auspices of the Belgian-American Educational Foundation, Inc., is shortly to return to Belgium to be an assistant in the Department of Ophthalmology at the University of Brussels; Dr. Charles Dyson, who has been studying the mode of action of iontophoreses through the cornea under the auspices of the National Research Council of Canada, has returned to London, Ontario, where he will be in the Department of Ophthalmology at the University of Western Ontario Medical School. New appointments in the Laboratory are Dr. Robert Trotter and Dr. Thomas Duane.

Recent visitors at the Infirmary included Dr. Douglas G. Carruthers, from Sydney, Australia; Dr. Louis W. S. Chang, Central Hospital, Nanking, China; and Dr. Griswell, from Chattanooga, Tennessee. These three doctors spent some time here observing in our clinics and operating rooms.

Dr. Gustav C. Bahn, who completed his residency in Ophthalmology at the Infirmary on the first of May, left for St. Anthony's, Newfoundland, where he will be the Ophthalmological Surgeon connected with the Grenfell Mission. He will remain there until September, when this year's mission will be completed.

The meetings and conferences for the years 1948-1949 were announced as follows: Weekly Clinical Conferences held in the Harvard Teaching Room, Eye Clinic at 8:30 A.M. on Wednesdays through September; Thursdays during October; Fridays through November, etc. The Eye-Nerve Conferences will be held on the first Thursday of each month at 9:30 A.M. in the Ether Dome, M.G.H. The Eye-Pathology Conferences will be held on the last scheduled date in each month.

The Weekly Clinical Conferences for the Oto-Laryngological Service are to be held every Wednesday from September through June, except holidays, in the Mosher Laboratory at 11:30 A.M.

Our Social Service Department recently played host to several visitors from various parts of the country who were especially interested in the work with pre-school children. Mrs. A. I. Tullis, from Victoria, B.C., Canada, visited our clinics and showed particular interest in our pre-school deaf program carried on by the Winthrop Foundation. Mr. Roy Calhoun, from Little Rock, Arkansas, was also interested in the pre-school deaf program. Miss Margaret Doyle of the Presbyterian Hospital in Chicago visited our clinics and was especially interested in glaucoma and the Retrolental Fibroplasia Project. Miss Miriam Norris, from the University of Chicago, came to see our clinics and to inquire about work being done on Retrolental Fibroplasia.

Renovations at the Infirmary, expected to be completed about the middle of September, are: the rebuilding of the Admitting Office, to give the badly needed additional space; two suites being made in the Nurses' Residence; and a remodeling of space on the second floor in O.P.D., opposite the Nose and Throat Clinic for the Winthrop Foundation.

Drs. Lawrence Holt and Warren LaPierre finished their residency in Ophthalmology at the Infirmary the first of August. Dr. Holt will open his practice in Winston-Salem, North Carolina, and Dr. LaPierre will open his practice in Norwichtown, Connecticut.

Dr. Henry G. Carroll, Ophthalmic 1911, died August 11.

Miss Mary Coonahan, who was Superintendent of Nurses from 1897 to 1923 when she resigned, died July 6.

Dr. William Stone, Jr.'s prize-winning exhibit on the Movable Eye Implant has been requested by the Kentucky Medical Association for display at their Annual Meeting to be held the latter part of September. This exhibit recently won the Bronze Medal for Original Investigation at the Annual Session of the American Medical Association in Chicago in June. Dr. Stone, who has a few more months to serve as resident in Ophthalmology, will display his exhibit in the Brick Corridor of M.G.H. in October.

The Board of Trustees, at their meetings on June 25 and July 23, voted:

To accept the resignation of Dr. William W. Beckman from the position of Associate Physician with regret;

To accept the resignation of Dr. William L. Palazzo from the position of Associate Radiologist;

To promote Dr. William S. Clark to the position of Assistant in Medicine;

To promote Dr. Perry J. Culver to the position of Assistant in Medicine.

To appoint:

Dr. William S. Edwards as Third Assistant Resident in Surgery, beginning June 14;

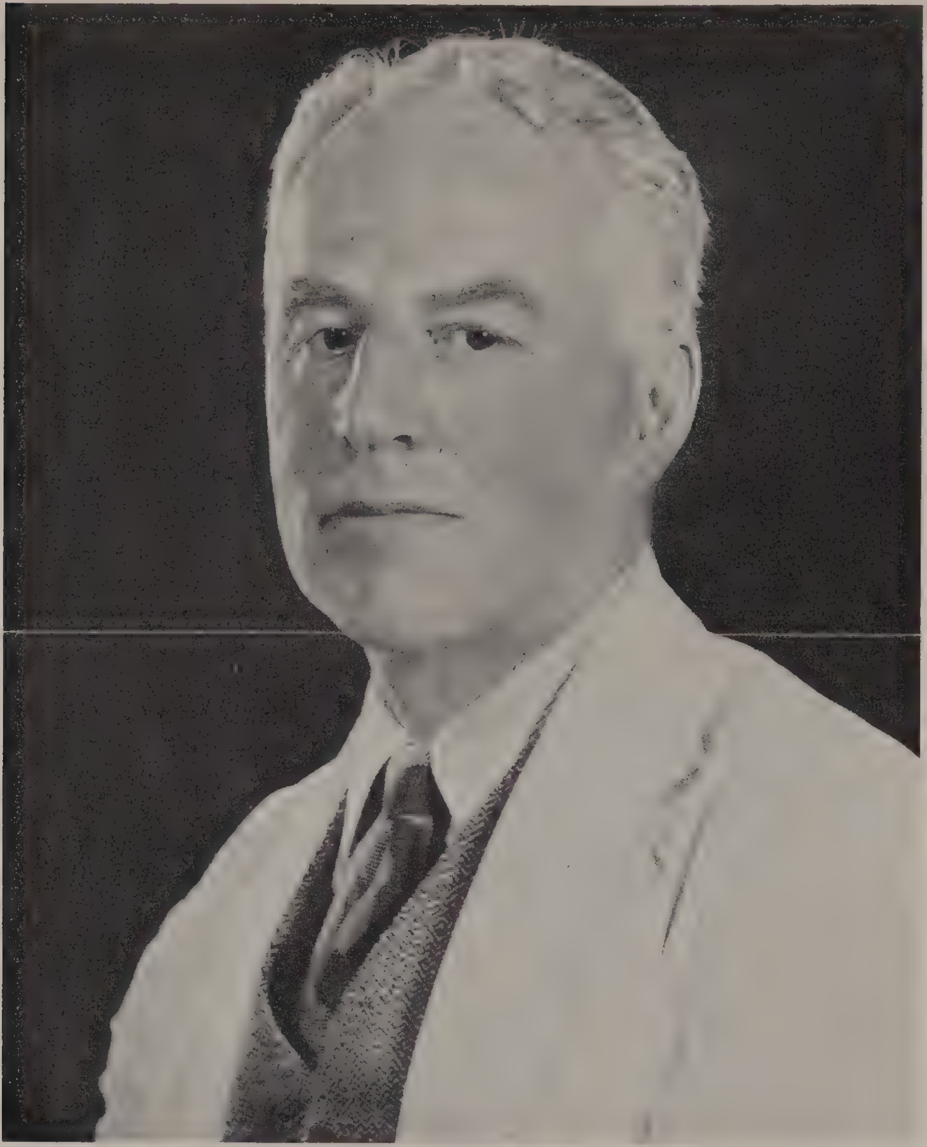
Dr. Arthur S. Keats as Assistant Resident in Anesthesia, beginning August 1;

Dr. Cornelius Lansing as Out-Patient Resident on the Children's Medical Service, beginning July 1.

At their meetings on June 16 and 23, and July 21, the General Executive Committee voted to appoint:

Dr. Thomas B. Brazelton as Clinical Fellow in Psychiatry, to work with the Child Psychiatry Group;

Dr. Robert H. Browning as Clinical Fellow in Medicine for a period of six months;



No. 12 in a series of Staff photographs
Dr. Allan M. Butler—Chief of Children's Medical Service

- Dr. John C. Coolidge as Clinical Fellow in Psychiatry, to work with the Child Psychiatry Group;
- Dr. Renata G. DeBenedetti as Clinical Fellow in Psychiatry, to work with the Child Psychiatry Group on a volunteer basis, full time, beginning September 1;
- Dr. Sol M. Dorinson as Clinical and Research Fellow in Physical Medicine for one year, beginning July 1;
- Dr. Jerome Gross as Clinical and Research Fellow in Medicine;
- Dr. James F. Hopkirk as Clinical and Research Fellow in Surgery, beginning July 1;
- Dr. William N. Jones as Clinical Assistant in Orthopedic Surgery for one year, beginning July 1;
- Dr. Archibald D. Leigh as Clinical Fellow in Psychiatry for the term July 1 through December 31;
- Dr. William Locke as Clinical and Research Fellow on the Children's Medical Service for one year, beginning August 1;
- Dr. Farake Maloof as Clinical Fellow in Medicine for six months, beginning July 1;
- Dr. Edmundo R. Natera as Research Fellow in Pathology;
- Dr. Thomas F. Paine, Jr. as Research Fellow in Biochemistry;
- Dr. Charles G. Rand as Clinical and Research Fellow on the Children's Medical Service, beginning July 1, to work with Drs. Nathan B. Talbot and Allan M. Butler;
- Dr. Maurice P. G. St. Aubin as Research Fellow in Medicine, assigned to the Staff Clinic, beginning July 1;
- Dr. Paul R. Schloerb as Research Fellow in Surgery, beginning July 12;
- Dr. Edward L. Sleeper as Clinical Assistant on the Dental Service, beginning July 1;
- Dr. George Smart as Clinical and Research Fellow on the Children's Medical Service for one year, beginning August 1;
- Dr. Veronica B. Tisza as Clinical Fellow in Psychiatry, to work with the Child Psychiatry Group on a volunteer basis, part time, beginning October 1;
- Dr. Robert J. Whipple as Clinical Fellow in Medicine;
- Dr. Masao Yatsuhashi as Clinical Fellow in Surgery, beginning July 1.

The General Executive Committee also voted that Dr. William S. Worthy's appointment be changed from Clinical Assistant in Surgery assigned to Gynecology to Clinical Assistant in Gynecology.

Dr. William G. Kuhn, Jr., whose appointment as Assistant Resident on the Orthopedic Service was to begin October 1, reported for duty as of July 1.

Dr. Sydney F. McPherson, whose appointment as Assistant Resident on the Orthopedic Service was to begin January 1, 1949, will report for duty October 1, 1948.

New addresses:—

Dr. Edwin F. Alston (*P* 1944), 274 Parnassus Ave., San Francisco 22, Cal.
Dr. Harry A. Bliss (*M* 1945), Presbyterian Hospital, 622 West 168th St., New York 32, N. Y.
Dr. Gaston N. Duclos (*Oto-Lar.* 1943 & *Oph.* 1945), 707 Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal 25, Canada.
Dr. Theodore H. Hanser (*EM* 1924), 3701 Grandel Square, St. Louis 8, Mo.
Dr. James K. Keeley (*NS* 1937), 103 South Hamilton St., Poughkeepsie, N. Y.
Dr. Harry M. Lowd, Jr. (*CM* 1941), 359 Essex St., Salem, Mass.
Dr. John B. McKittrick (*An.* 1938 & *WS* 1939), 1180 Beacon St., Brookline 46, Mass.
Dr. Leland S. McKittrick (*WS* 1919), 1180 Beacon St., Brookline 46, Mass.
Dr. Sedgwick Mead (*EM* 1940, *P* 1941, & *a.r.p. N* 1942), 690 North Forest Ave., Webster Groves 19, Mo.
Lt. George W. Mellinger, MC, AUS (*M* 1947), P.O. Box 524, Indianapolis 6, Ind.
Dr. Bruce R. Merrill (*r.p. Psychi.* 1941), 655 Sutter St., San Francisco 2, Cal.
Dr. Olof H. Pearson (*WM* 1941), 36 Garrettson Road, White Plains, N. Y.
Dr. Thomas S. Risley (*ES* 1942), 1180 Beacon St., Brookline 46, Mass.

We were delighted to receive this letter from Dr. James Lincoln Huntington (*SS* 1908). Dr. Huntington classifies himself as "an old-timer", and goes on to say:

> Recently I spent three weeks in the dear old hospital while Eddy Cave and Charles Short steered me back from crippling arthritis to active duty. God bless them! Faxon, Thorndike, Allen, Irving, Pemberton, Pier, Giddings, Jr., Fletcher Colby, and others made my stay very enjoyable and a continued round of reunions.
>
> Now I have returned to the practice of Obstetrics and Gynecology in Northampton, with my very able assistant, James E. Cavanagh, now licensed by the American Board.
>
> I cordially invite all MGH graduates, if and when they are ever in this area, to visit with me.

Dr. Homer D. Peabody, Jr. (*M* 1945) is one of those who see to it that their friends are informed of their whereabouts through The News. This note from him arrived recently.

> I have just started a Fellowship in Medicine here at the Mayo Clinic. The early few weeks have been enjoyable.
>
> Renewal of old friendships has been particularly good fun. Wade and Kathy Volwiler, Joe and Audrey Elliott, and Dick Riddell are here.
>
> My past year has been spent at the Rees-Stealy Clinic in San Diego, California. We hope to settle in the delightful climes of Southern California, and with that thought in mind will be better prepared to face the "rather extreme" winter which I am told has been blessed on this good state of Minnesota.

Letters from several other MGH-ers have mentioned Capt. John C. Seed, MC, AUS (*EM* 1946) over the past two years, but never a word from the man himself until this letter, recently received. He writes:

> First of all, let me say I greatly enjoy reading The News.
>
> After leaving the M.G.H. in 1946, I went to the Army Field Service School in Texas for two months and from there to my present address—Medical Division, Army Chemical Center, Maryland. I have been doing research in the pharmacology section ever since and have greatly enjoyed it.
>
> I am staying in the Army a year beyond the required time for ASTP graduates and will continue with my studies of the effects of some poisons on kidney function. In June of 1949 I hope to get out of the Army and get one more year of clinical training before returning to research work.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 72 Boston, Mass. October 1948

A REORIENTATION OF DERMATOLOGY

Specialized areas of medicine tend to become isolated. In the seclusion of their peculiar interests and involved with the formulas of the past, they lose touch with the vigorous movements in science which carry medicine forward. To survive as significant participants in the field of medicine, these special interests must occasionally be rescued from themselves and redirected toward fresh objectives. Old concepts need to be re-examined, and old practices forsaken if they no longer bear critical examination. In the end the substantial residue must be preserved, for it is the stuff on which progress is built. On this basis and in a new light, old problems must be reappraised and with new tools their solution undertaken.

The modern era of dermatology began with Robert Willan, pupil of Matthew Baillie, first to write in English on anatomical pathology. In turn, Willan was the teacher of Thomas Addison. He flourished at a time when the systematic classification of lesions—and the naming of them—were uppermost in men's minds. His contribution to dermatology was not unlike that of Thomas Sydenham to medicine in general.

Willan was an astute observer and what he saw had deeper meaning to him than the organ which he examined. He viewed the human body as a whole and he was not unaware of the manifold forces in the environment which affected the health of the patient.

About half a century later this remarkable man was followed by another, Ferdinand Hebra, who left an even deeper impression on dermatology than did his early predecessor. Not only did he bring to the study of cutaneous disease the concepts and techniques of Virchow in cellular pathology, but he also possessed a robust and philosophical attitude toward the meaning of the lesions he described. These he saw in their relation to the general processes of disease as he understood them.

Perhaps the reorientation of dermatology might better begin with this man. One could do worse than read again what he wrote on diseases of the skin, and strive to catch something of his inquisitive genius and of the objectivity and logic of his clinical method. In his words there is a freshness of insight and a quality of critical evaluation which might be helpful for us today.

Not a little of what he wrote still finds attenuated repetition at the hands of lesser men, often with a loss of the original meaning. The problems which he stated and the questions which he asked, however pertinent they still remain, have largely faded from our memories. Yet we continue to cultivate with tenacious zeal—and with the same old tools—the area of histopathology which made him great. Seldom do we question that which we do, as if the repetition of old observations would lead us beyond the horizon of his knowledge.

Many hold the opinion that dermatology has been caught in the cul-de-sac of convention. By its interest in nomenclature and description it has largely avoided the functional and dynamic in disease. In its concern with variations in form it has frequently failed to recognize the continuity and unity of the pathological processes with which it deals, and the relation of cutaneous reaction to that in other organs of the body. To some it would seem that the skin has attained biological autonomy.

The dilemma is a serious one. For this the dermatologist alone is not responsible. If, by his shortcomings, he has maneuvered himself into an untenable position, medicine in general has often extended him an unsteady hand. For some reason the integumentary system with its diseases has been viewed in a different light than, for example, the cardiovascular system with its diseases. Yet each is integral and vital to the whole. The essence of disease is common to both.

Perhaps it has been the spacial position of the skin with its apparently static function, together with the accessibility of its ailments, which has lessened our respect for it. The direct method of its examination has robbed its diseases of the pleasure of the hunt, and our confused familiarity with its lesions has discouraged our understanding of these phenomena. Disease of the skin is too apparent. Yet it may be that functions unsuspected lie buried in it, and that chemical mechanisms, as subtle as those of vesication, await discovery.

The skin is but one of the many facets of the body from which health and disease are reflected. An understanding in their broadest implications of the phenomena of disease which it displays seems a worthy achievement, and one in which all those who profess medicine might well consider within the province of their responsibility. However much medicine may have to offer dermatology in the reorientation of its position, it may also be true that dermatology likewise holds in its experience a contribution which could in time enrich the whole of medicine. If this be a fair assumption, then ways must be found for achieving this end.

Essential to the reorientation of dermatology is the method of its teaching. As the subject is customarily presented to the undergraduate student, few survive the experience with any significant knowledge of cutaneous disease. The patient is considered too often from the skin alone and little attempt is made to show the relation of the lesion to the disease and the patient as a whole. The student is confused by many patterns of eruptions and by their labels, as also by an excess of therapeutic empiricism collected from the ages past. Little interest is taken in relating the anatomy of disease to the basic pathological processes common to all tissues so that the student may build upon his already accumulated knowledge. Dermatology in the end remains something apart from medicine. The memory of its anatomical patterns soon fades.

The patient with a dermatological lesion requires no other techniques for examination than are common to medicine, but he does require these techniques. The student should, from his first contact with the subject, be permitted to study comprehensively the patient, and not be confused by a multitude of unfamiliar lesions described by strange names to designate entities which probably do not exist. The picture gallery technique is no longer good enough. He can describe in simple terms what he sees, and with the facts of observation reach a fairly satisfactory conclusion as to the essential disease of the patient. The fundamental pathological processes are not many, and the causes of the more common are not too obscure. If the undergraduate student can be made to understand the great group of inflammatory lesions and their causes, if known, he will possess a practical approach to dermatology and be prepared to evaluate the lesions of the skin and to think more deeply of them than is usually the case. He can be shown that dermatology contains more than the trivia of medicine.

For the undergraduate student—and anyone interested in the subject, for that matter—the formulary for the treatment of these diseases needs to be critically examined. Much can be deleted. Empiricism and habits of the past may have some virtue, but dermatology is overburdened by their needless accumulation. Useful drugs with demonstrable therapeutic effects are few. The student should not be misled by unessentials.

Trained to think of diseases of the skin in a rational way and to approach the patient as a unified whole, the physician can be made to feel as comfortable in their presence as he does when disease involves other organs of the body. Dermatology can be made medicine.

For the graduate student, no other formula for knowledge is required. Let him study the patient too. Set standards of didactic teaching usually on the level of a secondary school miss the point. To insist that he become expert only in the expertness of the past leaves little room for imagination and for the application of fresh knowledge to the subject. The dermatologist should become a good physician with better than common knowledge of the integumentary system. Dermatology should not be an escape from medicine.

If such attitudes of mind and clinical techniques are developed, the handling of the patient becomes immediately apparent. The dermatological service becomes no different from any other medical service. There can be no two standards for the study and treatment of the patient. Good medicine on one service is good medicine on the other service. Anything less is unsatisfactory. These are not unattainable objectives. They have been achieved even to a point where the physician with a special interest in dermatology has met the requirements for a professorship of medicine.

For leaders in the field of cutaneous disease there is urgent need for young men trained adequately in medicine and in one or the other of the basic medical sciences. With the tools of the science of his choice he is then prepared to undertake the solution of the many problems related to the skin, both in health and disease. Research in dermatology has too often been of a superficial order. Basic problems in the structure and function of normal skin are many. These are chiefly biochemical. Upon their solution will rest an understanding of the mechanisms involved in the skin's diseases. The bulging volumes on modern dermatology may yet be seen to shrink in size.

Chester N. Frazier, M.D.,
Chief of Dermatological Service

* * *

STORROW HOUSE

In order to clarify to members of our Staff the purpose of Storrow House, the method of admission to it, and the responsibility of the care of patients after their admission, the following explanation is offered:

Storrow House is intended to fulfill what we believe to be a real need in the community. It can accommodate convalescent patients and can provide care for simpler chronic cases. It can be used as a rest home for people who are not really ill.

Of course there are certain limitations, namely, that the patients must be ambulatory, need only the simplest of surgical dressings or medical treatment, and be able to take general care of themselves.

Dr. Perry Culver has been appointed to act as Physician for Storrow House. The Staff of the Massachusetts General Hospital may care for their patients themselves or through Dr. Culver. Other physicians should arrange with Dr. Culver for care of their patients.

Charges range from $5.00 to $7.00 per day.

Members of the Staff of the Massachusetts General Hospital or other physicians of Boston and vicinity may arrange for admission through the General Hospital Admitting Office, CApitol 7-4300, Extension 414.

* * *

At a meeting of the Council of the Royal College of Surgeons of England, held on July 29, Dr. Kurt H. Thoma, formerly Oral Surgeon and Chief of the Dental Department, and now a member of our Board of Consultation, was elected a Fellow in Dental Surgery of the Royal College. It will be necessary at some future date for Dr. Thoma to be admitted officially to the Fellowship, and he plans to make a trip to London to accept this new honor.

* * *

The 31st Annual Meeting of the American Dietetic Association will be held in Boston October 19-22. A large registration is expected—probably as many as 3,000 will attend—and M.G.H. will play host to many visitors from the Association during the time of the meeting. Interesting literature on the subject and a program of events are on the foot-of-Treadwell-stairs bulletin board.

* * *

ANEMIA CLINIC

In April of this year the Anemia Clinic, the newest among the specialized clinics in this hospital, with Dr. Means and Dr. Earle M. Chapman as godfathers, began its career. At its birth it was helped on its feet by Dr. Joseph S. Lichty, then in charge of the Out-Patient Department, and was given moral support by Dr. Francis T. Hunter and by Dr. Wyman Richardson, both of whom have been interested for many years in the disorders of hematopoiesis. The clinic meets in the Male Medical Clinic of the Out-Patient Department on Fridays at 1, and goes through to 4 o'clock. The clerical help is being efficiently contributed by Mrs. Margaret Kolpack, and the nursing assistance by the nurses assigned to the Out-Patient Department, under the able direction of Miss Thelma Cogswell.

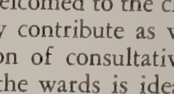
The clinic had its inception in the desirability of studying the increasing number of patients suffering from anemias and leukopenias of obscure origin, presenting problems in diagnosis and therapy. During the two-year period after the end of the war, both formal and informal consultative services were rendered to patients scattered in various clinics of the Out-Patient Department, but by last spring it was considered opportune to try to concentrate such patients in a special clinic. This evolution follows the trend of the study of many other diseases in this hospital—a practice that has resulted in greater benefit to the patient and in the extension of our understanding of morbid processes. Many years ago the Tumor Clinic took over the follow-up of patients with polycythemia, leukemia, and lymphoma—that is, the patients with "too much blood"—and these patients remain under the care of that clinic. To the Anemia Clinic we invite the patients with "too little blood", be it a deficiency of the red blood cells or of the white blood cells or of the platelets, or of all three.

The aims of the clinic include, in the first place, the care of the patient. For the patient in the general medical clinic with a mild and simple iron-deficiency anemia, or with an anemia secondary to chronic infection or to chronic renal disease, nothing will be gained by transfer to the Anemia Clinic, but such patients will be welcome when sent for consultative opinion. To the patient with a profound disorder of the hematopoietic system, the clinic may well extend considerable benefit through more intensive use of modern diagnostic and therapeutic tools. In the second place, the material available for study should present a challenge to the workers in the clinic. At present we are gathering information on such topics as improvements in the examination of the bone marrow and the diagnostic significance of such examinations. Anemias due to a deficiency of factors in liver, other than the pernicious anemia principle, are under investigation. Patients with untreated pernicious anemia are especially welcome for their help in the assay of the therapeutic potency of purified fractions of liver extract.

Finally, the Anemia Clinic intends to utilize its teaching facilities to the greatest advantage to the hospital staff. House officers, staff physicians, and graduate physicians are welcomed to the clinic, for they will certainly contribute as well as learn. The extension of consultative services to patients on the wards is ideally followed by the house officer or resident physician studying the patient later in the Anemia Clinic. For the house staff, this continuity of care of the patient is of utmost value.

Like a new baby, until it grows up the Anemia Clinic cannot recount its achievements, but it looks forward to a busy and useful future.

Bernard M. Jacobson, M.D.,
Chief, Anemia Clinic



The Board of Trustees, at their meeting on August 20, voted to appoint:

Dr. Willam James as Assistant Resident on the Neurosurgical Service;

Dr. Stephen W. Royce, Jr. as Assistant Resident on the Children's Medical Service for two months, beginning August 1.

At their meetings on August 18 and September 8, the General Executive Committee voted to appoint:

Dr. Sadegh Amini as Clinical Fellow in Dermatology, effective as of July 1;

Dr. Gaston E. Blom as Clinical Fellow in Psychiatry, to work with the Child Psychiatry Group;

Dr. Howard S. English as Clinical Fellow in Neurology, as of July 1, for a period of six months;

Dr. Nelson Hastings as Clinical and Research Fellow in Surgery for the term July 26 through August 31;
Dr. Mahlon B. Hoagland as Research Fellow in Medicine, as of August 1;
Dr. Logan O. Jones as Clinical Fellow in Medicine for the year beginning July 1;
Dr. Victor Perlow as Graduate Student Assistant in Surgery;
Dr. Isaac Silove as Clinical and Research Fellow in Medicine, assigned to the Allergy Clinic, for six months beginning August 1;
Dr. Edwin A. Smith as Clinical Fellow in Dermatology;
Dr. Richard W. Steenburg as Clinical Fellow in Surgery;
Dr. Concepcion Uribe as Clinical and Research Fellow in the Children's Medical Service for one year, effective as of August 1.

◆

Eldredge House, the new residence for graduate nurses, was opened with a formal "Open House" on Thursday, September 9. This beautiful home at 44 Chestnut Street, bequeathed to the hospital by the late Mrs. Cressida P. Eldredge, now houses eighteen graduate nurses. Some of its outstanding features are two unusually attractive living rooms, a spacious community kitchen with individual cupboards for each nurse, a large laundry, and a garden with garden furniture.

Among the many visitors at the opening were members of the hospital Staff and their wives. Special guests were Mr. and Mrs. Frederick Whiteside. Mrs. Whiteside is a niece of Mrs. Eldredge, donor of the house.

The committee who arranged the evening was made up of nurses now living at Eldredge House: Miss Alice Fraser, Mrs. Jean Nortridge Lynn, Mrs. Carlene Bryan, Miss Anne Richards, and Miss Mary Murphy.

Much interest has been aroused by the ninety new preclinical students in the School of Nursing, who appeared in full uniform, including a new small cap, immediately after their arrival. This change in uniform regulations coincides with the introduction of a new educational program, which was announced in an earlier edition of THE NEWS. All future classes will have a preclinical period of six months rather than four, and a somewhat more concentrated program of classroom instruction which, at the end of twenty-eight months, will finish formal class work and leave the students free to serve an internship of eight months' supervised practice on the wards. The uniform changes which accompany the new program mean that the student begins her preclinical period in full uniform, including the small "student" cap. The uniform then remains the same until the start of the internship, when the student is capped with the regular school cap and finishes her three years in the uniform now being worn by all students in the clinical area.

Several new faculty members are now with the Science of Nursing Departments of the School. Mrs. Mildred Hine, a graduate of the University of Illinois and former research assistant at Massachusetts Institute of Technology, is the new instructor in Chemistry for preclinical students. New graduate assistants to Miss Perkins in the Nursing Arts Department include Mrs. Pomona Mitchell, a Simmons graduate and formerly instructor in Nursing Arts at the Boston City Hospital; Mrs. Jane Frame, who since graduation from Yale University School of Nursing has been with the New Haven Hospital; Mrs. Marjorie Meyer, whose college is Russell Sage and who has recently been instructing at Simmons College; and Miss Natalie Petzold, a graduate of, and former assistant at, Simmons.

An important visitor to the School of Nursing during September was Miss Wu Chin-Yu, Educational Director of the National Central School of Nursing in Nanking, China. Miss Wu, studying under the auspices of the Bureau for American Aid to China, spent a two-week observation period with us.

Another visitor from abroad is Miss Gerda Hog Peterson, a Danish nurse who is doing staff work on Bulfinch 1. Miss Peterson received her training in Copenhagen.

Miss Mildred Blank of the Out-Patient Tumor Clinic is the author of an article entitled "Nursing care in Hodgkin's disease", which appeared in the September *American Journal of Nursing.*

Miss Phyllis Cox is the new head nurse of Bulfinch 6, replacing Miss Elizabeth West.

The Class of 1949 of the School of Nursing sponsored a successful two-day Senior Bazaar on September 22 and 23.

MASSACHUSETTS GENERAL HOSPITAL 1811. McLEAN HOSPITAL

STUDIES ON THE PHYSIOLOGY OF ELECTRIC SHOCK THERAPY AT McLEAN HOSPITAL

The nature of the abnormal physiological processes which occur when normal thought is replaced by psychotic thinking has been a matter of conjecture since the first psychotic individual was recognized some thousands of years ago. Only a negligible amount of physiological data bearing on this problem has been secured. While it is true that the large amount of psychological writing that has appeared has contributed material which is important, and useful in the evaluation and handling of clinical problems, it is generally agreed that this body of data explains the manifestations of psychosis and not its *origin.* Many workers in the field feel that the physiological approach to the problem of psychosis is an important one and accordingly a program of chemical and physiological research has been organized at the McLean Hospital; this program is based upon the almost ludicrously trite assumption that, since thought is a product of the activity of brain cells, the break-down of orderly, realistic thinking which characterizes psychosis must be a consequence of a change in brain tissue. The fact that extensive study of autopsy material by means of the relatively crude routine methods which are used have not demonstrated any such change is not evidence against the assumption. Part of the program here at the McLean Hospital consists in the study, by means of the most refined methods known, of the brain tissue in health and disease. Another approach in use here is based on physiological observations made upon patients; this study utilizes the fact that some psychotic patients become completely normal mentally after two or three weeks of electric shock therapy. By observing and interpreting the physical changes caused by electric shock therapy it may be possible to secure data explaining the mechanism of recovery from psychosis, and therefore, ultimately, the mechanism of the development of psychosis. Essentially, then, this part of the program at the McLean Hospital is a study of the physiological effects of electric shock therapy in the treatment of mental disease.

Many explanations for the beneficial therapeutic response to shock therapy have been advanced; all have little or no data to support them. Most explanations invoke damage to brain tissue during the electrically induced seizure. Here at the McLean, however, the hypothesis which is held is that electroconvulsive therapy is *reparative,* and if scattered damage to brain tissue occurs it is only incidental and a side reaction. This hypothesis was suggested by the fact that in patients with psychoses due to syphilis of the brain, multiple sclerosis and, occasionally, arteriosclerosis of the brain, electric shock may be markedly beneficial. It is difficult to understand how these processes, due to destruction of brain tissue, could be helped by further scattered damage caused by electric shock; it is more reasonable to assume, at least temporarily, that electric shock causes repair of damaged brain tissue in some way. The problem, therefore, resolved itself into a study of possible mechanisms whereby electric shock might give rise to repair; the direction of study was suggested by the well-known fact that there is an excellent (but not absolute) correlation between the presence or absence of gain in body weight and the presence or absence of therapeutic benefit after shock therapy. Accordingly, observations on metabolic changes which might cause gain in weight during shock therapy have been made. From the outset it was apparent that the gain in body weight which occurs is due at least partly to retention of water, for the gain in weight is often rapid, i.e. as much as fourteen pounds in three days. Observations on the volume of the extracellular fluid in the body show that all of the gain in weight is due to retention of water at first, but that as shock therapy continues, the gain in body weight exceeds the increase in extracellular water. Additional studies have shown that an increase in body sodium also occurs. These findings suggest the action of steroid hormones, possibly of the type of desoxycorticosterone.

It was also found that untreated patients with depressions exhibit retardation of water diuresis. This phenomenon has been repeatedly discovered and forgotten during the past twenty years. Its mechanism is unknown, but it may possibly be a state of depletion of extracellular water. At any rate, the water diuresis test, if carried out on patients before and after a course of shock therapy, reveals acceleration of water diuresis when the patients improve. This, too, is consistent with the action of certain steroid hormones. In order to test the action of steroid hormones known to cause only salt and water retention, patients with depressions were given desoxycorticosterone or progesterone in large amounts. Gains in weight were secured, but no improvement in mental symptoms occurred. It was concluded, therefore, that changes in salt and water metabolism due to the action of steroid hormones occur in patients receiving electroshock therapy, but that these effects are side reactions and not necessary for clinical improvement. Other effects of the action of steroid hormones are known, however. These include catabolic effects, giving rise to changes in metabolism sometimes referred to as diabetogenic; and anabolic effects, resulting in retention of nitrogen in the body.

The steroid hormones which cause changes in metabolism other than salt and water retention can be detected in a number of ways. These types of steroid hormones derived from the adrenal glands cause lysis of blood lymphocytes and eosinophils, and give rise to increases in uric acid excretion in the urine; in addition, these hormones can be detected in the urine as such. Studies using these phenomena as tests are incomplete, but thus far it has been shown that the blood lymphocytes decrease by half and the eosinophils by approximately eighty percent in most patients given shock therapy. A few studies on urinary 17 ketosteroid concentration show increased excretion of these hormones after electrically induced convulsions. It appears, therefore, that steroid hormones which are probably derived from the adrenal and which cause metabolic changes in addition to retention of salt and water are liberated in large amounts after electrically induced convulsions.

In order to test the concept that the favorable response to shock therapy is the consequence of the increased production of steroid hormones whose effects are anabolic, large doses of testosterone have been given to depressed patients. It has been possible to demonstrate in patients with depressions who relapse after responding favorably to shock therapy that, at least in some instances, the effects of testosterone and of shock therapy are interchangeable. This phenomenon is another that has been discovered and ignored several times in recent years.

The result of all these studies, made during the past eighteen months, has been a hypothesis to the effect that electric shock therapy, presumably by stimulating the adrenal cortex (probably via the anterior lobe of the pituitary gland), causes the release of steroid hormones whose actions are anabolic and whose effects include reparative processes in brain tissue. Crucial experiments, involving the use of pituitary and other hormones in patients with mental disease, are now in progress.

Mark D. Altschule, M.D.,
Director of Internal Medicine
and Research in Clinical Physiology

Do you know about the small band of faithful workers in the Women's Occupational Therapy Department at McLean Hospital? This group of from three to six patients works daily under the direction of a single patient to produce about 1,000 Operating Room dressings a week for the Massachusetts General Hospital. A similar number is made for McLean Hospital use in the same period. It has been said that this assistance in the making of dressings is a definite help during the nursing shortage.

The American Red Cross and the British War Relief made several awards—both group and individual—for the quality and quantity of work done by these patients during World War II. In addition to dressings, many knitted articles and garments have been made in great numbers. One can readily appreciate the therapeutic value to our patients of being needed and being able to produce work of such a reputedly high order. During the past twelve months 66,849 dressings have been completed by these patients.

At a Medical Staff Meeting on June 16, Dr. Kenneth A. Evelyn (*clin. fel. M* 1947) gave a preliminary report on the research project which has been carried out in the Hypertension Laboratory on White 12 during the past year. The object of this investigation was to review the results of the surgical treatment of hypertension at M.G.H. during the past fifteen years. This study was one of the projects initiated by the Hypertension Research Committee which was formed in the summer of 1946 to take charge of research on hypertension after Dr. Reginald H. Smithwick left M.G.H. to become Professor of Surgery at Boston University.

Dr. Evelyn, who is now with the Institute of Biophysics at McGill University, Montreal, came down to give this report. Therefore, those who could not hear him on June 16 will be very grateful to him for sending us this summary of his talk.

Sympathectomy was first used in the treatment of hypertension about 20 years ago, and, as a result of Dr. Smithwick's pioneer work, the M.G.H. has always occupied a prominent place in the development and improvement of this operation. Unfortunately, the evaluation of the effectiveness of this form of treatment has always been a very difficult task on account of the highly variable course of the disease in different patients. For example, some hypertensive patients may live for twenty or thirty years with little or no treatment, while others, for reasons which are not yet understood, may pursue a rapid downhill course and die within a very short time after the onset of the first symptom. The only safe method of allowing for this variability is to base all assessments of therapeutic efficiency on careful observation of large numbers of patients over periods of several years. Such long-term studies have been carried out in the Hypertension Clinic of M.G.H. under the direction of Dr. Robert S. Palmer, who has published several articles based upon his findings at the end of gradually increasing follow-up periods. One of the disappointing features of Dr. Palmer's results is the fact that the percentage of patients whose blood pressure has been reduced has fallen steadily as the length of the follow-up period has increased. For example, in 1940 about 70 percent of the patients showed normal or near-normal blood pressures, while in 1941 this figure had fallen to 50 percent, in 1943 to 38 percent, and in 1946 to 25 percent. Since it seemed quite likely that this percentage might fall even lower with the further passage of time, the Hypertension Committee felt that a complete review of all aspects of the problem should be made, in the hope that such a study might bring to light some of the factors responsible for the disappointing results which had been obtained. Accordingly, in July 1947, the staff of the Hypertension Laboratory undertook a review of the records of all public patients from the State of Massachusetts who had been sympathectomized for hypertension on the wards of M.G.H. since the operation was first performed in 1935.

The investigation involved not only a detailed statistical analysis of all the records, but also a personal follow-up examination of all surviving patients who could be traced. Although the project will not be finished for another six months, it was decided that a preliminary report might be made at this time because the analysis of the records and the examination of the patients have recently been completed, and all that remains to be done is the final statistical analysis of the data. However, on the basis of those results which have already been computed, it is possible for me to give the following over-all picture of the progress of the investigation.

The number of patients sympathectomized on the ward services of M.G.H. up to June 1947 was 292, of whom 105 were males and 187 were females. During this period 73 of the patients have died, leaving 219 survivors, of whom all but two were traced through the efforts of Miss Mary Butler, the Secretary of the Hypertension Laboratory. Of the 217 patients who were located, only one refused to cooperate; but four patients who were too sick to come to M.G.H. and three who had moved away from the New England area were studied by questionnaire with the cooperation of local physicians. The remaining 209 patients were given appointments at the Hypertension Laboratory where the various examinations and laboratory tests were carried out, only one patient being studied per day. The medical part of the study was done by Drs. Evelyn, Fred Alexander, Stewart Cooper, and William Chapman, with Dr. David G. Cogan acting as Ophthalmological Consultant. The Social Service angle was covered by Mrs. Jean Barkin Waldstein, the statistical analyses by Miss Phyllis Hoffman and Miss Jean Emery, and the special laboratory tests by Miss Grace Lockwood and Miss Margaret O'Grady. Miss Butler's skillful public relations work has already been mentioned. Generous financial assistance was provided by a grant from the Life Insurance Medical Research Fund.

As an introduction to his report, Dr. Evelyn showed several slides which illustrated the gradual evolution of the operative procedures employed at M.G.H.

In explanation of the slides Dr. Evelyn said:

From 1935 to 1938 the supra-diathragmatic operation was performed exclusively—the average extent of the sympathectomy being from the 10th to the 12th dorsal ganglion. In 1939 the introduction of Dr. Smithwick's combined supra- and infra-diaphragmatic operation made it possible to extend the operation from D 8 or D 9 to L 1 or L 2. Finally, beginning in June 1946, the surgical members of the Hypertension Committee introduced some additional modifications of the operative technique, in the hope that the results of the operation might be improved by performing an even more extensive ganglionectomy, which in some cases went as high as D 3 and as low as L 3. Since the number of patients in 1935-1938 supra-diaphragmatic series was only 35, and the patients operated upon by the more radical procedures have been studied for too short a time to draw any reliable conclusions, most of the charts and tables shown refer to the 223 patients who were operated upon between 1939 and 1945 by the regular Smithwick lumbo-dorsal procedure.

Dr. Evelyn showed several examples of the standardized blood pressure charts which were drawn for each patient in order to record all the blood pressure readings which were made during the pre-and post-operative periods. He said:

The charts showed typical examples of the wide range of variation of the blood pressure of any one patient on successive visits to the clinic, and served as an excellent illustration of the difficulty of deciding whether the operation had or had not produced a significant reduction of blood pressure. In order to provide a statistical basis for this important decision, I tried to estimate the average variability of the blood pressure levels of un-sympathectomized controls by analyzing the records of patients from the Hypertension Clinic who, though considered suitable candidates for the operation, had decided to continue on medical treatment. With this base line as a guide, an effort was made to divide the sympathectomized patients into three categories on the basis of the apparent effect of the operation on the blood pressure. The first category included those patients whose post-operative blood pressure was definitely within normal limits. The second group consisted of those whose blood pressure, while still elevated, was significantly below the average pre-operative level. The third category included those whose blood pressure was not significantly reduced.

The charts show several examples of the tendency of the blood pressure of certain patients to return to the pre-operative level as the period of post-operative follow-up increased. Such patients often have normal blood pressures during the first few months and then gradually pass into the second category and eventually into the third after two, three, or four years. I wish to point out that these charts were merely independent confirmation of the observations which had previously been made by Dr. Palmer, using somewhat less elaborate statistical methods.

Since Dr. Palmer's last observations were based upon an average follow-up period of 3½ years, the only significant new information from my figures was the analysis of the blood pressure data of 83 patients who have now been followed, five or more years after lumbo-dorsal sympathectomy by the Smithwick technique. Unfortunately, the blood pressure data on many of these patients are far from adequate since all too frequently the operation was performed before a satisfactory base line had been established, and in many cases the post-operative follow-up was also inadequate. However, on the basis of the best possible assessment which could be made in each case, the results of the 5-year follow-up of this small group of patients are approximately as follows:

Blood pressure normal	8%
Blood pressure significantly reduced	12%
Blood pressure not significantly reduced	50%
Patient dead	30%

In conclusion, I wish to emphasize the fact that reduction of blood pressure is only one of the many criteria which must be used in evaluating the effectiveness of sympathectomy in the treatment of hypertension. In the course of this investigation equally careful analyses have been made of other criteria, such as reduction in mortality, amelioration of symptoms, restoration of physical capacity, changes in appearance of the ocular fundus, reduction of the size of the heart, improvement in the shape of the electrocardiogram, and so on.

Eventually, data on all these phases of the study will be analyzed, but at the time of this preliminary report the only figures which were ready for presentation were those dealing with the effect of the operation on blood pressure. Even on this limited basis, however, it seems fair to conclude that there is still considerable room for improvement in the methods used for the selection of patients for sympathectomy, and perhaps also for further refinement of the operative procedure itself. Unfortunately, the short-term follow-up data now available on the patients sympathectomized by the more radical procedures in the last 18 months do not appear to be better than those obtained with the more limited procedures. Nevertheless, as long as even this small percentage of patients appears to have been definitely benefited by the operation, it seems entirely justifiable to continue to explore the therapeutic possibilities of surgery of the autonomic nervous system in the treatment of hypertensive disease.

Ideas for new approaches to the solution of the problem are urgently needed, and it is to be hoped that analysis of the data collected in this study will provide a clue to the cause of our present high percentage of failures and offer constructive suggestions for future work in this very important field.

New addresses:—

Mr. Reginald Gray (Secretary, Board of Trustees), 15 State St., Boston 9, Mass.

Dr. Harrison E. Kennard (*WS* 1934), 1180 Beacon St., Brookline 46, Mass.

Dr. William K. Livingston (*WS* 1922), Department of Surgery, University of Oregon Medical School, Portland 1, Oreg.

Dr. A. William Reggio (*WS* 1914), 2301 Connecticut Ave. NW., Washington 8, D.C.

Lt. George S. Richardson, MC, AUS (*WS* 1947), Medical Division, Army Chemical Center, Md.

Dr. Otto D. Sahler (*r.p. R* 1942), Mary Imogene Bassett Hospital, Cooperstown, N.Y.

Dr. Chiu-an Wang (*WS* 1944), Hackett Medical Center, Canton 20, China.

Brief bits:—

Dr. Addison G. Brenizer, Jr. (*WS* 1942) was discharged from the Army on June 1. His present address is 1425 Elizabeth Ave., Charlotte 4, N. C.

It was good to see the Drs. Glendy—Margaret M. (*CM* 1932) and R. Earle (*r.p.* 1934)—again. They stopped in for a visit during their vacation on Cape Cod with their three children—Robin, David, and Lisa.

After January 1, Dr. James E. Kreisle (*WM* 1943) will have a new address—811 West 31st St., Austin, Texas. He will have finished his Fellowship at the Mayo Clinic in Rochester, Minn.

Major Wilbour C. Lown, past Head of our Photographic Laboratory, "reported in" on September 1. He has promised to send us something about the interesting work he is doing, for publication in The News.

Dr. Alfred Yankauer (*CM* 1941) is District Health Officer, Kips Bay—Yorkville District, New York City Health Department, and Assistant Professor of Public Health and Preventive Medicine at Cornell University Medical College. His new address is 301 East 10th St., New York 9, N. Y.

MASSACHUSETTS EYE & EAR INFIRMARY

The X-ray Department, under the direction of Dr. A. S. MacMillan, has recently installed new equipment and modernized its quarters. One new X-ray machine, that can be used for all types of diagnosis and treatment for eye, ear, nose, and throat patients, has replaced several pieces of equipment, each one needed for a different purpose. The new machine is being used for fluoroscopy and for superficial therapy, especially in intra-oral treatment for deaf children.

The Mosher Laboratory this month re-established its work of doing the pathology for the Infirmary's ear, nose, and throat service, with Dr. Werner Mueller, Assistant Surgeon in Oto-Laryngology, in charge. Pathology reports for such cases have previously been done by the Pathology Laboratory at the Massachusetts General Hospital, and the two laboratories will continue to work closely together. The new arrangement will give more facilities for teaching the Infirmary residents, as Dr. Mueller, who also teaches the basic science course at the Harvard Medical School, will give special attention to this phase of the work.

Dr. Edwin B. Dunphy, Chief of Ophthalmology, and Dr. LeRoy A. Schall, Chief of Oto-Laryngology, are attending the annual meeting of the American Academy of Ophthalmology and Oto-Laryngology, being held in Chicago October 10 to 15. Dr. Dunphy, who is on the American Board of Examiners of Ophthalmology, will also take part in conducting the examinations in Ophthalmology, being held at this time in Chicago.

Dr. J. H. Tom Rambo finished his residency in Oto-Laryngology on September 30, and is planning to go to New York to the Endaural Hospital for further training.

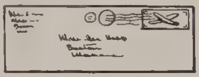
Visitors to the Social Service Department recently were Dr. Anna S. Elonen, Assistant Professor of Psychology, and Miss Ruth Mohn, both from the Division of Psychiatry, University of Chicago Clinics. They came here to discuss developments in the program for retrolental fibroplasia children, being interested in studying the scientific research as well as the social program carried on for this special group of patients.

Dr. Sushila Nayer, Pediatrician from India, visited the Infirmary in September to observe treatment of children with eye

Entrance to Storrow House — our new convalescent hospital in Lincoln

conditions. Her interest was in both the medical and social aspects of handling blind children.

Dr. Warren Haley of Winchester, Massachusetts, did relief work in the Infirmary laboratories during the summer, before starting his residency in Ophthalmology here on October 1.



A "first", and a good one, has come from Lt. Frederick C. Goetz, MC, AUS (*M* 1947). From McCornack General Hospital, Pasadena, California, he writes:

> After no more than two months away from Boston I find myself very hungry for news of the M.G.H., where I am sure dramatic changes must already have taken place. Therefore I hasten to give you my address so that I may receive The News without undue delay.
>
> There were seven of us from M.G.H. at Fort Sam Houston, where we spent a very pleasant—almost idyllic—month attending the Medical Field Service School. The School did not take up much of our time and there were many pleasant reunions with former classmates. Gale Keyes and his wife are practically native Texans after a year at Randolph Field. As old settlers, they were exceedingly hospitable.
>
> To my surprise, I was somewhat reluctant to leave Texas. Of course, it meant—perhaps—the final breaking-up of a very congenial group of friends. We have been widely scattered, but only one of us was sent out of the country. That was Dave Sohier, who is now caring for a group of 300 psychotic patients in the jungles of Panama (Box O, Ancon, Canal Zone). Jim Donald is at Camp Carson, Colorado; Tom Green at Fort Ord, California; Cliff Straehley at Madigan General Hospital, Fort Lewis, Washington. Only George Richardson and Jim Skinner returned to the East—George to Edgewood Arsenal, Maryland, and Jim to Murphy General. No doubt Jim has been back at the hospital on numerous occasions.
>
> I consider myself extremely fortunate to be here at McCornack in Pasadena—a very lovely spot, indeed. But it's still the Army!

This fine letter from Dr. Arthur A. Holbrook (*CM* 1933 & *EM* 1934) could well serve as a pattern for those of you who are about to write that long-delayed letter to The News. Dr. Holbrook's many friends will enjoy reading this interesting account of his present activities.

> Professionally, I am an Internist. Occasionally, when I say that in reply to some layman's question, he shows amazement and wants to know in what hospital. Perhaps "Internalist" would be a better term. I share an office suite with Einar Daniels who is a University of Wisconsin man. We did not know each other well until we drove to Fort Sheridan in the spring of '42 for our induction physical examinations and found we were to be in the same General Hospital. Later, in the Southwest Pacific, we decided to get together if we ever got home, and we did. Our practices are entirely independent and parallel. The joy of the association is in having a kindred spirit right handy to talk things over with and a willing friend to leave patients with during times off for vacations or meetings.
>
> I am a staff member of Columbia and St. Luke's Hospitals, and am on the Associate Staff of Milwaukee Hospital. At Columbia I am chairman of the Committee for Scientific Advancement and Education. Our purpose is to maintain and make available a fund for staff members who are interested in pursuing clinical problems and do not wish to subject their private patients to extra laboratory expenses. The fund pays for the research, and the doctor is obliged to file a report of his work. The current literature contains evidences of studies accomplished in this manner. The fund also helps the interns to attend meetings, supports exhibits, and so forth.
>
> The medical societies I am most active in are the Milwaukee Society of Internal Medicine, the Milwaukee Academy of Medicine, and the Central Society for Clinical Research. I have been the physician to the Milwaukee Country Day School for the past ten years—a most enjoyable job, what with watching about 250 boys grow year after year. During the football seasons I am really put to it as an orthopedic first aid man! Since the war I have not been teaching at the Marquette University School of Medicine; I simply take my turn in the hospital teaching programs.
>
> Our home is in Shorewood, the first suburb north of Milwaukee, and is situated near Lake Michigan. Morris, aged 4½, has just been promoted to Senior Kindergarten at Country Day. May, my wife, is a hard working gardener when out from under the usual domestic and civic responsibilities. She has been very much interested in the Planned Parenthood Federation. Being from Alabama, she is not keen about cold weather or hurling herself down snowy slopes on skis. I still am, however, so we alternate winter vacations between Sun Valley and the South. We are both fond of tennis and fly fishing. Every summer we get in a couple of weeks of the latter on the Brule River in northern Wisconsin. My daughter Holly is now 13 years old.
>
> I am planning to drive with May to Boston in October for our first visit there since April 1941.

A nice note has come from Dr. Marlow B. Harrison (*EM* 1938), whose office address is 2000 Van Ness Avenue, San Francisco, 9. He promises to write at greater length soon, but in the meantime what he says here brings the familiar greeting which might well be titled, "Once an MGH-er, always an MGH-er".

> I would not under any circumstances be without my copy of The News. Being a loyal Massachusetts General Hospital man, but at the same time three thousand miles away, The News certainly acts as my liaison with the hospital. I truly look forward to receiving my copy each month.
>
> At some time in the near future, I shall write you further as to my activities here in San Francisco and the pleasure I have had in meeting other Massachusetts General Hospital men here.

We may look forward to a letter from Dr. Russell T. Congdon (*WS* 1909) soon, if he lives up to what he says in a note recently received. Dr. Congdon's two sons, Russell and Gordon, are associated with him in practice out in Wenatchee, Washington, and from there he wrote:

> I was pleased to receive your letter suggesting that I write something for The News. I shall be very happy to do this. We are starting on our vacation, which we spend at Lake Chelan, and I will take care of it during that time. I shall be tempted to say a little in regard to some of our unusual cases, and perhaps a little more about our hobbies.

It is good to hear again from Col. Richard Collins, Jr. (*ES* 1933). From 3812 South 9th St., Arlington, Virginia, he writes:

> First, I am unable to report that I am practising medicine, nor have I practised medicine since my entry into active military duty in December 1940. Like other doctors who have turned soldier, I have been most fortunate in a series of interesting assignments.
>
> For the past two years I have been here in Washington, assigned to the General Staff, US Army. Other than to state that my work is most interesting, I can only add that I had hoped to escape from chairborne work more often. However, if one has to work in Washington, the Pentagon is the spot to be in during these hot and muggy days.
>
> Mrs. Collins, Deborah, and I live in a little house in Arlington that permits us to raise our own vegetables, mow our own grass, and play a bit of badminton when the weather is not too oppressive. Until our next change of station, our latchstring is always out to any of our friends of MGH days. I believe that so far only Dutch Ludwig has succeeded in penetrating the jungles beyond the Potomac.
>
> The Washington scene these days provides many a major and minor laugh, as well as all the suspense and drama of a "penny dreadful". Keeping up with what goes on is practically a day round job, and certainly leaves no time for idleness or introspection. I find that the habits of careful observation and logical analysis, so thoroughly impressed upon me during my days within the hospital's walls, now serve as the firm basis for diagnosis in another field. The patient may be larger and somewhat impersonal, but the urgencies are no less pressing for accurate diagnosis, sound prognosis, and the best practicable treatment. The life of a nation, not of an individual, is at stake.
>
> Again, any of you who venture this far from the realms of Bulfinch and beans, please drop in and try a bit of "cawn pone".

THE NEWS

No. 73 Boston, Mass. November 1948

ENDOSCOPIC AFFAIRS

In last year's report in THE NEWS I sketched briefly the evolution of endoscopy at the Massachusetts General Hospital. This year's report will outline the recent developments.

Improvements in instruments have taken place during the past year, directed toward better diagnosis and less discomfort for the patient. With regard to better diagnosis in gastroscopy, a new flexible operating gastroscope has been developed[1] which contains a channel through which secretions may be aspirated and a biopsy obtained. This has brought us a long way from the day when Mr. Iacabucci presented himself for diagnosis. He appeared one day in April 1933 with digestive complaints which led us to pass the first flexible gastroscope ever used in this country. At that time, observation was all that could be accomplished and therefore the difficult diagnosis of lymphoma, which was finally established in Mr. Iacabucci, could not be made by gastroscopy. Now, however, after fifteen years the diagnosis of lymphoma of the stomach can be positively established by means of the operating gastroscope.

Another step forward has been directed toward the comfort of the patient. This has been accomplished by the development of the Broyles' bronchoscope which has an expanded proximal end permitting its easy introduction into the trachea without the aid of the cumbersome laryngoscope. Bronchoscopic diagnosis has also made a step forward in the application of the Papanicolau technique to the study of secretions aspirated at the time of bronchoscopy. Such studies have enabled a positive diagnosis to be made of cancer of the lung in lesions inaccessible to direct bronchoscopic inspection and biopsy.

Endoscopy as a specialty in a large hospital is now established. Whereas it was formerly thought that endoscopy might eventually revert to various allied specialties—as for example bronchoscopy to the thoracic surgeon, and gastroscopy to the gastro-enterologist—it is now felt that the position of Endoscopist will be a continuing one.

Unfortunately, due to lack of time, medical students and House Staff get very little training in endoscopy. In their period of instruction they should be made aware of the importance of endoscopic procedures as an aid to diagnosis and treatment and should be thoroughly acquainted with the indications for each endoscopy. Although it is true that the technique of instrumentation may be learned in a relatively short time by those with manual dexterity, it should be emphasized that the correct interpretation of endoscopic findings is far more important than the mere passage of instruments. Such interpretation requires a longer period of training than can usually be devoted to the subject. Practical work in the clinic is now given in bronchoscopy, esophagoscopy, gastroscopy, and peritoneoscopy for a period of three months to students who enroll in the Harvard Medical School Courses for Graduates. Special instruction in bronchoscopy and esophagoscopy is given to residents in laryngology, and in bronchoscopic aspiration of secretions to residents in anesthesiology. It was a pleasure to welcome Dr. William F. Havemeyer on November first for a period of six months as Clinical Fellow in Surgery assigned to Endoscopy.

Endoscopy continues to be conducted in close association with Thoracic Rounds and Gastro-Intestinal Rounds and in consultation with the physicians and surgeons in charge of the individual patient. Assistance in bronchoscopy and esophagoscopy is now being given by Dr. Davenport and Dr. Scannell. Since Dr. Halsted has resigned, Dr. Warren has become interested in gastroscopy. Dr. Wallace continues his interest in peritoneoscopy.

Edward B. Benedict, M.D.,
Endoscopist

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[1] Benedict, E. B.: An operating gastroscope. Gastroenterology, In press.

* * *

The Marion Lee Lawrence Room, for the use of the Ladies' Visiting Committee and all other volunteers at Massachusetts General Hospital, was dedicated on October 7 as a living memorial to Mrs. Lawrence's services as a former Chairman of the Ladies' Visiting Committee.

The dedicatory ceremony took place in the Rotunda of the Moseley Building. Among the speakers and many invited guests were members of Mrs. Lawrence's family from New York, Pennsylvania, and Boston. A light lunch was served, after which the room was opened for inspection.

The Marion Lee Lawrence Room has been attractively and comfortably decorated by the Ladies' Visiting Committee. Mrs. Lawrence's favorite shade of blue has been incorporated into the color scheme; and on the desk in the room is a framed photograph of Mrs. Lawrence, below which are these words:

> Mrs. James Lawrence became a member of the Ladies' Visiting Committee in 1924 and at the time of her death in 1935 she was serving her second term as its chairman. Her contribution to the Hospital was outstanding in its constructive interest in developing to a high level the relationship of the Ladies' Visiting Committee to the patient, and of Volunteers to professionals. The Marion Lee Lawrence Room is given in her memory so that those qualities may be perpetuated as an inspiration to the Volunteers of today.

* * *

Following the passage by Congress of the National Heart Act last June, setting up the National Heart Institute and the National Advisory Heart Council under the U.S. Public Health Service, Dr. Paul D. White has been appointed Chief Advisor for the National Heart Institute and Executive Director of the National Advisory Heart Council.

The Council consists of sixteen members, including six lay members, representing different parts of the country and particularly interested in public health, and ten physicians, four of whom are ex-officio (the Surgeon General of the U.S. Public Health Service and cardiovascular representatives from the Army, Navy, and Veterans Administration, respectively), and six other physicians, namely Drs. C. A. Elvehjem, Tinsley Harrison, T. Duckett Jones, Irvine H. Page, B. O. Raulston, and Paul D. White.

The headquarters of the National Heart Institute is at the National Institutes of Health, Bethesda, Md., and Dr. C. J. Van Slyke, experienced administrative officer of the U.S. Public Health Service, is the Director.

Dr. White will spend part time in this new post, assisting Dr. Van Slyke and the National Heart Institute, Surgeon General Scheele, and the National Advisory Heart Council. He will move his private office to 264 Beacon Street, where he will also set up an adjoining office for the National Heart Institute. He plans to continue an affiliation with the M.G.H., particularly in teaching, research, and attendance at certain exercises. He will also continue to follow his private patients.

The National Heart Institute, as set up by the National Heart Act, has, as its chief function, the support and initiation of cardiovascular research, both intramural in the U.S. Public Health Service itself and extramural in universities, hospitals, and other research institutions in this country, and with associations abroad when indicated. For its intramural research in the future it will make use of a large number of beds which will be established in the new research hospital under construction at the National Institutes of Health in Bethesda, Md. Another section of that hospital will be devoted to research in cancer, and other sections to other fields. Another function of the

National Heart Institute is that of the support of cardiovascular teaching and training, and still another is the bestowal of grants for construction for facilities for cardiovascular research. It is also hoped to carry on, as in the past but to a higher degree, the support of cardiovascular research projects and cardiovascular fellowships.

* * *

We are glad to announce the publication of *The thyroid and its diseases—from the Thyroid Clinic of the M.G.H.*—new 2nd edition—by J. H. Means, M.D., with chapters on "Pathology" and on "Tumors of the thyroid" by R. W. Rawson, M.D., and on "Surgery of the thyroid" by Oliver Cope, M.D. J. B. Lippincott Company are the publishers.

* * *

Dr. Arthur C. Guyton (*WS* 1943), whose picture appeared in The News last February, had an interesting article on polio, describing his own symptoms, in the *Journal of the Tennessee State Medical Association,* 41:251-258, July 1948. This article deals with the relation of symptoms to the pathological physiology in polio.

Ether Day was observed very quietly this year. Carrying on the custom that was inaugurated in 1945, Dr. Faxon, after a few words of greeting, presented service pins to those employees of the Hospital who have served here for 10 years or more. Those who received such pins this year were:

10-19 years employed:

Accounting Office—Phrae Hernan; Housekeeping—James Tormey; Animal Farm—Raymond Irwin, Sarkis Pilibosian; Maintenance—Joseph Fiumara, Philip Holden, Roderick MacDonald; Dietary—Louis Giagrande; Baker Nursing (non-nurse)—E. Florence Greenough; Record Room—Helen McCoy; General X-ray—Catherine Joyce, Kate Spencer; Out-Patient Housekeeping—Mary E. Benoit; Dietitian—Elma Seibert; Nurses—General—Eileen Wolseley, Baker—Anna M. Crotty, Phillips House—M. Louise Watson.

20-29 years employed:

Accounting Office—Norma Maguire; Maintenance—John V. Monahan, Lindsey Oakley; Record Room—Eleanor Harrington, Rose Martin; General X-ray—Oliver Merrill; Phillips House Information—Mary DeRosa.

* * *

New addresses:—

Dr. Walter B. Crandell (*r.s.* 1941), Veteran's Hospital, White River Junction, Vt.
Asst. Surgeon John G. Freymann, USPHS (*M* 1947), American Consulate General, Jerusalem, Palestine.
Dr. Oglesby Paul (*WM* 1943), 609 Cumnor Road, Kenilworth, Ill.
Dr. Adney K. Sutphin (*WM* 1943), 934 Hamilton St., Richmond, Va.

OFFICIAL NOTICE

Rules to be followed by the Resident Staff, Nurses, Medical Students, and Student Nurses for Hypodermic, intramuscular and intravenous medication, immunization, and for withdrawing blood or fluids for examination

1. Procedure for care of hypodermic needle and syringe:

a. Needle with wire in place is boiled for 2 minutes in a spoon over an alcohol lamp. Amount of water is small but is sufficient to cover the needle.

b. Syringe is kept in the covered enamel container which is lined with a sterile sponge. Each day the container is cleaned, boiled for 10 minutes, and filled with fresh 70% isopropanol.

c. The forceps used to handle the needle after sterilization and to remove the syringe from the sterile enamel container are kept in a glass of zephiran chloride solution 1-1000.

2. Intravenous and intramuscular medication:

An *individual* needle and syringe, sterilized by autoclaving or by boiling for 10 minutes, shall be used for each patient.

3. Immunizations:

When a number of individuals are to be given intramuscular or subcutaneous inoculations, a single glass syringe—sterilized by autoclaving or by boiling for 10 minutes—may be used, *provided* that an individual heat-sterilized needle is used for each person. *However,* if blood appears in the syringe it must be discarded and a freshly sterilized one used on the next individual.

4. Withdrawal of blood for serological, bacterial, and chemical analyses:

a. Individual needles, sterilized by autoclaving or by boiling for 10 minutes, shall be used for each patient.

b. After heat sterilization, needles may be sharpened and kept sterile in 70% alcohol.

c. Unsterilized syringes may be used *only* if absolutely dry and clean inside and out, and *only* if negative pressure is maintained by the plunger at all times.

d. In taking blood cultures needles, syringes, etc. must be sterilized by autoclaving or by boiling for 10 minutes.

e. After expelling the blood sample into the container, immediately withdraw the plunger at least half way. This prevents sticking. As soon as possible thoroughly cleanse the syringe and needle with running *cold* tap water and re-sterilize.

5. Capillary puncture for cell counts, smears, etc.:

The needle or blade may be kept sterile by *constant* immersion in 90% alcohol, *provided* that all blood is carefully wiped off the needle before returning it to the alcohol. Bottles must be of such shape (squat) that the *needle* tip reaches nearly to the bottom. Alcohol must be changed daily, or so as to maintain a clear liquid.

6. Contagious or infectious cases:

All needles, blades, and syringes used on *highly contagious or infectious cases* must be immediately sterilized by autoclaving or by boiling for 10 minutes.

N. W. Faxon, M.D.,
Director

All of Dr. Paul Scott Hansen's many friends were saddened by the news of his death which occurred on September 26. Dr. Hansen succumbed to an attack of polio, after an illness of only three days. He was a member of the East Medical 1939 group.

* * *

Dr. Beecher has returned from Europe, where he gave four lectures on the invitation of the Medical Faculty of the University of Copenhagen.

We hope to be able to give a further report on Dr. Beecher's trip in the near future.

* * *

GASTRO-INTESTINAL CLINIC

The present Gastro-Intestinal Clinic was organized in October 1923. Prior to that time, a certain number of patients with interesting gastro-intestinal problems had been followed in the Out-Patient Department by Dr. Henry F. Hewes, one of the few men on the staff who was keenly interested and thoroughly experienced in digestive tract disorders. Dr. Hewes carried on his work alone, however, and there was no organized clinic or correlation between the Out-Patient and the House. From the time of its organization in 1923, the clinic has functioned as a joint project of the medical and surgical services. It has been predominately a medical clinic, but from the very beginning it was obvious that it could succeed only if complete and satisfactory cooperation existed between the two services. Until 1930, Dr. Monroe McIver represented the surgical interest in the clinic, and I the medical. With the departure of Dr. McIver in 1930, when he left the hospital to go to Cooperstown, New York, two of the staff surgeons became actively interested in the clinic—Dr. Leland S. McKittrick and Dr. Edward L. Young. They continued until the recent war, with the addition of several other members of the team. Dr. Milton H. Clifford and Dr. Thomas V. Urmy were added as representatives of the medical staff, and in 1935 Dr. Edward B. Benedict joined the group for his particular interest in gastroscopy and in esophageal disease.

During the first ten years of the clinic, the above group saw many of the interesting gastro-intestinal problems that were presented to the Out-Patient or were sent to the clinic after discharge from the hospital wards. These included the usual cases of ulcer and ulcerative colitis, and, in addition, many complicated types of hepatic disease. In 1934, it was recognized that there was a very real place for a psychiatrist, and at this time Dr. Jackson M. Thomas, then at McLean Hospital, joined the group and made a fine contribution to the work of the clinic by helping us to understand and control many of the behavior and emotional problems that are encountered in the presence of chronic disease. During the same period, it had become apparent that work of the clinic, as regards successful follow-up of difficult cases, could be made more effective by utilization of the facilities of the Social Service Department and of the North End Diet Kitchen. Thus, in 1935, it was possible to present a well-balanced team consisting of a group of physicians and surgeons, an endoscopist, a psychiatrist, a specially assigned social service worker, and a dietitian. Such a complete team existed only as a rarity in any of the other hospitals in the country and served as an example of the excellent correlation that can be obtained between various hospital services to the benefit of both the patients and the doctors.

In 1936, Dr. Kenneth J. Tillotson replaced Dr. Thomas for a period of several years, and subsequently was followed by Dr. Erich Lindemann, who has made a very real contribution to our understanding and treatment of patients suffering from chronic idiopathic ulcerative colitis. In conjuction with the group, careful psychiatric studies have been carried out by him on a large number of patients, with the result that much more effective therapy has been made possible. In addition, it is fair to say that in dealing with this particular group of patients Dr. Lindemann has developed a rather special psychiatric technique which has attracted attention in many quarters.

Because of the fundamental importance of a social service worker in helping the patient carry out more effectively the therapeutic measures that were indicated, Miss Dorothy Kellogg was assigned to the clinic in 1940 as its regular social worker and has continued her activity and interest in this field ever since. Her broad experience and her ability to handle individual problems has been of outstanding help, and because of her direct connection with the social problems in the medical wards of the hospital, continuity in treatment and in follow-up has been maintained at a much better level than would otherwise have been possible.

The pressure of the war years made it impossible to carry the clinic at full strength, due to the absence for military service of many of the men on the staff. Accordingly, a group of patients was chosen who seemed to demand the most careful attention, and these individuals were followed carefully by Dr. McKittrick, Dr. Lindemann, Miss Kellogg, and me. The Gastro-Intestinal Clinic was thus maintained as a going concern, although its work was very much abbreviated during this particular period. With the return of men from Service, the clinic again resumed its full quota of work, but active supervision of the surgical cases was taken over by Dr. Francis D. Moore and Dr. Marshall K. Bartlett—Dr. McKittrick and Dr. Young being forced to give up their active participation with the group. The work of Dr. Moore was outstanding, particularly because of his contribution to the surgical follow-up of patients with ulcerative colitis and his careful studies on patients with duodenal ulcer treated by vagotomy. His special interest in these two fields provided a very stimulating addition to the clinic activities, and his careful follow-up of these two groups of patients marked a real step forward in the surgical treatment of these patients. In 1945, Dr. James A. Halsted took over the active medical direction of the clinic and continued until a year ago, to be followed on his retirement from the staff by Dr. Myles P. Baker. At present the clinic is again an active one, with the following personnel: Drs. Myles P. Baker, Daniel S. Ellis, Perry J. Culver, Gustav G. Kaufmann, and Chester W. Fairlie, in the medical group; Marshall K. Bartlett, Richard Warren, and Fiorindo A. Simeone, in the surgical group; Edward B. Benedict as endoscopist; Erich Lindemann as psychiatrist; Miss Dorothy Kellogg as social service worker; Mrs. Helen Bishop as dietitian. In addition, medical and surgical residents and some fellows occasionally join the group as observers or as helpers for short periods of time.

The purpose of the clinic being the care of gastro-intestinal disease, the policy has been and will continue to be the frequent shifting of responsibility for different patients from one or another group when necessity or policy suggests that more effective therapy can be obtained by such a shift. Its value, as in all special clinics, lies in the availability of a group of trained individuals in various fields of medicine and surgery from the point of view of diagnosis, treatment, and follow-up. Two years ago, still closer correlation of effort in the field of digestive disease was obtained by the institution of Gastro-Intestinal House Rounds, which have been held regularly in the Ether Dome every Wednesday morning. At these rounds, which are attended by physicians, surgeons, and roentgenologists, interesting or complex problems in this field of disease are presented for open discussion. From time to time, psychiatric participation is added in order to present a more complete consideration of individual situations. Visiting physicians are frequently to be found in the Gastro-Intestinal Clinic, and during the last two years, fourth year students from the Medical School have been assigned there for one month during a special course in gastro-enterology. Gastro-Intestinal Rounds in the Ether Dome have drawn a large number of visitors.

Chester M. Jones, M.D.,
Chief, Gastro-Intestinal Clinic

Feby 23.1827

MASSACHUSETTS EYE & EAR INFIRMARY

RETROLENTAL FIBROPLASIA

The large increase in this country in the frequency of the ocular condition known as retrolental fibroplasia has posed new medical and social problems, the solution of which has been the objective of a study made at the Massachusetts Eye and Ear Infirmary and the Harvard Medical School. Progress with both the medical and social problems has been made.

The increased number of cases of retrolental fibroplasia being referred to the Infirmary from Massachusetts and neighboring States has made it necessary to limit the number of patients being cared for to those from this State. Despite this limitation, there were approximately 130 children with retrolental fibroplasia who received periodic ophthalmological examinations. These children were seen repeatedly so that the progress of the condition could be observed and so that secondary ocular complications could be prevented.

At present, there does not appear to be any form of surgery which offers great hope of improving the vision; surgery being tried elsewhere has met with little success. From observations made thus far, a small proportion of the children may expect a slight improvement in vision. A somewhat larger number may retain the amount of vision they have, and approximately half may expect secondary changes to occur in the eyes. Glaucoma, hemorrhages, post-synechiae, and separation of the entire retina account for most of these changes. A few of the children had to have their blind eyes removed because of pain.

The extent to which symptoms of mental retardation are associated with retrolental fibroplasia has been in controversy. The impression obtained at clinical examination of our group is that a major number of the children show a mentality comparable to that of children with normal vision.

The chief effort of the social service group during the past two years has been to provide service to parents of children having retrolental fibroplasia, with the main object of providing as normal a childhood as possible for these children, and preparing them for becoming useful citizens. Since 1946, the efforts of the social worker to this group of patients have been primarily service rather than study.

The children with retrolental fibroplasia are demonstrating that their future is far from hopeless. The number of school placements shown by the statistics is evidence of their normal development. In addition, there is evidence that some are performing on a superior level, as compared with other both blind and seeing children.

Continued encouragement to parents to develop the child to his maximum capacity has resulted in increased initiative by the parents to individualize the needs and abilities of their particular child in terms of his total adjustment and education. Early treatment of parental attitudes toward the blind child results in better parent-child relationships, demonstrated by fewer requests for placement and a desire to keep the child in the family group. The majority of the children respond well and progress satisfactorily if their parents can accept the handicap without undue emotions, and are given adequate and concrete training information during the children's early years.

The primary objective of the investigative program has been to prevent additional cases of retrolental fibroplasia. This can be attained, presumably, only after the cause of the condition has been determined. In broad terms, the precipitating factor must be either genetic or environmental. In the former instance, it would be expected that multiple cases of retrolental fibroplasia would appear in the same family, and that ocular pathology would be present at birth. If, on the other hand, it were caused by an environmental factor, it might not appear until several months after birth. The conviction that environment is a more important etiologic factor than heredity is supported by the observation that in only one instance did two members of the same family have retrolental fibroplasia, and that this condition developed only several months after birth. Therefore, the search for the cause of retrolental fibroplasia must be directed toward some environmental factor, as opposed to a genetic one.

The most hopeful lead we have is that the condition arises more frequently in one part of the country than in another, and that the condition is apparently not hereditary but appears to be related to some factor in the environment of either the mother or infant. Thus far, investigations have failed to yield positive results in reproducing this condition in animals, although some significance may be attached to the discovery that vitamin A, in relatively small concentrations, appears to produce toxic signs in embryonic tissues.

V. Everett Kinsey, Ph.D.,
Assistant Professor in Ophthalmic Research, Howe Laboratory

A Harvard Postgraduate Course in Ophthalmology was started on September 27, under the direction of Dr. Parker Heath, Director of the Ophthalmological Pathology Laboratory. The teaching staff is made up, for the most part, of doctors from the Infirmary. The 30 men taking this course are chosen from a selected group.

Dr. David G. Cogan, Associate Surgeon in Ophthalmology and Director of the Howe Laboratory, gave the opening address at the Heidelberg Congress of the German Ophthalmological Society—the first meeting of its kind since 1940. Approximately 250 ophthalmologists attended. Because of the housing shortage, the patients were evacuated from the hospital, and many of the visiting ophthalmologists moved in.

Dr. Cogan has returned after spending two months in Germany, under the auspices of the Unitarian Service Committee. He was one of a group of 17 physicians and scientists who visited various university centers in that country for the purpose of re-establishing academic contact between Germany and the rest of the world.

Dr. Cogan reports that the German ophthalmology centers continue to be incredibly isolated—having no foreign literature and no outside contacts since 1938. Although many of the clinics have been damaged—in some places completely destroyed—the chief need of the clinics now is an interchange of information and possibly of personnel. Surprising as it may seem, the problem now is more one of morale than of material.

On September 10, Dr. Cogan gave the third Proctor Lecture in San Francisco. His subject was "Clinical physiology of the cornea".

Dr. John Hartford of Wichita, Kansas, and Dr. Chen Vesi of Shanghai, China, were visitors at the Infirmary during the latter part of September. They spent several days here observing in our clinics and operating rooms, and showed particular interest in the Eye Bank.

Dr. Calvin Faunce (*Aural* 1907), Consulting Surgeon in Oto-Laryngology and a member of the Infirmary Staff for many years, died on September 22, after a brief illness.

Dr. Marion R. Mobely, Jr. of Florence, South Carolina, who had taken a leave of absence before finishing his residency here, died on September 12.

The Board of Trustees, at their meetings on September 17 and October 1, voted:

That the resignation of Dr. Paul D. White, effective January 1, 1949, be accepted with great regret and recognition of his great contribution to the Hospital, and that he be appointed to the Board of Consultation;
To promote Dr. Paul C. M. Zamecnik to the position of Assistant Physician;
To appoint Dr. Warren R. Sisson to the Board of Consultation;
That the official name of the new laboratory building should be "The Massachusetts General Hospital Research Building".

At their meetings during September and on October 6, the General Executive Committee voted to appoint:

Dr. Jorge R. Arroyo as Clinical Fellow in Surgery;
Dr. Louis Bakay as Research Fellow in Neurosurgery for one year, beginning September 1;
Dr. Shiao-Mai Huang as Graduate Student Assistant in Surgery;
Dr. Charles G. Hutter as Clinical Assistant in Orthopedic Surgery for the period September 1 through December 31;
Dr. John B. Kinmonth as Clinical and Research Fellow in Surgery for one year;
Major Frank A. Mantz as Research Fellow in Pathology for one year, beginning June 1, 1949;
Dr. Henry Musnick as Clinical Fellow in Psychiatry;
Dr. Richard G. Nilges as Clinical and Research Fellow in Neurosurgery for the period October 1 through December 31;
Dr. Peter J. A. Pare as Clinical Fellow in Medicine;
Dr. Jesse F. Scott as Research Fellow in Medicine, to work with Dr. Aub;
Dr. Harold W. Trott as Clinical Fellow in Dermatology, as of September 1;
Dr. Hans Waine as Research Fellow in Medicine for one year, beginning August 1;
Dr. Leda Zannos as Clinical Fellow in the Children's Medical Service for the period November 1, 1948 through June 30, 1949.

The General Executive Committee also voted to renew the appointment of Dr. Joseph E. Warren as Clinical Fellow in Medicine for the year October 1, 1948 to October 1, 1949.

A TRIP TO EUROPE IN THE SPRING OF 1948

Having wheedled a leave of absence for myself out of the M.G.H. and the Harvard Medical School, Mrs. Cope and I left Boston on 10 March 1948 for a 3½ months' trip in Europe. We sailed for England from New York on the *Queen Elizabeth* two days later. The immediate excuse for the trip was an invitation to me from the Swiss-American Center for Medical Exchange and Information to visit the medical schools of Switzerland. Before sailing, I was briefed in New York about how to behave. The original invitation had included the understanding that I did not have to lecture but just hold informal conferences and attend ward rounds; it was said that the Swiss were fed up with Americans who wanted to give formal lectures to large audiences. The day before I left Boston, however, word arrived that I had already been scheduled to give one formal lecture, in Geneva early in April. I therefore went off loaded with several pounds of lantern slides and a French dictionary. In mid-ocean we received a wireless message from Geneva inviting us to dinner on 2 April. This should have warned us that we were in for a whirl; but how were we to know that the fact that Mrs. Cope was born a DeNormandie, a descendant of Calvin's intimate friend and executor, should make her of such historical interest to Geneva?

Before going to Switzerland we spent a week in London seeing a number of old friends, principally Professor and Mrs. Harold Himsworth and their two boys, John and Richard, who spent 4½ years with us in this country during World War II. While Mrs. Cope was taken on a tour of London by the boys, Professor Himsworth rushed me around the University College Hospital Medical School. The day after arrival was spent at the hospital making medical rounds in the morning and surgical rounds in the afternoon. At lunch there was a distinguished gathering of medical scientists and clinicians, including Dr. Max Rosenheim, well known to the M.G.H. since his visit here with Dr. Albright in 1939. On Saturday morning I attended Professor Himsworth's circus. Patients with extraordinarily complex disturbances of electrolyte metabolism were presented. Two patients suspected of having hyperparathyroidism and two with Cushing's disease were also served up. One day I skipped off to Birmingham to visit Leonard Colebrook and the Medical Research Council's Burn Unit under his guidance at the Birmingham Accident Hospital—a first-rate show of extensive burns with the least infection I have ever seen. Their operating room technique, eliminating bacterial contamination by filtering the air, is the best thing of its kind I have ever seen and should be introduced here.

On our way to Switzerland, four days were spent in Paris where I frantically tried to brush up on my French. The nearer we got to 8 April, the date of my first lecture in Geneva, the more nervous I became. It had been suggested that I talk on hyperparathyroidism, and in spite of the fact that the words of this disease in English have become a part of me, I found their equivalents totally lacking in my French vocabulary. Fortunately, the first three days after our arrival in Geneva on 29 March were given us as "days of grace" and I spent them with a patient young Swiss secretary polishing into idiomatic French my amateurish draft of a paper. The audience included no less a person than the President of the Swiss Republic. When ad libbing while showing lantern slides, the friendly front row prompted me whenever I couldn't find a word. I, scared and uneasy, have often had to struggle through the initial part of a speech in English with a dry mouth and tongue, but it had never entered my head how crippling such dryness would be to my French.

The lecture apparently went off all right, as afterwards I was asked if I would agree to having it published. Cautious Swiss, they had not asked this before the lecture.

Two weeks were spent in Geneva. The last ten days were hectic ones. A formal program had been arranged by the Dean of the Medical Faculty. Each weekday morning was spent at a clinic or laboratory, with a luncheon following. In the afternoon came a visit to another department, and each evening there was a formal dinner given for Mrs. Cope and me at the home of a member of the faculty. These dinners did not start until eight o'clock and lasted usually until the early morning. At most of the dinners the host gave a speech of welcome. At that given by Professor Martin, Monsieur Picot, the President of Switzerland, a lawyer and long a guiding influence in the University of Geneva, spoke of the role Swiss law played in the structure of the American Constitution. In my replies, I hope my French was able to convey to the Swiss hosts how close we feel to them because of the number of interests we share. The final dinner was given by the entire medical faculty and their wives. The Dean, a medical scholar, spoke of points of medical history of interest to both countries.

In Geneva, as elsewhere in Switzerland, it was gratifying to see the intellectual vigor that penetrated through the grace, charm, and courtesy of the French Swiss. In each of the departments visited, preclinical and clinical, there was a vigorous research program going on. Of the surgical specialties, the work of the departments of gynecology and ophthalmology were outstanding. Even though Geneva is in French Switzerland, the University and Medical School clinics are patterned after the German model. Students are not seen in the operating room; there is no clinical clerking as we know it. Swiss medicine is built upon a firm base of pathologic anatomy.

In Lausanne, Basle, and Zurich we spent but one week each. The shorter time prevented our seeing the universities in as much detail. Everywhere we found the same strong intellectual drive and interest in international social forces. In Basle we also saw something of the remarkable minds directing the scientific research of the big Swiss chemical industry, Ciba. At each university I gave a lecture —on the pathologic physiology of burns in Lausanne and on hyperthyroidism in Basle. Both of these lectures were also in French. The practice gained in daily conversation enabled me to strut forth and give an increasing proportion of each lecture without notes or written manuscript.

At Zurich I again spoke on hyperparathyroidism. Here it was suggested that I speak in English—not, I was told, because word had been sent ahead that my French was so poor, but because the German Swiss wanted practice in English, recognizing that the decline of the German universities meant that they must keep a closer contact with the American and British.

On 2 May Mrs. Cope and I parted—she to go to Paris for a week and then to England, while I went to Occupied Germany for four weeks. My mission in Germany turned out to be a dual one. It had been originally planned that I go as one of a group as a consultant in surgery for the Surgeon General, to visit the American Army Hospitals. Shortly before I arrived in Germany a request had been cabled from Washington that I extend my stay in Germany, to join the British in making a survey of what should be done to rehabilitate German medical research. Because of the importance of this latter assignment and my inability to extend my stay, my itinerary was rearranged for me by the Theater Surgeon, General Noyes, so that I could do both jobs at once.

After two days in Heidelberg, one visiting the American Army Station Hospital and the other one the Kaiser Wilhelm Laboratories and the German University, I was flown to Berlin, where I spent five days conferring with American officials of the Office of Military Government, as well as seeing a few key Germans in medical education and making a detailed visit to the Army medical installations. Berlin amazed me; I had not been there since 1933. The physical destruction of the city, although terrific, was nothing compared with the jitters of the population—both American and German—engendered by the incomprehensible Russians. I kept wishing I was a psychiatrist, able to describe this exhibition of mass anxiety.

On my way to Göttingen to confer with the British research control officers, I left Berlin by Army motor car across the Russian Zone. At Helmstedt, the town of exit into the British Zone, the Russian sergeant threatened to send me back to Berlin because of a discrepancy in the Russian translation of my military orders. This was the one uncomfortable moment of my entire trip, but the American sergeant who was driving me calmly handled the Russians. After two days in Göttingen I went to Frankfurt for two days, Munich for five, and Vienna for three. In Frankfurt I found Peter Sifneos, one of our former students, in charge of the psychiatric service and doing an excellent job.

Munich was a Harvard-MGH old home week. There were eight Harvard Medical graduates on the staff of the General Hospital there. The Brigham led the M.G.H. 3 to 1—Baxter being the only man from our team, but he was clearly holding his own. He had made contacts with German medicine and had encouraged others to join with him in informal graduate studies in the university clinics. I was pleased to see how those who had passed through the M.G.H. during one phase or another of their medical education had taken the lead in ferreting out what was to be learned from German medicine. We all managed to get in two Harvard reunion dinners, one with wives and one without.

At Vienna I poked my nose into the courses being given by the Austrian medical faculty to American medical Army officers. I saw everything from good to bad.

Thence I went to Stuttgart, Wiesbaden, Giessen, and Marburg all in five days, and then back to Heidelberg for final conferences and to write my report to the Surgeon General.

On the last day of May I flew back to England on a commercial plane, no longer a VIP. What a come-down this would have been but for the warm hospitality of the British. My first days in England were spent in worrying about my conclusions regarding German medical research. My conclusions differed with those of my British counterpart making the survey for the British Zone. German medicine seems to be in a forlorn state, with clinical research as we know it virtually nonexistent. Few, if any, competent clinical or laboratory investigators exist under the age of 55. Youth is everywhere, but it is untrained and thoroughly demoralized. What is needed is reorientation and reeducation.

Armed with the knowledge that several competent Americans in Germany agreed

No. 13 in a series of Staff photographs
Dr. Chester N. Frazier—our new Chief of the Dermatology Department

with my conclusions—indeed, did much to formulate them—I talked with Sir Henry Dale, Chairman of the British Government Committee on Science for Germany. Expressing agreement with my opinion that the problem was one of education, he requested that my report be distributed to his committee for discussion. The gist of the recommendation was that the only solution to the problem of German medical research was to bring vigorous young students and recent graduates out of Germany into England and America for a year or longer, there to absorb and take home a fresh point of view. No amount of talking by American or British scientists to Germans in Germany will gain any converts. German pride has been hurt by military defeat, and Americans and British are viewed as conquerors from lands of lesser enlightenment.

The extraordinary things about Germany are too numerous to relate: the psychiatric state engendered by anxiety in both the German and American populations, the lopsided sex distribution of the German population in the Western Zone (between the ages of 25 and 40 there are almost three times as many women as men), the dearth of political and moral responsibility.

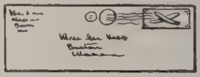
A full three weeks were spent in England, visiting hospitals and laboratories and loafing. My headquarters were very definitely at the Massachusetts General Hospital's sister institution, University College Hospital; at every turn of the way Professor Himsworth reminded me of something seen or heard here at the M.G.H. a year ago when he paid us a three months' visit. Professor Pilcher, Director of the Surgical Unit, took every measure to make me feel at home. I was invited to give the Holme Lecture on "Fluid balance in burns". Professor Pilcher and the medical service allowed me to do a parathyroid exploration. Every nicety was attended to—the head sister of the operating room saw to it that my operating shirt was laid out and marked "Mr. O. Cope". I did air injections on one patient with Cushing's disease and supervised those of another. I refused the doubtful honor of operating on these two patients!

Everywhere I met not merely courtesy but friendship because I, an American and a representative of the M.G.H., was interested in what they were doing. Everywhere I encountered genuine interest, also, in what was going on in this country.

Oliver Cope, M.D.

A new plan for exchange of experience between the hospital and the Visiting Nurse Association went into effect recently. Miss Mary Louise Rozak, head nurse of White 5 AC, left on October 18 for temporary service with the VNA. In return, Mrs. Matilda Jones, a public health nurse, came to the hospital on September 27. She will remain until January and will work in all the major divisions of the hospital.

Miss Frances Dillard has been appointed temporary head nurse of White 5 AC during the absence of Miss Rozak.



Another conscience has been stirred into action. Result—this most welcome letter from Dr. Robert F. Watson (*WM* 1936).

> I am sorry I have been so delinquent on bringing you up to date on my moves since the war. As you know, I was on active duty in the Navy during the war and served as a member of the U. S. Navy Medical Research Unit stationed at the Rockefeller Institute for Medical Research. On July 1, 1946 I was released from active duty and left the Rockefeller Institute to accept my present position of Associate Professor of Medicine at Cornell University Medical College and Associate Attending Physician, New York Hospital. It has been very pleasant to return to Cornell and the New York Hospital where I served as Resident Physician before going to the Rockefeller Institute to work in 1939. Needless to say, I am enjoying my work here immensely.
>
> Like everyone else, I have enjoyed receiving The News and learning what my friends from the Massachusetts General are doing. The News is a fine thing. Please keep me on your list. My address is New York Hospital, 525 East 68th Street, New York 21, N. Y.

This is a first letter from Dr. Hughes Kennedy, Jr. (*CM* 1921)—and glad we are to hear from him.

> I am practising pediatrics in Birmingham; Associate Professor of Pediatrics at the Medical College of Alabama; Pediatrician for the Polio Foundation in Jefferson County; Attending Pediatrician to the Children's Hospital, Jefferson-Hillman Hospital, Salvation Army Home and Hospital; Crippled Children's Clinic.
>
> I have a son, Hughes Kennedy, III, who graduated from Harvard Medical School in June 1947. After a year in pediatrics at Bellevue Hospital, he now has a Fellowship in Pathology at Boston Children's Hospital.
>
> I always enjoy reading The News, and am interested in hearing about the "doings" of my former friends whom I rarely get to see now.

A note containing a promise of more to come has arrived from Dr. Hugh A. MacMillan, Jr. (*WS* 1947). His letter is headed Arneill Clinic, 1765 Sherman St., Denver 5, Colorado, and he writes:

> Just a brief note to inform you of my change of address. I have recently moved to Denver, and I promise to contribute a more lengthy news item concerning myself and some of the MGH alumni in this area at a later date.
>
> It is always a great pleasure to keep up with the news of the Hospital family through your interesting publication.

THE NEWS

No. 74 Boston, Mass. December 1948

THE VINCENT MEMORIAL HOSPITAL

The Vincent Memorial Hospital opened on January 1, 1948. From the very start it was obvious that the Gynecologic Service in the Massachusetts General Hospital was a success. The enthusiasm of the House Resident and Visiting Staff is very real and very helpful. There are no Gynecologic Residents as such, but one of the first Assistant Surgical Residents, after four months of service as an Assistant Gynecologic Resident, becomes the Resident. Thus, our Residents have eight months of service on the Gynecologic Service. We have an Assistant Resident for the ward service, one for the private ward, and one House Officer on the ward floor. This method of teaching gynecology and gynecologic surgery to the Surgical Residents seems to be working out very well at the present time.

The Massachusetts General Hospital has allowed the Gynecologic Service to open a Gynecologic Out-Patient Clinic. This clinic is manned by a daily visit of one of the Visiting Staff and by the Residents and House Officer. For the first time, systematic instruction is given to our Surgical Staff with the office type of gynecology. We believe that this method of using the Surgical Residents as Gynecologic Residents is a step forward, for it gives us a much better type of Resident—one with a satisfactory surgical training—than the type we might obtain by giving competitive examinations for Gynecologic Residents from other schools and hospitals. Inquiries are always coming to us as to how our method works and how successful we think it is.

We continue to have our Rounds on Thursdays from 4 to 6 P.M. Every patient on the ward service is visited and each one's problems explained. Following a presentation of pathologic material, each discharged patient's record is gone over and commented upon. Thus all of us, visitors included, are kept up to date on the problems of the patients and the problems of our Service.

The ward service has been especially full and overflowing, and the need for opening our full capacity of beds is a very great one. Our operating rooms on the surgical floor have not been built as yet. These will be of the type used by the Urologic Service—two, back to back—so that both rooms will be available for observation and teaching. Within a very short time work should start on the building of these essential rooms, for it is not well to continue the plan of taking the private patients to the Baker Operating Room. The distance is too great. The new Gynecologic Operating Rooms will be used for both ward and private patients.

The Vincent Memorial Laboratory has been a very great success and its fame has been spread over the whole country. This has been mainly due to the work of Mrs. Ruth M. Graham. She has become one of the country's experts in cytologic diagnosis. She has branched out from the diagnosis of gynecologic tumors to the diagnosis of any lesion where exfoliated cells can be obtained—such as from the lung, bronchus, bladder, kidney, and stomach. Undoubtedly she will make further progress along the diagnostic line. Her ability to evaluate radiation reaction from normal and malignant cells will eventually prove to be of the greatest importance in deciding whether radiation treatment has been satisfactory or not in determining prognosis; and last, it will eventually give us a measuring stick to determine whether or not a patient should be subjected to radical surgery or to radiation treatment. Radiation resistance is a very definite state and its recognition is of real importance to the gynecologist.

With the greatest regret we announce that Mrs. Graham is leaving our Laboratory. Dr. John Graham, her husband, is Assistant Professor of Surgery at the University of Oregon, and Mrs. Graham will join him there in January 1949. All of us wish her the greatest success. We feel sure that, just as the Vincent Laboratory has been a success due to her investigation in and technique of cytology, their laboratory in Oregon will also draw great numbers of visitors and students. A report of work of the first importance will soon be published, and it is our opinion that it will be of real significance in the treatment of cancer by radiation and in the defense of persons against atomic energy.

The cytologic diagnosis has been taken over by Dr. Mallory's Department of Pathology and we hope that this move, which is certainly in the right direction, will be satisfactory to all of us who are interested in cytologic diagnosis.

Laboratory work on hormone research is continuing under Dr. Somers H. Sturgis. Dr. Joseph Rogers and Dr. Edgaard De Muylder are working on various problems presented by endocrine states in women. This work has not advanced beyond the preliminary stage, but it looks as if interesting and important data will be found. Also, Dr. Sturgis has a one-hour pregnancy test that appears to be satisfactory and which has been used with real success on the wards, especially in the diagnosis for ectopic pregnancy.

It is our hope that further investigation into radiation reaction will be undertaken in the very near future. This is such an obvious problem of importance to radiologists and surgeons that any advance in its study will be very welcome.

A large amount of clinical research into cancer of the cervix has been done, and Dr. John McL. Morris is nearly ready to publish figures on 2,000 patients from Pondville and the Massachusetts General Hospital who have been treated for carcinoma of the cervix. This report will be incorporated into the United Nations Report, along with those from the other large clinics of the world.

It is evident to us that the Vincent Memorial Hospital and its laboratory are filling a void in the Massachusetts General Hospital, and that its future should be great.

Joe V. Meigs, M.D.,
Chief of Service

On October 21, Dr. Charles L. Clay, one of our Assistant Directors, was among those who received citations from the American Legion Blood Donor Committee, Department of Massachusetts.

This committee finds people who will donate blood for veterans and their dependents who cannot find donors for themselves. The blood is supplied to the Veterans Administration Hospitals in Massachusetts, to most of the Boston Hospitals, and to some outside of Boston.

Dr. Clay was cited at this time for his services as Medical Advisor to the committee, but especially in appreciation of the plan of operation he worked out for the committee when it was first formed in late 1945.

For the first ten months of 1948, the committee furnished 130 pints of blood to Massachusetts General Hospital alone.

For the last several Sunday afternoons, in the Chapel, from 3:30 to 5, Mr. Henri Porteous, organist and lover of music (who, incidentally, has been working at the M.G.H.), has been giving concerts from his extensive collection of recordings made by organists and choirs of cathedrals and churches of Europe, Australia, and the United States.

MASSACHUSETTS EYE & EAR INFIRMARY

The address at the Annual Dinner Meeting of the Massachusetts Eye and Ear Alumni, held on November 17 at the Harvard Club, was given by Dr. Paul D. White, Chief of the Cardiac Clinic and Laboratory at the Massachusetts General Hospital. Dr. White, who was in Europe last spring with the American Medical Teaching Mission, spoke on conditions in Europe as he observed them.

The dinner was the closing event of the annual two-day meetings of the Infirmary's Alumni Association and the New England societies of Ophthalmology and Oto-Laryngology. The meetings opened on the morning of November 16 with the Ophthalmological Sections' surgical clinic in the eye operating room.

Dr. Derrick T. Vail (*Oph.* 1924) presided for the afternoon session, which opened with a presentation of cases. Thereafter, papers were delivered on "Unusual mycotic infection of conjunctiva and tear sac", by Dr. Hugh C. Donahue, Assistant Surgeon in Ophthalmology; "Dynamics of corneal vascularization", by Dr. David G. Cogan, Director of the Howe Laboratory; and "The evaluation of optic atrophy", by Dr. Alfred Kant, Resident in Ophthalmology.

Dr. John E. Rice of the New England Ophthalmological Society presided at their evening session, which opened with a business meeting. A "Demonstration of Massachusetts vision test" was given by Dr. Albert E. Sloane, Assistant Surgeon in Ophthalmology, in charge of the Vision Room at the Infirmary. The meetings came to an end for the day at 9 P.M., when Dr. Vail, who is President of the Alumni Association, gave a paper on "The hypermature cataract".

On November 17, the morning session for the Ophthalmological Section was again devoted to operations performed by the Infirmary Eye Staff. A luncheon followed for Alumni and Staff members, given by the Eye and Ear Infirmary.

Dr. Edwin B. Dunphy, Chief of Ophthalmology, presided at the afternoon session. Papers were as follows: "Measurement of ocular tension under ether", by Gustav C. Bahn, M.D. (*Oph.* 1948); "Simplified ptosis surgery", a motion picture by Brendan D. Leahey, M.D., Assistant Surgeon in Ophthalmology; "Differential diagnosis of certain intra-ocular lesions", by Parker Heath, M.D., Director of the Eye Pathology Laboratory at the Infirmary; "The treatment of retinoblastoma by diathermy", by Virgil G. Casten, M.D., Surgeon in Ophthalmology; "A study of the incidence of retrolental fibroplasia in several localities and a theory of the causative agent", by V. Everett Kinsey, Ph.D. and Leona Xacharis, Ph.D., both doing research work in the Howe Laboratory; and "Recent clinical laboratory tests for toxoplasmosis", by Lorand V. Johnson, M.D. (*Oph.* 1937).

The annual dinner was preceded by the alumni business meeting.

The Oto-Laryngological Section of the Alumni Meeting, which opened on November 17, was presided over by Dr. LeRoy A. Schall, Chief of Oto-Laryngology. The program consisted of work in the surgical clinic and the ear and throat operating room, followed by moving pictures in the Mosher Laboratory and a presentation of cases by the Staff.

The Oto-Laryngological Section joined the Ophthalmological Section for the luncheon given by the Infirmary.

The New England Oto-Laryngological Society held their meetings in the afternoon, with Dr. Moses H. Lurie, Surgeon in Oto-Laryngology, presiding. Papers were as follows: "Oral and pharyngeal monoliasis—a report of 10 cases", by Vincent J. Kelley, M.D., Associate Surgeon; "Foreign body in the lung complicated by laryngo-tracheal bronchitis and bilateral pneumothorax, with presentation of a case", by William F. Donoghue, M.D. (*Oto-Lar.* 1942); "Chemotherapy versus myringotomy in the treatment of acute suppurative otitis media", by Maurice G. Evans, M.D., Surgeon; "Report of the Winthrop Foundation for Clinical Otosclerosis", by Donald K. Lewis, M.D., Associate Surgeon for the Winthrop Foundation, and a discussion by Philip E. Meltzer, M.D., Surgeon; and "The improvement of hearing in the microtic ear", by Edgar M. Holmes, M.D., Associate Surgeon for Plastic Operations.

A business meeting preceded the guest speaker, Dr. Richard H. Sweet, Thoracic Surgeon at the Massachusetts General Hospital, who lectured on "Recent advances in the treatment of carcinoma of the esophagus". The meeting closed with the Annual Dinner.

Dr. Norman Jesberg (*Oto-Lar.* 1947) returned for a visit to the Infirmary recently. Dr. Jesberg is practising with his father at the Eye and Ear Hospital in Los Angeles.

Dr. Herbert Levitt, a graduate of Toronto University in Canada and an associate of Dr. Walter B. Lancaster, is now working with Dr. Charles Louis Schepens on the new Retina Service. Dr. Levitt plans to be here for several months.

Dr. Mayo Poppen graduated from his residency on November 1 and has his office at 6356½ Van Nuys Boulevard, Van Nuys, California.

Mr. Frederic C. Merriam, who graduated from Cornell University and is now Teaching Fellow at Boston University, is working with Dr. V. Everett Kinsey. He spends most of his time at the Infirmary doing research on a fellowship from the Department of Ophthalmology of the New York Eye Bank.

The Board of Trustees, at their meetings on October 15 and 29, voted:

To accept the resignation of Dr. Kenneth J. Tillotson as Psychiatrist-in-Chief of McLean Hospital and Psychiatrist at M.G.H., as of October 11;

To promote Dr. G. Marshall Crawford to Dermatologist.

To appoint:

Dr. Elizabeth A. Gregory as Assistant to the Children's Medical Service;

Dr. Louis H. Hempelmann, Jr. as Consultant in Biophysics;

Dr. Alice C. Nauen as Assistant to the Children's Medical Service;

Dr. Richard G. Nilges as Assistant Resident on the Neurosurgical Service from January 1, 1949 to June 30, 1949;

Dr. Robert B. Sweet as Assistant Resident in Anesthesia for two years, beginning January 1, 1949;

Dr. Austin L. Vickery, Jr. as Assistant Pathologist, beginning January 1, 1949.

At their meetings on October 13, 20 and 27, and November 3, the General Executive Committee voted to promote:

Dr. Frederic M. Blodgett to the position of Chief Resident on the Children's Medical Service for the period July 1, 1949 through June 30, 1950;

Dr. John T. Finkenstaedt to the position of Resident on the Medical Service, as of January 1, 1949;

Dr. Fred H. Howard to the position of Assistant Resident on the Children's Medical Service for one year, beginning July 1, 1949;

Dr. Rita M. Kelley to the position of Resident on the Medical Service, as of October 15;

Dr. Cornelius Lansing to the position of Assistant Resident on the Children's Medical Service for one year, beginning July 1, 1949;

Dr. Bernard G. Stall, III, to the position of Resident on the Medical Service, as of January 1, 1949;

The following interns on the Medical Service to the position of Assistant Resident for the terms indicated: July 1, 1949 to June 30, 1950—Drs. Lloyd H. Smith, Jr., Mackenzie Walser, and James B. Wyngaarden; October 1, 1949 to September 30, 1950—Drs. William N. Christenson, Boy Frame, Anne F. Godley, Samuel McD. McCann, and John D. Stoeckle.

The General Executive Committee voted to appoint:

Dr. Arlington Bensel as Clinical Fellow in Dermatology;

Dr. William H. Bergstrom as Graduate Student Assistant on the Children's Medical Service for eight months;

Dr. Thomas E. Caulfield as Clinical Fellow in Psychiatry, as of October 1;

Dr. Edmunds G. Dimond as Clinical Fellow in Medicine, assigned to Cardiology;

Dr. William R. Dorsey as Graduate Student Assistant on the Children's Medical Service;

Dr. Walter R. Eberlein as Graduate Student Assistant on the Children's Medical Service for eight months;

Dr. William J. Emerson as Research Fellow in Medicine;

Dr. Paul Fourman as Research Fellow in Medicine, to work with Dr. Fuller Albright;

Dr. Hubert L. Harris as Clinical Fellow in Dermatology;

Dr. William F. Havemeyer as Clinical Fellow in Surgery for six months, beginning November 1;

Dr. David Littmann as Clinical Fellow in Medicine, to work with Drs. White and Bland;

Dr. James G. MacLean as Clinical Fellow in Dermatology;

Dr. John B. Millett as Clinical Fellow in Surgery for the months of November and December;

Dr. James A. O'Shea as Clinical Fellow, assigned to the Children's Medical Service;

Dr. Nathan G. Parke, III, as Research Fellow, assigned to the Children's Medical Service for work in the Harvard-Pediatric Unit;

Dr. William P. J. Peete as Clinical Fellow in Surgery for six months, beginning November 1;

Dr. Joseph Rogers as Clinical and Research Fellow in Surgery, assigned to Gynecology;

Dr. Robert B. Simons as Clinical Fellow in Dermatology;

Dr. Bernard G. Stall, III, as Clinical Fellow in Medicine for the period October 15 through December 31;

Dr. Harry Statland as Clinical Fellow in Medicine;

Dr. Henry D. Stebbins as Clinical Fellow in Medicine;

Dr. Cone J. Thompson, Jr. as Clinical Fellow in Dermatology and Syphilology;

Dr. Rudolph Toch as Clinical Fellow, assigned to the Harvard-Pediatric Unit;

Dr. Max L. Wool as Clinical Fellow in Psychiatry, beginning January 1, 1949.

The General Executive Committee also voted that Dr. Hans Waine's title be changed from Research Fellow to Clinical and Research Fellow in Medicine.

* * *

The telephone number of the Massachusetts General Hospital has been changed to LAfayette 3-8200. The new number for the Phillips House is LAfayette 3-8240, and for the Massachusetts Eye and Ear Infirmary the new listing is LAfayette 3-8230.

* * *

If you are not familiar with Dr. Faxon's unique and ready wit, here is an example of what you have missed out on.

One morning not long ago, a member of our hospital family was approaching the front door of the White Building. In the circle in front of the hospital was a car with both its front hood and rear end up. Two of our "men in white" were excitedly tinkering with the engine and then dashing frantically to the rear and back again. In spite of their repeated efforts, the car just stood there, silently sulking.

As our observer was watching the performance, Dr. Faxon came along. With pseudo-seriousness the observer asked, "In the light of your broad experience, Dr. Faxon, how would you diagnose this case?"

Dr. Faxon studied the situation for a moment, then turned to the questioner and said, sagely, "I would give it the old-fashioned diagnosis of—stoppage."

* * *

Massachusetts General Hospital was well represented on the program of the Annual Convention of the Massachusetts State Nurses' Association, held during the week of November 1. Miss Ruth Sleeper, Director of the School of Nursing and Nursing Service, took part in a panel discussion of "Nursing in the second half of the twentieth century". Mr. John Murphy, Chief Pharmacist, participated in another panel on "Planning maximum patient care by improving interprofessional relationships". At another meeting Miss Helen Latham, pediatrics supervisor, and members of her staff presented a program illustrating the practical application of the principles of supervision. Miss Sara MacAulay, head nurse of Bulfinch 4, read a paper on the nursing management of patients receiving radioactive medicine.

Miss Cora Bigelow, formerly head nurse on White 7, and Miss Sara Bickford, from Children's Hospital, are the two new supervisors of the training program for aides, replacing Mrs. Porter and Mrs. Gransky. Miss Bigelow's work on White 7 is being taken over by Miss Jean Arsenault, who for some time has been an assistant night supervisor, while Mrs. Sophie McDonough has returned to resume her former position and replace Miss Arsenault.

Miss Jean Williams is taking Miss Mary Kewer's place as head nurse of Bulfinch 1; Miss Teressa Stockwell is the new head nurse of Bulfinch 5, following the resignation of Miss Elizabeth Andersen.

* * *

SCHOOL OF MEDICAL ILLUSTRATION

The year 1948 marks another step forward in the progress of the Medical Art Department. A new policy—that of Medical Illustration Internship—has been inaugurated for the first time in any hospital in the United States. The Medical Art Department, which has grown from one lone artist at a desk in the corner of a corridor in the Bulfinch Building in 1931, has become the proud sponsor of a thriving school for Medical Illustration. Few people realize that the hospital now houses one of the best schools for medical illustration in the country.

The new policy of internship places a third year student in each of the following departments: surgery, medicine, pathology, photography, and out-patient and Eye and Ear. Instead of one artist for the whole hospital, each department now has an artist to cover its needs. Medical Illustration has become such a necessary service that each of these artists finds his time fully occupied in meeting the demands of his department.

The first two years of school prepare the student for the detailed, accurate, and delicate art of anatomical illustration. He studies thoroughly the anatomy, the embryology, histology, and physiology of each organ of the body, the complex nervous system, the lymphatic system, and the vascular system. He records minutely in the various art techniques—pen and ink, Brodel half-tone, water color, half-tone wash, airbrush — that which he has learned. The student, now in his third year, is ready to assist the doctor in reproducing for teaching purposes, and illustrating for articles, books, and exhibits such material as the doctor finds of interest. New operating room techniques, pathological specimens, etc. are brought to the attention of the medical world through the painstaking work of the medical artist.

The School began very modestly in 1941 with a class of four students, and the original course was a two-year one. Then, as now, the student began by drawing a skeleton. A skeleton for our own department was not on the budget that first year, so borrowed skeletons were used. Dr. Churchill lent the skeleton from his Surgical Department, but since it had to be borrowed each time it was needed, it was not an unusual sight to see a small medical illustration student carrying a huge skeleton through the corridors. Finally, one day when the Surgical Service exploded upon finding their skeleton missing, Miss McLatchie scurried round and managed, on a small budget, to acquire a small arthritic skeleton which was promptly christened "Peaches". The students were fortunate that year to be allowed to attend the anatomy lectures of Dr. Robert Green at Harvard. Each week the Medical Illustration students sat meekly in the lecture hall of the Harvard Medical School, beside the lordly Harvard Medical students, while Dr. Green opened their eyes to a brand new world.

Medical Art was still in its infancy in this country. The following year found one new student enrolled at M.G.H.—the sole member of the class of 1942. Most people looked askance when Medical Illustration was mentioned—as many people still do. In spite of this, the School progressed and its curriculum broadened. Dissection was attempted with the purchase of a pig embryo and the students felt very professional, indeed. During this year photography was added. The course in photography was and still is elemental, in spite of which a few medical artists are today holding positions as photographers. Since photographs and lantern slides of all techniques are made, it was necessary to know the rudiments of photography from the point of view of reproduction, as well as something of photography itself.

Harvard Medical Anatomy, not being taught from the illustrative point of view and being accelerated by the war, was a very rapid course, and the students found they could not draw and perfect their technique and also learn anatomy at the pace set by the class. Therefore, 1942 found the students with their own Professor of Anatomy. A member of the MGH staff and teacher in Pathology consented to add the School to his responsibilities.

The year 1943 was a big one. The first class to graduate held its exercises and welcomed friends in the tiny studio on White 3-A. Friends were numerous and the studio bulged with visitors. The hospital family turned out *en masse* to wish its new members success. For a while things went along steadily and uneventfully, but suddenly an increase in interest in Medical Illustration brought talented youngsters to the Head of the department with portfolios full of excellent drawings and a desire to apply their art to medicine. Before she realized what she had done, Miss McLatchie had accepted six students for a class and nowhere to house them except in the small studio on White 3-A. Many anxious moments ensued, with many interviews with members of the Administrative Staff who canvassed the hospital for available space. Finally, at practically the last moment, a room in the Moseley basement was found. A clean-up campaign was begun, drawing tables, chairs, lamps, and all the paraphernalia of a schoolroom were collected, and the Class of 1946 was installed in a now definitely established and progressive School of Medical Illustration.

This year brought the now annual trip to an engraving and printing plant. Mr. Robert Frisch of Wright Engraving Company has given generously of his time to conduct the students on a three-hour lecture tour through the plant. This enables the student to find out what happens to his work, as well as to become sufficiently informed to advise the doctor whose illustrations are to be published. Airbrush, formerly a medium used wholly in commercial art, was also added to the curriculum.

Miss McLatchie, having realized for some time how difficult it was for the student to apply his training without preliminary introduction, changed the two-year course to a three-year one, adding the internship. The Photographic and Medical Art Committee cooperated and heads of services were generous in finding space for this new addition to their staffs. The change in the course brought a more detailed study of anatomy. Embryology, histology, and physiology were enlarged upon. A microscope and slides added to the enjoyment of the students' work. The staff doctor, finding his curriculum too heavy, resigned and Dr. Robert Green, now retired from Harvard Medical School and interested in teaching anatomy from an illustrative point of view, consented to teach the now fairly large class.

This year of 1948 finds the Internship in operation. We feel we have reached a milestone in our short life and have written this summary of the growth of our School in order that the hospital family may know a little more about the men and women from this department who go quietly about their business. They may be identified by the Medical Illustration band on their sleeves.

Edna Larson,
Secretary, Medical Arts Department

MASSACHUSETTS GENERAL HOSPITAL 1811 McLEAN HOSPITAL

The beautiful East Window, above the altar in the Samuel Eliot Memorial Chapel at McLean Hospital, was dedicated on November 28. The dedicatory ceremony included organ music by Mr. Homer Whitford, Director of Music at McLean; the invocation by Rev. Cuthbert Fowler; a presentation speech by Dr. W. Franklin Wood, Director of McLean Hospital; the acceptance address by Mr. Ralph Lowell, Chairman of the Trustees of McLean; a description of the window by Mr. Orin E. Skinner, President of the Charles J. Connick Associates, who designed and made the window; and the benediction by the Right Reverend Monsignor Robert F. Barry.

The window was made possible by donations from many individuals, over a long period of time. It is the realization of one of Dr. Wood's dreams of a memorial to the people who have faithfully served the hospital in various capacities through the years.

The window is designed as a significant symbol, in color and light, of the healing power of Christ and its dissemination throughout the world. It is based on a simple geometric pattern of ruby and blue, supporting growing vine forms of a decorative grape motif, suggesting the Bible text: "I am the vine, ye are the branches". This vine outlines and defines medallion shapes, enriched with related figure and subject.

The dominant theme of the entire composition represents Christ the Healer in the upper tier of panels. He is enthroned, and bears the symbol of healing, the Cross Potent. His right hand is raised in a gesture of blessing.

At His right is the Greek physician, Hippocrates, father of medicine, with the staff and serpent, ancient symbol of healing. At His left, Saint Luke, traditionally known as the beloved physician, holds the pen and book of the evangelist. Saint Luke's evangelical symbol, the winged ox, enriches the outer panel, balanced by the Greek temple and the mortar and pestle near Hippocrates.

The central medallion of the tier below represents the Healing of the Leper, recorded by Saint Matthew in his eighth chapter, and also told by Saint Mark and Saint Luke. All three evangelists are suggested above the medallion by their symbols—the winged man of Saint Matthew, the lion of Saint Mark, and the ox of Saint Luke. The left companion medallion is devoted to the Healing of the Blind Man (St. John 9:1) and the right, the Healing of the Dumb Demoniac (St. Matthew 9:32). The outer panels bear symbols of the nurses' lamp and the physicians' caduceus.

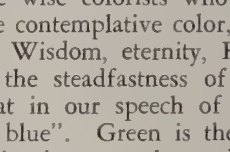
The central figure of the lower tier is that of Florence Nightingale—The Lady with the Lamp—who bears the symbol of refreshing water. Smaller medallions, from left to right, are devoted to William Harvey, English physician and discoverer of the circulation of the blood; Louis Pasteur, suggesting inoculation against hydrophobia; Dorothea Lynde Dix who, through her heroic zeal, greatly improved the conditions of the insane; and Madame Curie with her precious radium.

The tracery is enriched with symbols of the Beatitudes—the way of true Christian life which Our Lord taught in the Sermon on the Mount. "Blessed are the poor in spirit", the dove; "Blessed are they that mourn", the inverted torch; "Blessed are the meek", the lamb; "Blessed are they who hunger and thirst after righteousness", the scales; "Blessed are the merciful", the broken sword; "Blessed are the pure in heart", the lily; "Blessed are the peacemakers", the olive branch; and "Blessed are they which are persecuted", the heavenly crown.

While the entire window is rich and colorful in design, it includes an abundance of lovely silver and gold, to give it a radiant quality avoiding any suggestion of the somber or heavy.

From the Middle Ages we have inherited a symbolism of color that is still recognized in our workaday world. The red cross of devotion and sacrifice now carries its message round a striken world to remind us that in the twelfth century pure red was the color of Divine Love, of passionate devotion, of self-sacrifice, courage, and martyrdom. Blue immediately glows before us as the graciously supporting color of red, so we acquiesce with those wise colorists who said that blue is the contemplative color, the color of Divine Wisdom, eternity, Heaven itself, and the steadfastness of enduring loyalty that in our speech of today we call "true blue". Green is the color of hope, springtime, youth, and victory; and gold, which we characterize in the expression "good as gold", the medieval masters said symbolizes spiritual treasures, worthy achievement, and the good life. Violet, a combination of red and blue, symbolizes justice, mystery, pain, and penitence. Violet forms in some ancient windows a beautiful background for shimmering silvery white, which is the symbol of faith, of the light of truth, of peace and serenity—a radiant and significant symbol that is most beautifully expressed in the words: "But if we walk in the light, as He is in the light, we have fellowship one with another." (I John 1:7)

Isobel Collins,
Librarian, McLean Hospital



Lumbar puncture has become such an accepted diagnostic procedure that it may be hard for the present generation to realize what a controversial measure it was at one time.

Through the kindness of Dr. Frederick E. Garland, a graduate of the South Surgical Service in 1903 and for many years a member of the active staff, now on the Board of Consultation, the Archives has received the lumbar puncture needle used by Dr. A. H. Wentworth while he was an Out-Patient Physician to the Children's

Hospital in making the first lumbar puncture in Boston. Here is Dr. Wentworth's account of that event, from a paper read before the clinical section of the Suffolk District Medical Society on April 15, 1896 and at the annual meeting of the American Pediatric Society in May 1896:

> I performed the operation of lumbar puncture for the first time in August 1895 on a doubtful case of tubercular meningitis. A brief report of this case was published in the *Boston Medical and Surgical Journal* of December 12, 1895. After allowing five or six cubic centimetres of fluid to escape, the needle was withdrawn. Immediately following this the patient showed alarming symptoms. Her pulse rose to 250 beats in the minute (counted with a stethoscope). She clutched at her hair, tossed herself about the bed and uttered sharp cries. Her color was not good and her extremities became cool. Subcutaneous injections of ether and brandy were given, and heaters were applied; after one-half to three-quarters of an hour, the symptoms had passed away. During the attack I felt considerable uneasiness because I was not prepared for such a result and did not know but that it would terminate fatally. I now believe that the symptoms were due to headache, caused by the removal of fluid and that her life was not endangered. This patient did not have meningitis and left the hospital shortly afterward, perfectly well.
>
> At the time I tried to explain the symptoms by assuming that the sudden alteration in intracranial pressure had caused them. The diagnostic value of puncture of the subarachnoid space is so evident that I considered myself justified in incurring some risk in order to settle the question of its danger. If it proved to be harmless then one need not wait until a patient became moribund before resorting to it. I have performed the operation forty-five times and have never seen any ill effects, so that I feel assured it is a harmless procedure.

Following Dr. Wentworth's report of this procedure he was subjected to a good deal of criticism for doing what seemed to people then an extremely dangerous procedure and which finally resulted in his resigning from the Hospital and from the Medical School. He then moved to Falmouth, Massachusetts and practised there for many years. He died there on July 30, 1947.

N. W. F.

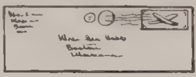
A little over a year ago we told you that Mr. James Wall of Somerville, who has been an out-patient at Massachusetts General Hospital for several years, had offered to make and present to the hospital an exact true-to-scale model of our first horse-drawn ambulance. Perhaps you remember that "Wanted—a white horse" notice which appeared in The News last January, followed soon after by the account of Dr. Earle M. Chapman's miraculously finding a horse of the exact dimensions required within a day or so after our want ad appeared. We have been following the development of the model ever since, eagerly awaiting the day when it would be finished and we could see it.

Well, that day has at last arrived. Mr. Wall brought in the finished model a few days ago, and until you see it you can have no idea of what a superb job it is. The hours of meticulous work Mr. Wall has put in on his labor of love add up to many months of time, from the day when he was driven out to McLean Hospital to photograph the original ambulance from all angles, both inside and out, and to measure carefully every item of equipment, in order that his model would be perfect in every detail. And it is. When you see our photograph of the original ambulance, shown beside the model, and compare the two, you will marvel at the faithfulness of Mr. Wall's reproduction.

A glass case is being constructed for the model, to protect it for all time against dust and harmful handling. It will be placed on exhibition for a while in the main entrance, near the front desk in the White Building. After that, its permanent home will be in the Archives Room. Don't fail to see it.

We are sure everyone in any way connected with M.G.H. will experience a feeling of sincere appreciation when he sees Mr. Wall's fine gift to the hospital. It is, indeed, a treasured addition to our Archives collection.

A photograph of the model appears on the last page in this issue. The picture was taken by Mr. Withee, of our Photographic Laboratory.



New addresses:—

Drs. Margaret M. (*CM* 1932) and R. Earle (r.p. 1934) Glendy, 116 Mountain Ave. SE., Roanoke, Va.

Dr. Raymond V. Randall (*M* 1946), c/o Mayo Clinic, Rochester, Minn.

Brief bits:—

Dr. Emerson H. Drake (*a.r.p.* 1937) has announced the opening of his office for the practice of general and thoracic surgery, at 29 Deering St., Portland 3, Maine.

Dr. David W. Williams (*WS* 1943) has opened an office for the practice of urology, at 4 Chestnut St., Springfield 3, Mass.

Back in April 1945 we published a letter from Dr. Arthur M. Walker (*EM* 1925), written while he was in Burma. Those of you who have not heard directly from him since then will appreciate this very interesting letter.

> In the background of my mind is the recollection of writing you once previously, probably from a hospital in Assam in 1944, so there is a gap of some four years to be accounted for—years that are marked by unusualness rather than by importance.
>
> In the fall of 1944, I proved the truth of an old adage by joining a Chinese infantry regiment as medical liaison officer, and in the ensuing months marched through Burma with them from Myitkyina to a place called Kyaukse which lies between Lashio and Mandalay—a matter of some 500 miles (it seemed longer). Returning to this country in June of 1945 and getting out of the Army in the following September, I rejoined the Committee on Medical Research, O.S.R.D., with whom I had worked for a time in the early days of the war. I spent some months chiefly writing historical stuff of which the medical chapters in Baxter's Pulitzer Prize book, *Scientists against time*, constituted the biggest job.
>
> In March of 1946, I resigned my Associate Professorship of Pharmacology at the University of Pennsylvania and joined the Washington office of the Veterans Administration, with whom I have been since that time. My chief occupation has been assisting in the direction of a rather large scale study into the effects of streptomycin upon tuberculosis which is being conducted by some 40 of our hospitals. It is an interesting example of the potentialities for cooperative investigation which an organization of our size permits, and has, we think, been productive of considerable useful information.
>
> The eldest of my four children, all of whose lives were disarranged although not terminated by the war, is aiming at veterinary school, the second at medical school, and the third at domestic felicity.
>
> It is unnecessary to say that I think, if not often, then certainly with affection, of the M.G.H. I would welcome a chance to lunch across the street at the Cosmos Club with any of the survivors of my generation who stray into Washington.

To the Editor:

Oct. 12, 1948

The leading article in the October News, written by the new Chief of the Dermatological Department, must leave the reader with the impression that with the exception of two pioneers, Willan of England and Hebra of Austria, dermatologists had shut themselves up in a tight box and shunned contact with the rest of the medical world.

Such a statement seems unjust to a serious body of men striving to increase knowledge the world over. Allow me to justify this opinion by citing a few contrary instances within my own ken.

As far back as the winter of 1893-1894 in Paris Alfred Fournier, the great syphilologist (syphilologists and dermatologists are the same men) was teaching at the famous St. Louis Skin Hospital that general paralysis of the insane and locomotor ataxia were but late symptoms of syphilis. Somewhat later, Albert Neisser, the brilliant head of the splendid skin hospital in Breslau and the discoverer of the gonococcus, was a co-worker with Wassermann in the development of the test which originally bore the names of both investigators. Subsequently, Neisser outfitted with his own money an expedition to the Dutch East Indies, and led it, to study syphilis by experimentation by means of the native apes.

In our own country there was founded in 1937 the Society of Investigative Dermatology, with its own journal devoted entirely to modern aetiological and pathological studies, and in recent years this journal and the *American Archives of Dermatology and Syphilology* in almost every edition contain one or more articles on biological chemistry and other general scientific studies in relation to diseases of the skin.

Dermatologists were among the first to take up investigations of allergy in relation to infantile eczema, urticaria and allied conditions. This same group of men years ago were the originators of the theory that heat, chronic irritation and trauma were among the causes of cancer—the habit of certain East Indians to carry burning charcoal in a stove under their outer garments, the chewing of betel nuts by Asiatics, the smoking of short-stemmed pipes as examples.

In my own case, my resignation from the twin dermatological offices at the M.G.H. and the Harvard Medical School occurred in 1926, but for some years previously my students were told the future of dermatological progress lay in the field of general medicine and that our so-called speciality was apparently doomed.

Similarly, in the conduct of the skin ward it was routine practice to call for consultations with the internists in cases of diverse dermatoses, especially the usually fatal ones such as pemphigus, mycosis fungoides, and in the end to seek what autopsies would reveal.

Charles J. White, M.D.,
Honorary Physician and past Chief of the Dermatology Department

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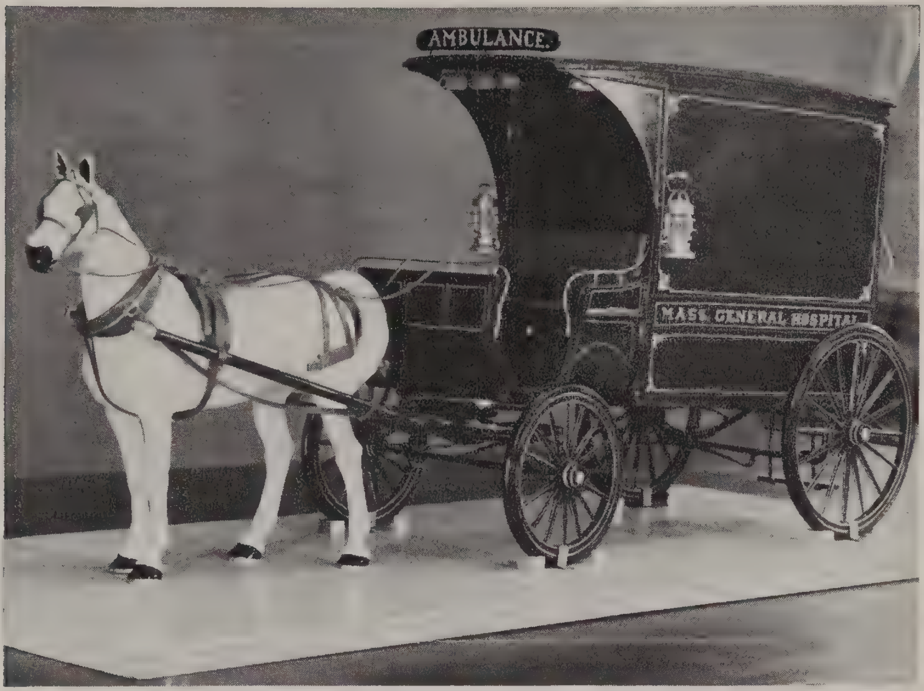
To the Editor:

Oct. 11, 1948

From my relative isolation at 8 Fenway I still sally forth on occasion to visit you all at M.G.H., less often than when I allowed the disorders of the living patient to interrupt my sleep. I keep in touch through The News, however, and am moved at last to write and express my appreciation of it because of "A reorientation of dermatology" by Dr. Frazier in the current issue.



The model of our first horse-drawn ambulance, made to scale by Mr. James Wall

This is what we, dealing daily with semantics in the somber chambers of the Boston Medical Library, would call "hot". Congratulations to Dr. Frazier for having thought it up and written it, to The News for having published it, and to the M.G.H. for having captured Dr. Frazier.

Joseph Garland, M.D.,
Physician to the Children's Medical Service and Editor, New England Journal of Medicine

Dr. Alfred Yankauer (*CM* 1941) brings his record up to date in this letter recently received.

It is a long time since I've written to The News although I've enjoyed reading each issue from the first one received—in North Africa, I think.

My path since discharge from the Army late in 1945 differs a little from that of most MGHers. I decided to enter public health work as a career, and, after a fellowship at Cornell, I took an M.P.H. degree at Columbia. At present I am working for the New York City Department of Health, being District Health Officer of the Kips Bay—Yorkville Health District. I also teach at the Cornell Medical School as Assistant professor of Public Health and Preventive Medicine, under Dr. Wilson G. Smillie. Somewhere along the way I completed my Pediatric Boards and I do a little clinical work once a week to keep a hand in. But most of my responsibilities are administrative and educational, and I find them exceedingly interesting.

The application of medical knowledge on a mass scale, the stimulation of community contacts, and the developing field of social medicine present a challenge and opportunities which are really thrilling. I sometimes wish that salaries were a little higher and state agencies not quite so slow-moving, but one can't have everything, and certainly the future looks very bright.

We thank Dr. Means for sharing with us this most interesting letter he received from Dr. Robert L. Berg (*M* 1944). The letter is headed Statens Bakteriologiska Laboratorium, Stockholm 1, Sweden, and says in part:

We have just talked with the Skanses after their arrival in Stockholm this afternoon. I know you will miss Bengt in the clinic, but we are mighty pleased to have them here.

As you and Mrs. Means predicted, we have found Stockholm a very beautiful city. I suppose it is due to such an abundance of water everywhere and the bedrock granite jutting out in great masses, but above everything else it is due to the orderliness of the Baltic. I had not known that it had no tide and that it was so little salty. I suppose it wouldn't dare disarrange the great neatness of habit and appearance which is such an inalienable Swedish attribute, and it surely does present a clean and handsome waterfront. The comparison with the docks of New York and Boston is particularly striking, for here there is no sign of trash or filth as a ship unloads.

The islands are quite countrified, and we were fortunate to get a small but very new apartment on one of the smaller and outer islands which is covered with pine trees. The apartment has a balcony with a magnificent view of Lake Mälar. The new Swedish housing is remarkable. There are no slums. Almost everyone lives in an apartment, most of which are less than fifteen years old. There is good central heating, large windows, and many balconies. The newer suburbs look like California, with white or light green or yellow stucco and the traditional red tile roofs.

The people are very good to foreigners—especially Americans. They consider themselves quite Americanized, and technically they certainly are. In social relationships, however, they are Old World. They are staid and formal—much like Boston in many ways—and are firmly democratic. Everyone seeks the mean: it is impossible to tell apart professional and laboring men on the street, everyone rides a bicycle (even in silk top-hat), and the whole shooting-match carry brief cases—even children—usually containing lunch, knitting, and a newspaper, but who is to know the difference. Even salaries are approaching a middle value, e.g. the assistants at the laboratory have salaries of 13,000 crowns a year, and the director receives only 18,000.

Everybody makes a great to-do about entertaining. One arrives precisely (within two minutes) of the time set for dinner. The host greets the guests at the door, saying, "You are very welcome in our home." Dinner is served at once, beginning with open-faced sandwiches and aquavit which is supposed to be tossed down in one gulp. This part of the meal may be simple or elaborate. The guests are all seated for it, having come to the table in pairs at the hostess's direction—even in small and otherwise informal parties. The guest of honor is at the left of the hostess, and everyone looks sharply to see who that will be, for he must make a speech at the end of the meal. After the sandwiches comes the regular dinner, often with beer, more usually with wine. With the first toast the host again welcomes everybody to the home. Thereafter, everyone must toast everyone else (if you forget your wife she can demand a pair of silk stockings) except the hostess, as she must not be forced into an alcoholic state too early in the evening. The toaster catches the eye of the lucky woman, lifts the glass to mid-necktie, bows slightly, sips the wine, bows again, and looks deeply into her eyes. The dessert usually is some incredibly complex ice cream concoction with spun sugar, fruit, and whipped cream. As the hostess is toying with the last bit of dessert and the white wine is still on hand, the guest of honor must eulogize the hosts, the fine meal, etc. Otherwise, no one ever mentions the quality of the food, the table appointments, or the delight of the visit. Coffee is then served in the other room, along with brandy or liqueur. Meanwhile, everyone has shaken the hostess's hand on leaving the table. Later comes fruit and highballs—usually gin in a grapefruit fizz or brandy in mineral water. Finally, before leaving (never before 10:30— often after midnight) there may be warm broth with crackers and more coffee. If there are several affairs of this sort in one week, it is clear why Swedes do not begin work before 9:30 in general.

You would be much impressed by the interest in modern art that is apparent everywhere. One rarely finds a home — even of a humble sort—without one or more good pictures of recent vintage. The young artists find a ready market, though not a highly recompensable one, and the city usually has more than half a dozen shows at the same time. These pictures are everywhere. At St. Erik's Hospital, the wards and corridors are all tastefully adorned.

Our interest in church architecture has been our chief outlet in the way of art—my wife's interest being of many years' duration, but mine mostly in search of round towers or other architectural features resembling those of the Newport tower. So far the scholastic achievements have been nil, but we have spent several Sundays making the rounds of old churches to the north of Stockholm, and some of them are quite ancient and well-preserved. Just the other day I learned that there is one of the oldest here in Stockholm (Solna kyrka) within a few hundred yards of my route to and from the laboratory. It is round and of stone, so I must stop and investigate.

The practice of medicine is on a very high average level. The specialists are probably less extensively heeled than in the States, but the general practitioner here is better trained. The system of including substantially an internship in the 6th year of medical school means that students are rotated through a wide field of training. I was interested in arrangements at St. Erik's, which is Berglund's hospital. The medical service revolves around the professor with great reverence. He is a valuable man in Swedish medicine, and his service is by far the most sought after by young men on the way up. I was introduced to him in front of the assembled staff, along with an English friend (HMS classmate). He asked us both if we had worked with you, and asked many questions about life in Boston and at the M.G.H.

The run of patients seemed much like those in Boston—many rheumatics and thyrotoxics, the latter being treated with thio without surgery. The education of the younger men is by contact, and it is very rare to find anyone who is interested in teaching as such.

My own work proceeds under ideal circumstances, but very slowly. It is helpful, but personally discouraging, to see the numerous disciplines that most medical people have mastered. Professor Gard is a fine person to work with and seems to know everything I have occasion to ask him about.

We have been most fortunate in the Swedes we have been in contact with, and I think the rest of the year should be enjoyable.

THE NEWS

No. 75 Boston, Mass. January 1949

NEUROSURGICAL SERVICE AFFAIRS

After the primary duty of care of the sick, the functions of the neurosurgical service in a teaching hospital should consist in the development of better methods of diagnosis and treatment and in teaching these. The first is necessarily restricted by the limited number of beds, whereas the two latter goals have no such limitation. By maximum use of the 14 neurosurgical beds on White 11, which are often exceeded, and the private beds in Phillips House and the Baker Memorial, the number of operations per year has gradually increased from 470 in 1938 to 701 in the past twelve months. It is of interest to comment on the purposes for which these beds have been utilized, as they reflect the current interests of the staff. While the number of brain and spinal cord tumours has remained relatively fixed, operations for the relief of intractable pain have shown a particularly sharp increase. Conditions in which severe pain is the outstanding complaint and which so often lead to total incapacity, narcotic addiction, and breakdown of morale consist of the various neuralgias, painful amputation stumps and nerve injuries, and certain varieties of visceral pain for which there is no direct method of treatment. Cases of advanced malignant disease also make up an increasingly large proportion, thanks to the increasing interest of the Tumour Clinic. Relief of unbearable pain alone is of inestimable value to these sufferers, even if they are afflicted with an incurable disease. Dr. William H. Sweet, Dr. William P. Chapman, and I are utilizing this experience to study pathways of pain conduction and the effectiveness of various methods of sensory denervation which have never been critically evaluated. In this connection we are making observations by direct stimulation of visceral nerves and central nervous system pathways in the course of operations performed under local anesthesia. These studies will be utilized for a new monograph on the physiology of human pain conduction and its relief by surgical intervention.

A number of the most distressing forms of pain, such as follow herpes zoster and cerebral vascular accidents, certain types of facial neuralgia, and rare painful phantoms of amputated limbs may not respond to surgical interruption of sensory pathways. Although all the known pain-conducting fibres to the sensitive area have been interrupted, the neuralgia may continue unchanged. These unfortunate individuals have been so severely tortured that in the past many have terminated their suffering by suicide. For these, frontal lobotomy has offered a way out, but at the expense of certain higher cerebral functions. It is now known that a less extensive division of fibres from the frontal lobes of the brain than is necessary for the relief of psychoses will often suffice to relieve patients of introspection and concern about their distressing pain. Perfection of an operation which will relieve suffering, with minimal impairment of personality and mental acuity, is therefore an investigation of particular importance. Much progress has been made toward the solution of this problem in the past year.

An outstanding contribution to the location and effective removal of brain tumours has been made by Drs. Bertram Selverstone and William Sweet since the last report in these columns. They have established that the radioactive isotope of phosphorus, P^{32}, is concentrated in 5 to 112 times greater amounts in neoplastic cerebral cells than in normal white matter of the brain. This isotope is chemically indistinguishable from ordinary phosphorus and, combined as sodium phosphate, can be injected intravenously with perfect safety. It is then picked up selectively by the brain tumour and discharges beta emanation, which penetrates only a few millimeters of brain tissue. Selverstone and Sweet, working with Drs. A. Solomon and C. Robinson in the biophysical laboratory at Harvard Medical School, have developed a needle-shaped Geiger counter which is so small that it can be used as an exploratory probe to find deeply situated tumours of the brain. This instrument, in an electrical circuit connected with a scaler, gives audible signals. Sufficient P^{32} is picked up by normal brain to give rise to about 1 tick per second. The moment tumour tissue is entered there is a great burst of discharge. Probing with this instrument permits the exact localization and determination both of depth and size of a deeply hidden tumour. As a result, all unnecessary injury to normal brain can be avoided and the surgeon can cut down with certainty through the least vital convolutions to expose and remove tumours which were heretofore so difficult and dangerous to find. Moreover, the instrument can also tell when the entire area invaded by tumour has been removed. Many other aspects concerning growth and metabolism of tumour cells can be investigated by this method. As a result, it has been possible to obtain generous funds from the American Cancer Society and to put Dr. Selverstone on a Senior Fellowship of the National Research Council immediately after the completion of his neurosurgical residency a year ago.

Drs. Sweet and Selverstone have also been carrying out fundamental investigations on the rates of formation, flow, diffusion, and absorption of the various constituents of cerebrospinal fluid in man. Radioactive isotopes have again been used here, since these substances, although behaving in precisely the same fashion as their normal non-radioactive counterparts, can be assayed in minute samples. As a consequence, serial determinations can be made without disturbing the normal cerebrospinal fluid dynamics. The results already obtained indicate that the rate of flow from the cerebral ventricles to the cisterna magna is so slow that the rate of formation can be determined only by direct sampling from the ventricles where the fluid is formed. This means that the basic studies of the normal conditions can only be carried out in man, since the tiny slits which comprise the ventricles in animals are too small to permit sampling.

As regards teaching, Dr. David Gamsu has just returned to South Africa to start specialization in neurosurgery at Johannesburg after two years as Clinical Fellow and Resident on the service. Commander William James has replaced Commander Richard Garrity on a special training assignment from the Bureau of Medicine and Surgery of the U. S. Navy. Dr. Louis Bakay has come to us from Budapest to work as Research Fellow in the investigations involving radioactive substances. Impressed by the fact that far more neurosurgeons are being trained in various hospitals than the country at large can assimilate, we are working toward longer and more complete training of a smaller house staff. Only by graduating men with more highly developed technical skill and knowledge is there a certainty of assuring them a fair chance of ultimate success in what appears to be becoming an overcrowded and highly competitive field.

James C. White, M.D.,
Chief of Service

* * *

Massachusetts General Hospital is making an appeal for funds to build and equip a new Research Building. The cost will be $2,750,000. Two large donations have already been received—$700,000 from the National Cancer Institute and $100,000 from a charitable trust. In order that construction may be started in 1949, the Trustees are appealing to friends of the hospital and to the public for the necessary balance of $1,950,000.

In case you have not received a copy of the illustrated booklet entitled "Building for tomorrow's better health—The new Research Building of the Massachusetts General Hospital", sent out by the Board of Trustees, we have selected these few paragraphs from it, so that you may have an understanding of the need for this building and the part it will play in the advancement of medical science.

137 YEARS OF MEDICAL ADVANCEMENT—In 1811 philanthropic citizens of Boston and neighboring towns founded the Massachusetts General Hospital, a voluntary charitable institution, to care for the indigent sick and to provide clinical instruction to the students of the Massachusetts Medical College, destined to evolve into the Harvard Medical School.

To establish proper standards for the care of the sick and to maintain leadership in medical education, members of the hospital staff from earliest times have made contributions to the progress of medicine through research and investigation.

These three basic functions of the hospital—care of the sick, teaching, and research—are inseparable in a presentation of the present activities and future responsibilities of the Massachusetts General Hospital in the field of medical science.

Within the memory span of a single generation, the hospital patient population has undergone a tremendous change. Typhoid fever, pneumonia, and other such diseases, which tested the skill of doctors thirty years ago, no longer fill the wards. Advances in Preventive Medicine and Immunology have made possible the elimination of many infectious diseases.

THE GREAT PROBLEM OF TODAY—The hospital of the present and future must study the problem of the metabolic diseases of aging, with the hope of finding solutions.

Today the hospital wards are crowded with patients afflicted with heart disease, arthritis, and cancer. Technological advances have come out of the war in fields far removed from medicine, such as nuclear physics, which may be applied to these diseases. But their possibilities are still unexplored.

One of the great challenges of today is to discover the chemical changes that occur in the human cells during the process of aging. This is fundamental to an understanding of these diseases.

This hospital is peculiarly well situated to pioneer in these vital human studies. The proximity to Harvard University and the Massachusetts Institute of Technology provides an unequalled opportunity for the development of new channels of approach to some of the new scientific possibilities in medical advancement.

The incidence of chronic diseases, which are the principal causes of people being in hospitals today, increases sharply with advancing age. . . .

M. G. H. ACCEPTS A RESPONSIBILITY—Doctors responsible for the direction of medical service and the formulation of methods and techniques must have expert scientific advice at their elbows. Discoveries emerging from the natural sciences must be assayed and tested for translation into use at the bedside. The hospital houses the bedside.

The community hospitals in any one state that would be able to take on this broad responsibility can be numbered on the fingers of one hand. Every hospital needs an excellent routine service laboratory. Only one out of many needs facilities for research and education that impose upon the hospital the responsibility of being a center of medical science, not only for the community, but for the nation at large. We consider this our job, because we are already doing it and have done it for years.

NEED FOR RESEARCH IS URGENT—The horizon of research has been extended to such a degree that no single institution can possibly encompass more than a fraction of the problems, even were its financial resources unlimited. At a time when the demand for better understanding of heart disease, cancer, arthritis, and other degenerative diseases is growing more urgent, the possibilities of meeting that demand are being multiplied by advances in the fields of medicine, biochemistry, nuclear physics, electronics, and other allied sciences. Massachusetts General Hospital will go as far as its finances permit to explore, from the medical viewpoint, all these fields.

A CHALLENGE AND A RESPONSIBILITY—The limiting factor in the development of the research program at the Massachusetts General Hospital is the shortage of adequate laboratory space and facilities. In general, it may be noted that investigation is shifting from an experimental study of the laboratory animal toward a more intensive analysis of biologic phenomena in the human being. Therefore, medical research is fast becoming a responsibility and a challenge to the hospital which now must have laboratories in close proximity to the patient.

To meet this challenge, the Massachusetts General Hospital proposes to build the new Research Building at a cost of $2,750,000 in close proximity to the medical and surgical wards and adjacent to the private pavilions of the hospital.

TRUSTEES NOW KNOW REQUIREMENTS—During 1947 the Committee on Research assisted the Trustees in building up the fluid research funds at the hospital to provide for the support of research on a fundamental level. The availability of these new research funds and the greatly improved status of the hospital budget in 1948 have made it possible now for the Trustees to decide what new laboratories are needed to enable the hospital to carry out its future responsibility in research and in teaching.

WHY BASIC RESEARCH COMES FIRST—Why have we given first priority to a Research Building when there are so many other jobs to be done and so many that we want to do? The position of science in medicine is established beyond question. There is no reason to believe that this position will not be maintained indefinitely. We want to consolidate our gains and developments and to make certain that they are established as a fundamental part of our medical and surgical structure for the next half century.

Once we are firmly anchored in what has proved sound and essential through the test of experience, then we shall be ready to undertake experimentation and pilot studies in the socio-economic aspects of medicine, the extension of medical services to the community, the maintenance of health, and the other pathways that are opening ahead. Some may be determined by society and not by us, but we are ready to play our role wherever the future may lead. Already thinking and planning for these undertakings are underway.

It is our belief, however, that a firm and unshakable anchor in science is the first and necessary step.

MASSACHUSETTS GENERAL HOSPITAL HAS BECOME A WORLD INSTITUTION FOR MEDICAL CONSULTATION AND RESEARCH—The role of the Massachusetts General Hospital in the care of the sick has changed today from that of a local agency, caring for the ills and injuries of a geographically circumscribed section of the population, to that of an international consultation and research center.

A map, indicating the countries from which doctors have come to the Massachusetts General Hospital for study, or to which doctors have gone from the Massachusetts General to put into practice advance techniques developed through research at the hospital, shows a close network of lines fanning out from M.G.H. to all parts of the world—convincing proof that no matter how far from M.G.H. your home may be, you and your family and your friends are benefited by the results of research carried on here.

Contributions are deductible from Income Tax returns in the manner and extent provided by law. Please make your check payable to the Massachusetts General Hospital and mail to the Treasurer, Massachusetts General Hospital, 1 Federal Street, Boston 10, Massachusetts.

Large gifts are required, but no gift is too small.

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As always, M.G.H. went over the top on its Red Feather drive. Our quota this year was $12,000. A total of $12,236.71 was contributed.

* * *

MEDICAL CLINIC

The Medical Clinic continues to be the key clinic in the Out-Patient Department. The new patient entering the Out-Patient Department is admitted to our clinic first, unless his physician's letter of referral is so specific or his complaints so clear cut that the admitting nurses can direct admission elsewhere. A[illegible] new patients in our clinic have detailed histories and physical examinations done before they are either treated or referred to one or more special clinics. The time taken by visiting physician, house officer, or student to examine carefully each new patient has resulted in the gradual building of hospital character. New patients come to the Massachusetts General Out-Patient usually because they have been so advised by their friends who have been to the hospital, or by their doctor. The service has become largely diagnostic and consultative in nature. Too often we fail to discover what doctor referred the patient, or see to it that a brief summary is sent back to the doctor seeking our combined consultative services. However, since December 1, 1948 letters of referral are being answered by letters dictated by a member of the medical service.

The Medical Clinic encompasses the rare, the exotic, and the commonplace of diseases in all systems. It is the place where men of experience expose their gifts to students, where the inexperienced gain strength, and where the specialists, either avowed or by the limiting circumstances of his practice, rounds out his medical character. We are fortunate in having 56 visiting physicians who bring to the clinic a wide range of talent. Some are expert in handling difficult personalities; some at recognizing bizarre patterns of disease; others shine by the written word and come to earth on those patients referred from the Eye Clinic labelled "Please check in Medical". Many of these men have developed great interests in specific diseases or in the diseases of one system, so that in addition to their time spent helping the general Medical Clinic they also attend a special clinic. However, the Medical Clinic is the number one clinic and must be fully maintained to prevent the admitted limitations of specialties in total patient care. The average daily team consists of 6 visiting physicians, 1 fourth year teacher who holds a Harvard Medical

School appointment, 2 interns, 2 assistant residents, and one desk resident. The desk resident is a valuable person in selecting teaching cases, interviewing those obviously quite ill to expedite their care, and sorting out those who arrive without appointment.

The greatest praise of the whole staff came quite simply from a new secretary who said, "You know, I am amazed how kind and careful your doctors are with these people—only two or three complain that they are too busy or the cases are too trivial."

Triviality is of the essence of life, but it bores and frustrates most physicians. There is no reason to surround the trivial case with the toga of the Medical Clinic, and for this reason the Out-Patient Committee has supported a plan proposed by our Out-Patient Director, Dr. Joseph S. Lichty. In brief, a Dispensary will be set up early in 1949, located on the ground floor opposite the Orthopedic Clinic. Here, the trivial matters will be referred by the admitting nurses for hasty handling by a resident staff (1 medical and 1 surgical) supported, we hope, by some visiting physicians. Here, those with the sliver, the sluggish bowel, or the slug in the ear will be solaced. To protect the Dispensary, we warn that patients may not be referred there by other clinics but may gain admission only on the presumption of a single trivial matter. If symptoms continue or complete study is indicated, the patient will be referred to the appropriate clinic. This Dispensary is in the nature of an experiment in patient care and is also justified in the belief that the increasing number of persons admitted to the Medical Clinic may be reduced. In 1948 there were about 100 new male patients and 120 new female patients seen each month in the Medical Clinic.

One hears that there is no poverty in these United States. Third party responsibility, either insurance or government, pays for more and more medical services. However, it is no news that the visiting physicians continue to give away their time and experience to those who come into the Out-Patient. In order to be on the hospital staff and enjoy the possible privileges of the Baker Memorial and Phillips House for private patients, the exchange value was placed at about 100 hours of Out-Patient service per year. This service was formerly allotted twice weekly for 6 months in the year, but in November the staff assembled and agreed to change this arrangement. Thus, the attendance schedule for 1949 has been made so that each physician attends one morning a week throughout the year, except when exhausted or on vacation. Certain advantages to both patient and physician are believed to be derived from this arrangement—first, that the patient knows exactly on which day the doctor who understands his case will be there; and secondly, the doctor will gain valuable medical skill by his ability to follow the same patients for many years. Too little is known of the natural history of disease and here is a wonderful opportunity to observe it.

Certain physicians advance to conduct daily Ward Rounds for a period of 2 months (100 hour service) and so their visiting time in the Out-Patient is lessened. The patient who enters the Out-Patient and is referred into the hospital may quite easily be followed by the same physician through his entire illness. However, the continuity of patient care in the Out-Patient means that the period of hospitalization in any case is but a relatively short interval in his or her career in health or illth.

In closing, we report a rumor that the Medical School may shift the third year students to the wards and the fourth year men to the Out-Patient. We welcome this idea, as it should provide a stepping stone of reality in patient care. We hope that Harvard will provide more space if this plan is adopted. Third year students usually sweat it out in pairs, but fourth year men should see patients alone—but where?

Earle M. Chapman, M.D.,
Chief of Medical Clinic

* * *

M.G.H. donned its usual festive attire for Christmas week. Gay decorations in whitewash and color appeared on windows and door-glass as if by magic, and artificial Christmas trees and other greenery added to the general holiday cheer.

A large and very beautiful Biblical scene depicting the first Christmas—planned, contributed, and executed by members of the Ladies' Visiting Committee, the Medical Arts and Occupational Therapy Departments, and the Chaplains—furnished the motif for the setting in the Brick Corridor. Articles made by patients in the Children's Cardiac Clinic were on display in the exhibition frames.

The hospital's attractive greeting card, made as usual in the Occupational Therapy Department, gave the program of daily events which included general carol singing in the Chapel for all who wished to join in, and about the hospital by the Junior League Carolers, the Nurses' Glee Club, the Glee Club of Hospital Employees, the Girl Scout Carol Group, and the Hospital Family Carolers.

The party for adults, held in the Moseley Rotunda, started off with words of greeting from Dr. Faxon, followed by Georgia Mae, "the girl with the white guitar", singing by the Nurses' Glee Club and the Surgical Doctors' Quartet, and numbers by a flute and piano duet from the Medical house service.

The children had their party on Burnham 6; and the traditional and very impressive Nurses' Candlelight Service was held in the Moseley Rotunda on Wednesday evening, December 22.

Mrs. Cushing gave daily programs on the organ in the Chapel, and there was recorded music in the Moseley Rotunda at intervals during the week. But perhaps the most deeply appreciated feature of all was the carol singing through the various wards and corridors of the hospital for those bedridden patients who had to have their "Christmas" brought to them

The Board of Trustees, at their meetings on November 12 and 26, voted:

To accept with regret the resignation of Dr. W. T. S. Thorndike from the position of Assistant Director, effective December 31, 1948;
To accept with regret the resignations of Mrs. Rufus L. Sewall and Mrs. Francis T. Hunter as members of the Ladies' Advisory Committee to the School of Nursing;
To reinstate Dr. Thomas A. Warthin as Assistant in Medicine;
To promote Dr. John B. Stanbury from the position of Chief Medical Resident to Assistant in Medicine, as of January 1;
To change Dr. David D. Rutstein's title from Consultant in Preventive Medicine to Associate Physician.

To appoint:

Dr. Lytle D. Atherton as Assistant Resident on the Urological Service, beginning July 1;
Dr. Ruth E. S. Buckley as Assistant Resident in Neurology beginning January 1, and as Resident beginning July 1;
Dr. Agnes S. Burt as Intern in Pathology;
Dr. Lincoln D. Clark as Assistant Resident on the Psychiatric Service for one year, beginning July 1;
Dr. Leslie Corsa, Jr. as Intern on the Children's Medical Service for one year, beginning July 1;
Dr. Charles H. DuToit as Chief Resident on the Medical Service, beginning January 1;
Dr. Gerald A. Kerrigan as Intern on the Children's Medical Service for one year, beginning July 1;
Dr. Constantin J. Papadatos as Intern on the Children's Medical Service from November 1, 1948 to June 30, 1949.

To appoint the following Medical and Surgical Interns for the term beginning July 1:

Medical—Thomas B. Barnett, Clyde O. Brindley, Lee McF. Cecil, Sam L. Clark, Jr., Nathaniel J. Ehrenkranz, William F. Fritz, Craig S. Lichtenwalner, William R. Owen, Lot B. Page, Walter T. St. Goar, Guillermo C. Sanchez, Laurens P. White.

Surgical—Richard A. Currie, Adolf L. Gundersen, John H. Kennedy, Herbert B. Locksley, John D. Pitts, Robb H. Rutledge.

At their meetings on December 1 and 8, the General Executive Committee voted:

To promote to the position of Resident on the Medical Service for the terms indicated:

Dr. Hugh Chaplin, Jr., beginning January 1, 1950;
Dr. John W. Littlefield, beginning January 1, 1950;
Dr. Morton N. Swartz, beginning October 1, 1949.

To appoint:

Dr. Edgard DeMuylder as Clinical and Research Fellow in Surgery, effective December 1, 1948;
Dr. Gerald Lavner as Clinical Fellow in Radiology, serving part time, for a period of three months, beginning January 1;
Dr. Robert B. Loftfield as Research Fellow in Medicine, to work with Dr. Joseph C. Aub.

* * *

Word has reached us that Miss Shirley Wells, who resigned last March from her position as dietitian in charge of Research Ward 4, is convalescing from a recent illness at the Sanatorium, Oakdale, Iowa.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. LeRoy A. Schall, Chief of Oto-Laryngology, gave a lecture on "Cancer of the larynx, tumors of the nose, and nasal accessories of sinus" at the University of Virginia Hospital in Charlottesville, late in November.

Dr. Schall then went down to the South Texas Postgraduate Medical Assembly in Houston, where he gave a series of lectures—"Cancer of the nose", "Cancer of the larynx", "Cancer of the nasopharynx", and "Histopathology of sinusitis and frontal sinusitis".

Dr. Albert E. Sloane, Director of the Department of Refraction, is to give a course in Refraction entitled "Gill Graduate Course in Ophthalmology" at Roanoke, Virginia, in April 1949.

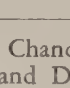
This past summer Dr. Sloane took a postgraduate course in Ophthalmology on "Management of common problems in clinical refraction" at Rochester Medical School, Rochester, N. Y.

Dr. Sloane read a paper at the meeting of the American Academy of Ophthalmologists and Oto-Laryngologists several months ago, entitled "Diplopia in bilateral aphakia and management of the early presbyopia".

Dr. Taylor Smith of Beverly Hills, California, and Dr. Samuel Adams, from Westmount, Province of Quebec, came to the Infirmary as residents the first of January, after a course at Harvard Medical School for Graduates.

Dr. Paul A. Chandler, Surgeon in Ophthalmology, and Dr. David G. Cogan, Director of the Howe Laboratory of Ophthalmology, are going to Los Angeles to give a series of lectures at the Mid-Winter Course of the Research Study Club in January.

Dr. Levon Garron and Dr. Ichiro Ikamura are both doing research work in the Pathology Laboratory under Dr. Parker Heath, as Fellows in Pathology.



The School of Nursing is proud of the fact that an MGH student, Miss Locklynn Eve, was recently the winner of the Boston Lying-in "Book", a prize awarded to a student in each term for all-around excellence in obstetrical nursing.

On December 3, the Alumnae of the School of Nursing held a very successful Bazaar in Walcott House living room. The proceeds from this event were contributed to the Sally Johnson Scholarship Fund for Graduate Nurses.

On the same date, the first year students in the School sponsored an entertainment and Fashion Show in the Moseley Rotunda.

December again brought several traditional social events. On the 16th came the popular Christmas Party for lay personnel, sponsored by the Nursing Department, with plenty of hospital talent in evidence. The Christmas Formal Dance took place in the Moseley Rotunda on December 17, with music by Mr. Dahl's orchestra. Finally, on December 22, the annual Candlelight Service was presented by the Glee Club of the School of Nursing.

Recent gifts to the Archives Department:—

From Dr. Edward D. Churchill—a packet of papers and letters belonging to Dr. Algernon Coolidge, Sr. (*S* 1864). The collection also contains a notebook kept by Dr. Coolidge while he was studying in Europe in 1871, and illustrated with his own penciled sketches.

From Dr. Laurence F. Cusick—a photograph of Dr. Ephraim McDowell, the first physician to perform an ovariotomy. There is an inscription on the back of the picture by Oliver Wendell Holmes, M.D., to whom the picture first belonged.

From Mrs. Henry S. Forbes—pieces of sickroom equipment used in the homes of Mrs. Forbes's and Dr. Stanley Cobb's mother and grandmother, including a stoneware Maw's inhaler for hot water, infusions, etc., manufactured in England; and a thermos glass in a metal-lined, red-cloth-covered case.

From Miss Minnie S. Hollingsworth—a framed picture showing the first operation performed in Ward E, in 1889, with Dr. J. Collins Warren as Surgeon; a framed letter from Dr. Warren, describing the above operation and identifying the members of the group.

From Mrs. Chandler Hovey—a framed engraving of the Bulfinch Building, dated 1853, published in *F. Gleason's Pictorial,* Boston, Mass.

From Mrs. Richard A. Shaw—9 pictures, showing interior and exterior views of various wards, the Resident Physician's House, the Lodge, and an MGH ambulance with a dark-colored horse.

From Dr. Frederic A. Washburn—a box containing copies of articles and speeches written and delivered by Dr. Washburn, including several original longhand copies.

When Dr. Viets came to the Archives Room to see the model of our first horse-drawn ambulance, his interest in the subject carried him on to the examination of the Annual Report for 1872, to see what possible reference there might be to the proposed new equipment. His search revealed the announcement in the Trustees' Report for that year, under date of October 11, that an ambulance would "soon be provided, for the safer and easier conveyance of the sick or wounded." Excerpts from the report of the committee to whom the subject had been referred follow.

That original report from the committee, signed by Charles H. Dalton and Edmund Dwight of the Board of Trustees, is in our Archives file and furnishes most interesting reading. Here it is in its entirety:

Boston, Dec. 27, 1872

To the Trustees of the Mass. Gen. Hospital

Gentlemen—

The ambulance system, recently introduced in New York, is as follows:—

The "Commissioners of Charities and Corrections of the City of New York", a body appointed by the Legislature and exercising control over all the Charity Hospitals and Penitentiaries of the City, have provided 12 ambulances, 10 of which are stationed at Bellevue Hospital, where 7 horses and 3 drivers are constantly on duty. One is kept at the Reception Hospital in 99th St. and 1 at the Reception Hospital in the City Hall Park, each with horse and driver.

The construction of these vehicles is as follows:—

The body is not unlike a light express wagon, covered above with a strong ash frame and leather-canvas cover and resting on 4 eliptic springs. The forward wheels cut under, so that the wagon can turn in the shortest space. A spring mattress stretcher with a wooden frame runs into the wagon from behind on rollers and upon this stretcher the patient is put into and taken out of the ambulance. There is also a second stretcher of canvas and side poles (the canvas being made in two pieces) on which the patient is first placed and lifted onto the frame stretcher, and on which he is again lifted after being placed upon his bed, to allow the frame stretcher to be taken away.

The patient is thus saved from unnecessary suffering while being carried from the place of accident to his hospital bed.

Each ambulance is supplied with a fracture box for the leg, an assortment, under the driver's seat in front, of the more necessary and simple surgical appliances, and also stimulants, opiates and antidotes for common poisons.

The surgeon's seat, which is removable, is inside the ambulance, across the back part, and consequently over the patient's legs. There are side lanterns in the usual place.

The ambulance system is no longer an experiment. It is not at all infrequent for 5 or 6 ambulances to be out at the same time, and in case of disaster, such as a large fire, falling of a wall, explosion of a boiler, they are all called into service.

When an ambulance is required at any point, it is telegraphed for from the nearest police station to the Police Headquarters, and thence to Bellevue or to the nearest Reception Hospital, whence the ambulance, driver and surgeon are dispatched.

It is, no doubt, the proper province of the authorities of this City [Boston] to provide ambulances at the public expense, instead of leaving the service to be done by private charity. The police and telegraph could then be used to facilitate the service. But the City does not do it, nor is it likely to, in the first instance.

Your Committee therefore recommend that this Hospital provide at first, one ambulance and horse for its own use, to be under the control of the Resident Physician, with such regulations as the Trustees may establish.

It is believed that even such limited provision would necessarily attract the favorable attention of the City Government and presently secure an adequate system of public ambulances.

Furthermore, a private ambulance, belonging to this Institution, would probably always be found useful in its own administration and also in some cases of accident or sickness among a class who are not subjects of hospital treatment.

An ambulance of the N. Y. pattern costs $600. Estimated cost of horse and harness, $400. Total cost, $1,000. Estimated current cost for maintenance, $600 per annum.

Additional charge for runners, $75.

With telephones right under our dial-fingers these days, to be used in emergencies, the statement that the telegraph was used in calling for ambulances in New York in 1872 sent us to our reference books to refresh our mind on the dates of the inventions of the telegraph and telephone. In case you may have forgotten, too—Professor Joseph Henry, in 1831, was the first American scientist to operate a sounding electric telegraph; and Samuel F. B. Morse's first commercial line, between Washington and Baltimore, was opened to the public on April 1, 1844. It was not until March 7, 1876 that a patent was granted Alexander Graham Bell for his method of transmitting speech by means of electricity.

But back again to the first MGH ambulance. The receipted bill, paid to a New York carriage manufacturer, bears the date March 31, 1873; and a notice in the Annual Report for that year reads:

> ### THE AMBULANCE
> ### of the
> ### MASSACHUSETTS GENERAL HOSPITAL
>
> Accompanied by a Medical Officer, will be dispatched to any point north of Dover and Berkeley Streets, for the conveyance of cases of *accident*, or *urgent sudden sickness, not contagious*, to this Hospital, or elsewhere, upon notice from a Physician, the Police, or other responsible source, subject to the approval of the undersigned.
>
> In cases requiring gratuitous treatment, no charge will be made.
>
> By order of the Board of Trustees.
> Norton Folsom, M.D.,
> *Resident Physician,*
> *Mass. Gen. Hospital, Blossom St.*
>
> Boston, September 1, 1873.

* * *

A few weeks back, a special kind of survey, known as the Hospital Council Project, was being conducted at M.G.H A good deal of activity was going on in one of the reception rooms off the main corridor of the White Building, and perhaps many of you—as did we—wondered what it was all about. As a result of our inquiries, this explanation of the work has been sent us by Mr. Royal Parkinson who headed the survey:

While hospitals have been concentrating upon advancing the science and art of healing, it has become increasingly clear that we may have overlooked the science and art of attracting and holding people to perform such functions. The healing art gets nowhere without people to apply it. In a hospital this means not only the professional staff (such as doctors, nurses, social workers, and dietitians), but kitchen and housekeeping workers, office personnel, and mechanics—an average of more than one well person for each patient. The problem of *people* is now the bottleneck which throttles progress. Rising hospital costs would accentuate this, even if resulting limitation of potential patient care should not.

The Hospital Council of Boston, Inc., during the presidency of our Dr. Faxon, began a broad study of this problem of human relations in hospital employment. This resulted, a year ago, in an exemplary personnel policy suggested for relations between hospital administrations and their full-time paid employees at two levels—the intermediate supervisory staff, and all other employees. The first of these was emphasized as the more urgent, because when relations at that level are sound they will almost automatically be reasonably sound, by contagion, at the subordinate level. The Council issued a report on this subject. Massachusetts General Hospital was one of the guinea pig hospitals in that study.

This year the Council, under the presidency of Dr. Wilhelm, with Dr. Faxon as Chairman of its Personnel Policies Committee, undertook another step—that of analyzing the content of the many hospital jobs with a view to grouping them for compensation purposes, and then devising an incentive method for compensation intended to attract and hold hospital workers. In this study, too, Massachusetts General Hospital was one of the guinea pigs, and the half-dozen job analysts who were with us for two or three weeks completed that part of the study. When the material is digested, a report with recommendations is expected from the consultant who conducted both studies.

THE PURPOSE OF THE SURVEY — It is generally recognized that of the total incentive to human effort, about 60% of the incentives are emotional and 40% monetary. For instance, an occasional deserved compliment—not flattery—is a real stimulant. Also, recognition in pay for the quietly efficient type of person, equal to that of the more vocal and demanding type, is an important emotional stimulant. Again, job security is more important than rate of pay to a majority of workers. Equity and orderliness in the methods of compensation are difficult to attain, but it is thought that much improvement is possible. This study aims to take into account both types of incentive.

The survey will attempt to standardize job titles in hospitals, reducing them from more than 500 to perhaps 100. This will help in recruiting workers for hospitals, and in inter-hospital pay comparisons.

A compensation scale found to be normal and fair is needed, also, to guide the allotment of Community Chest funds in a way to win and hold the confidence of contributors.

HOW JOBS ARE ANALYZED AND GROUPED — The method employed in job analysis is not uninteresting. In each of six sample hospitals, 125 jobs are studied. Standard titles are agreed upon by committees. The jobs are arranged in groups in the order of their "point values". An effort is made to determine the salaries and "leisure pay" (vacations, etc.) of some 15,000 employees in the 33 hospitals which are members of the Boston Council, and those of similar non-hospital occupations. From this information, together with a study of possible sources of income, the Hospital Council can formulate a desirable compensation and employee-progress program.

The jobs are compared and grouped by the use of four occupational "yardsticks"—one for supervisory positions, one for professional occupations, one for office jobs, and the other for "all other" occupations. It is considered important that these yardsticks be applied uniformly within the occupation—that is, that the yardstick not be stretched to favor any group. Actually, the yardsticks comprise twenty-five test points applied to each job.

The analysts ask for every type of work performed during the past twelve months in order to make up all the duties of the job being analyzed. They are interested in the content of the job basket, not in the basket—the person holding the job. They then break the job into 25 elements common to all jobs of that type, apply the "point" yardstick to them, and total the elements into a job total. True it is that apples and pears are not comparable. But when we analyze their elements we find that both are comprised mostly of water. Their other components, too, are chemicals which are comparable. Compare their parts and you can relate the fruits to each other for the purpose desired. In the same way jobs can be compared.

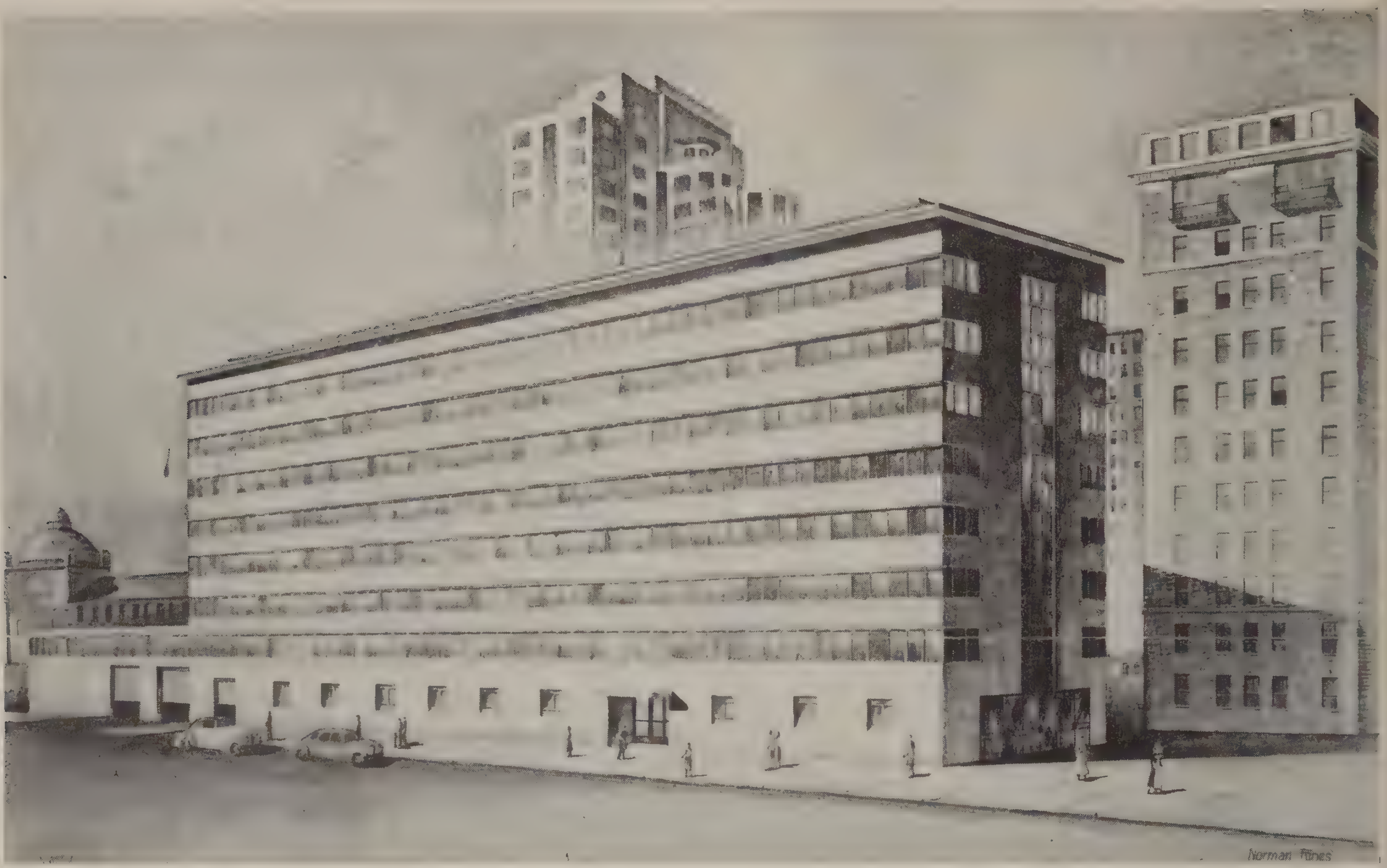
At first thought, some jobs seem to be too intangible to exhibit any content. It is not possible, however, to ask successfully to be paid for an occupation whose values are too intangible to be visible to the employer. Job analysis is a healthy aid to making the values of any occupation more visible to both the job-holder and the employer.

Job evaluation is not new. It has been done in individual cases, but often superficially and rarely uniformly.

The combined studies are intended by the Council to become guideposts toward greater job security in hospital employment and to provide incentives for greater success in such employment, greater enjoyment in it, and greater service to the sick.

* * *

Two sessions of clinical pastoral training were again sponsored at the M.G.H. this past summer by the Institute of Pastoral Care. A total of 48 theological students and clergy attended, representing the United States, Canada, and China. Members of the hospital staff provided part of the instruction. The program was directed by Rev. James H. Burns, Associate Protestant Chaplain. Similar courses were also given by the Institute at the Worcester State Hospital and the University Hospital at Ann Arbor, Michigan.



The proposed Massachusetts General Hospital Research Building

The Institute continues to publish the new *Journal of Pastoral Care* which contains articles of interest to members of all the healing professions. Sample copies will be sent upon request and without cost.

New addresses:—

- Dr. James E. Kreisle (*WM* 1943), 2009 Hopi Trail, Austin, Tex.
- Dr. Fathollah K. Mostofi (*a. P* 1943-46), Army Institute of Pathology, Washington 25, D. C.
- Dr. Frederick K. Poulin (*Dn.* 1942), 196 Marlborough St., Boston, Mass.

Brief bits:—

- Dr. Arthur A. Holbrook (*CM* 1933 & *EM* 1934) and Mrs. Holbrook made a flying trip to Boston last November—their first since 1941. Milwaukee is a long way off, and their visit was all too short.
- Dr. Nathan O. Kaplan (*a. Res. Chem.* 1945) has been appointed Assistant Professor of Biological Chemistry at the University of Illinois College of Medicine. Dr. Kaplan was associated with the Manhattan project for three years during the war.
- Dr. Marshall deG. Ruffin (*P* 1939) announces the opening of his office at 2015 R St. NW., Washington, D. C.

Sometimes it seems as if the greater the distance a letter travels on its way to us, the deeper our appreciation of it. That was how we felt about this letter from Dr. R. Nelson Hatt (*Or.* 1919).

The invitation to send a note for The News makes one feel he really belongs to the family.

It is probably an old story that I returned to Honolulu in October 1946, while on terminal leave from military service, to resume my old job as Chief Surgeon of the Honolulu Unit, Shriners' Hospital for Crippled Children. This unit, the second to be established by the Shrine, was opened January 2, 1923 by a callow youth named Hatt, whose only qualification consisted in a recommendation from his beloved Chief, Dr. Robert B. Osgood [*WS* 1900]. I was transferred to the New England Unit in 1925, but through the years there was always the call of the islands, although it took a war to effect my return.

In March 1947, Dr. Richard S. Dodge [*a.r.s. Or.* 1946] joined me, and in July of the current year we became office partners. It has been a very happy association for us both. Incidentally, I find great enjoyment in the four little Dodges who call me "Uncle Nelson".

Best wishes and a warm Aloha to all our old friends.

This interesting and amusing letter has come from Dr. Harold H. Hamilton (*r.s. PH* 1933) of Plymouth, Massachusetts.

Your stir-up note means, evidently, you expect to hear from even the country doctors once every so often.

Since my return from military activities, some three years ago, I have remained quietly a chronic subscriber and reader of The News, noting with particular interest the many letters coming through from physicians and others who have been able to make some surveys of the war-ridden countries in the postwar era. These make very absorbing reading. I hope they will keep coming. Oliver Cope's recent masterpiece should stimulate others. His geographic discourse on Switzerland made me recall. an amusing incident which happened to me in Zurich in the fall of 1945. While making an overnight stop there on one of the standard GI tours so popular at that time, it suddenly occurred to me that my forebears on one side of my tree, named Ulrich, had come from that city. I picked up a telephone directory and found forty-seven Ulrichs listed in the book. None looked familiar, but one named Hedy Ulrich caught my eye. However, the voice I heard from the other end of the line didn't sound like any of the Hollywood Hedys I had half expected to hear. It was that of at least an octogenarian, in German. I waited until my return to this country to find out more about my ancestors. My mother told me her grandfather Ulrich had come to this country in 1848, so I don't wonder that all I could get out of Zurich's Hedy was something which sounded like "nix ferstanzee".

Cranberry Bog surgery is going along very nicely down in this section, but our Community Hospitals are having the same pains in a small way that M.G.H. and the others have on a larger scale. And then we have the bugbear of Federalized Medicine down this way, too. Since November 2 it has become more than a b.b. We feel its hot breath on the backs of our necks, and we have written our Senator about it.

Col. William H. Amspacher was a Clinical Fellow in Surgery at M.G.H. during 1947. From Baylor University, College of Medicine, Houston 1, Texas, comes this letter from him.

My November issue of The News has just been forwarded to me from Washington, D. C I was so pleased to receive it, I am sending a change of address to prevent future delays.

Since leaving the General on 30 June 1947, I have spent fourteen not too happy months worrying with Army Personnel matters in the Surgeon General's office in Washington. On October 1 the big break came, however, and I am now assigned as Instructor in Surgery at Baylor Medical School.

The News is always welcome because of the interesting writings of the staff, as well as news of friends and acquaintances.

The News sends best wishes for 1949 to everybody, and submits the following suggestion to head your list of New Year resolutions:

If you have not already written us that letter, resolve that within a week it shall be done. It is such a convenient and time-saving way to keep in touch with the entire hospital family. How about it? Are you going to let another "evening sun go down without" etc.?

THE NEWS

No. 76 Boston, Mass. February 1949

NEUROLOGICAL SERVICE AFFAIRS

This department has been short-handed since the retirement of Dr. James B. Ayer, Dr. Charles A. McDonald, and Dr. George Clymer, but fortunately has had the valuable help of competent and industrious men working in the department as Clinical Fellows.

Dr. Gardner C. Quarton, who left in June and is now Resident in Psychiatry, was succeeded by Dr. Vincent P. Perlo, who had previously been Assistant Resident at the Boston City Hospital and Assistant Resident in Psychiatry at the New Haven Hospital. Dr. Edwin B. Goodall, whose specialty is ophthalmology, is spending a year in neurology before beginning his service as Resident at the Eye and Ear Infirmary. He and Dr. Perlo are making a study of the headache, fundus changes, spinal fluid findings, and the neurological complications of hypertension. Dr. Howard S. English, whose objective is neurosurgery, has been with us for some time and has made himself exceedingly useful, particularly in neuropathology. Dr. Alexander P. Arellano of Lima, Peru, is working in the Brain Wave Laboratory with Dr. Robert S. Schwab. He is on a fellowship from the United States Public Health Service.

The weekly clinical conference continues to be held in the Ether Dome on Thursday mornings. On the first Thursday in every month, this is a joint meeting with the Eye Service, at which neuro-ophthalmological conditions are shown.

On Tuesdays at 4:30, there is a meeting in the Pathology Laboratory for the demonstration of neuropathological material and discussion of the cases taken up, with emphasis on the correlation of clinical manifestations and anatomical findings.

Once a week, Dr. Schwab and Dr. John A. Abbott have a conference for the house staff and others who are interested in the interpretation of electroencephalograms.

Other long-established activities are being continued. The Myasthenia Clinic, directed by Dr. Henry R. Viets and Dr. Schwab, is held every other Friday morning. A special Clinic for Vertigo is conducted by Dr. Madelaine R. Brown on Tuesday mornings, and an Epileptic Clinic by Dr. Abbott on Saturday mornings.

The Language Clinic for the study and treatment of patients with reading difficulty, stuttering, aphasia, and other speech disorders, in charge of Dr. Edwin M. Cole, has been enlarged. One of its important functions is the treatment of veterans with speech disorders, consisting in most cases of aphasia resulting from head injuries.

Dr. Schwab, in charge of the Brain Wave Laboratory, has been carrying on studies in muscle fatigue and poliomyelitis. He has also been testing a new drug, PARPANIT, in the treatment of Parkinsonism, with encouraging results in some cases. A report of this work by him and Dr. Archibald D. Leigh will soon appear in the *Journal of the American Medical Association.*

Charles S. Kubik, M.D.,
Chief of Service

For over a year a Department of Industrial Medicine has been contemplated. Application to the U. S. Public Health Service resulted in a grant being promised, to become effective when the clinic would be established. The establishment of the clinic was delayed by reason of Dr. Harriet L. Hardy's appointment to Los Alamos, but she has now returned and it is hoped we will get under way about the first of February. This seed, which was planted so long ago, is beginning to germinate.

This is a joint enterprise of the Massachusetts General Hospital, Massachusetts Department of Public Health, Massachusetts Department of Labor and Industries, and the Department of Industrial Hygiene of the Harvard School of Public Health. Dr. Hardy, holding appointments in all of these units, brings their interest in industrial medicine to focus at the M.G.H., emphasizing the clinical, teaching, and research aspects of industrial diseases and their prevention and treatment.

Two beds in the Medical wards will be assigned for industrial cases, but it is recognized that this will be largely on an intermittent basis, dependent entirely upon the frequency with which industrial medical problems require individual hospitalization.

The out-patient service will be operated in the Medical Clinic, starting one day a week and increasing according to the demands made upon it.

In short, the whole idea is to provide a department interested in industrial problems and competent to investigate them, and then to let it expand according to the demands made upon it. It is hoped that an immediate result will be the referring of patients in other hospital departments —Medicine, Surgery, etc.—to the Industrial Clinic when there is any possibility of industrial complications.

N. W. Faxon, M.D.,
Director

Limited space in our little paper has made it impossible to publish the subjects of recent talks given at the regular monthly Medical Service meetings and those of the MGH Research Council. We do like to keep our readers—especially those who are away from the hospital —informed of the many interesting topics under discussion here, and shall do so whenever space permits.

At the January 14 Research meeting, Drs. I. T. Nathanson, B. J. Kennedy, W. J. Emerson, and J. C. Aub spoke on "Studies on hormonal alteration of carcinoma of the breast"; and Drs. F. C. Bartter, P. Fourman, A. P. Forbes, W. M. Jefferies, and F. Albright talked on "An analysis of the various factors influencing potassium and phosphorus excretion on administration of adrenocorticotrophic hormone".

Dr. Means has been acting as the Stieglitz Visiting Professor at New York University for the month of January. Dr. Means was the first professor to fill this new office.

In spite of the necessary increase in our subscription rates a year or so ago, THE NEWS received $521 in contributions during 1948, over and above the subscription fees.

We always send a note of thanks to each contributor when his donation is received, but we take this opportunity to thank you all once again for your loyal support of our hospital paper.

A few Sundays ago, Mr. Edward A. Weeks, Jr., Editor of the *Atlantic Monthly,* in his regular weekly broadcast which he gives under the title, "Editor at home", talked about Dr. Harvey Cushing, the famous brain surgeon, who was an alumnus of M.G.H. in the Class of 1896.

Near the close of his broadcast that day, Mr. Weeks read Dr. Cushing's favorite quotation, from a book by Stephen Paget. The passage made such an indelible impression upon us, we secured a copy of it from Mr. Weeks and are repeating it here for all of you to whom it so rightly belongs and who may not be familiar with the quotation.

> Every year, young men enter the medical profession who neither are born doctors, nor have any great love of science, nor are helped by name or influence. Without a welcome, without money, without prospects, they fight their way into practice, they find it hard work, ill-thanked, ill-paid. But they stick to it, and Heaven, sooner or later, lets them know what it thinks of them. . . . They hesitate to give the name of divine vocation to work paid by the job, and shamefully underpaid at that. Surely a diploma, obtained by hard examination and hard cash, and signed and sealed by earthly examiners, cannot be a summons from Heaven. But it may be. For, if a doctor's life may not be a divine vocation, then no life is a vocation, and nothing is divine.

OFFICIAL NOTICE

The Dispensary, a new unit in the Out-Patient Department, is expected to open on February 1. It is located in the basement of the Out-Patient Building across from the Orthopedic Clinic. It is under the direction of the Out-Patient Department Committee and belongs to no one Hospital Service.

The O.P.D. Dispensary is designed to fill a need of the Hospital in its provision of care to the Service patient who is ambulatory. At present, the O.P.D. serves in two major capacities. (1) As a General Practitioner for patients (primarily resident in the vicinity of the M.G.H. and the Infirmary) who receive no other medical service. (2) As a Specialist to patients who have their own family physicians but who are unable to afford the services of the Specialist and the diagnostic and therapeutic procedures which serious illness requires. Despite the difference in management which these two groups of patients demand, we now handle all of them together in our 36 General and Special Clinics. Actually, the name "General Clinic" is not proper. Our General Clinics are clinics in the major specialties.

The Dispensary will take on the first function. Its objective will be to provide good general practitioner service, expeditiously and at minimum expense, to all patients who do not have their own physicians. It is believed the objective can be obtained by:

1. Having the doctors (either Resident or Visiting Staff and regardless of special training, interests, or Service appointment) treat illnesses of all disease groups.

2. Abbreviating the administrative processing by limiting the admission and financial interview, by establishing the clerk of the Dispensary as a subsidiary Cashier and Record Room Clerk, and by sending the patient to Chest Survey after the Dispensary visit.

Each existing Clinic will then function only as a Specialist, serving as Consultant to the Dispensary and to other Clinics and accepting for management those patients requiring continued specialist care. Once a patient has been accepted for management in a Clinic, the principles for consultation, transfer between clinics, and discharge will be similar to those followed in the House.

N. W. Faxon, M.D.,
Director

The Board of Trustees, at their meetings on December 10 and 24, and January 7, voted:

To accept with regret the resignation of Dr. Wade Volwiler from the position of Assistant in Medicine;

To reinstate Dr. Harriet L. Hardy as an Assistant in Medicine, as of February 1;

That Dr. Ronald C. Sniffen's title be changed from Assistant Pathologist to that of Assistant Visiting Pathologist, as of January 1.

To appoint:

Dr. William R. Eyler as Associate Radiologist, as of July 1;

Dr. Robert H. Fennell, Jr. as Assistant in Pathology, as of July 1;

Dr. Charles S. Keuper as Assistant Resident in Dermatology, beginning January 1;

Dr. James A. O'Shea as Assistant Resident on the Children's Medical Service from July 1, 1949 to June 30, 1950.

To appoint the following Assistant Residents on the Anesthesia Service:

Dr. Armand L. Bengle, beginning July 1;

Dr. William R. Brewster, Jr., for two years beginning October 1;

Dr. George A. Culver, for two years beginning August 1;

Dr. Genesio L. D'Alessandro, for one year beginning July 1;

Dr. Bjorn Ibsen, for one year beginning March 1;

Dr. Nils Normann, beginning April 1, 1950;

Dr. David V. Thomas, beginning July 1, 1950.

To appoint the following Assistant Residents in Orthopedic Surgery for one year each, as indicated:

Dr. Robert E. Funsch, beginning April 1, 1950;

Dr. Richard M. Kilfoyle, beginning July 1, 1950;

Dr. Joseph L. Shugar, beginning January 1, 1950;

Dr. Robert J. Vitt, beginning October 1, 1950.

To appoint the following in Radiology:

Dr. DeForest E. Hale as First Assistant Resident, for six months beginning January 1;

Dr. Frederick W. O'Brien as First Assistant Resident, beginning July 1;

Dr. John D. Reeves, Jr. as Assistant Resident, beginning January 1;

Dr. Edward J. Sennett as First Assistant Resident, for one year beginning January 1;

Dr. John L. Sosman as Assistant Resident, beginning July 1.

At their meetings on December 15, 22 and 29, and January 6, the General Executive Committee voted:

To accept with regret the resignation of Dr. Nathan O. Kaplan, to become effective as of December 31, 1948.

To promote:

Dr. William V. McDermott to the position of Resident in Surgery for the months of January and February;

Dr. Gardner Quarton to the position of Resident in Psychiatry, effective January 1;

Dr. William C. Quinby, Jr. to the position of Resident in Surgery for one year, beginning March 1;

Dr. John W. Raker to the position of Resident in Surgery for one year, beginning January 1.

To appoint:

Dr. Bedford F. Boylston as Clinical Fellow in Orthopedic Surgery for the period April 1 to October 1, and to appoint him as Senior Resident on the Orthopedic Service for a period of one year, beginning October 1;

Dr. Ting C. Chou as Research Fellow in Biochemistry;

Dr. John A. Duggan as Clinical and Research Fellow on the Children's Medical Service for one year, beginning July 1;

Dr. Francis T. Gephart as Clinical Fellow in Surgery for the month of January;

Dr. Paul D. MacLean as Research Fellow in Psychiatry, to work in electroencephalography;

Dr. Albert J. D. Michel as Graduate Student Assistant in Surgery for six months, beginning January 6;

Dr. Agustin L. Roque as Graduate Student Assistant in Pathology for six months, beginning January 1;

Dr. John E. Stewart as Clinical Fellow in Orthopedic Surgery for one year, beginning February 1;

Dr. John L. Sullivan as Clinical Fellow in Neurology, assigned to the Brain Wave Laboratory, for three months, beginning January 1;

Dr. Selwyn F. Taylor as Clinical and Research Fellow in Surgery for one year, beginning December 15, 1948;

Dr. Iwao Uyeda as Clinical and Research Fellow, assigned to the Harvard Pediatric Service, for the period December 1, 1948 through June 30, 1949;

Dr. John L. Wilson as Clinical Fellow in Surgery for six months, beginning January 1.

⁂

We have been tempted many times to announce the number of hours of work some of our volunteers have contributed to the hospital, but have refrained from doing so because of the realization that perhaps in many instances greater self-sacrifice may have been necessary on the parts of some who may not have accumulated as much time to their credit as have some others. However, one of our volunteers has set some kind of all-time record, and we have decided to tell you about it.

Up to January 1, Mr. William Barroll had given 10,146 hours of volunteer service, and he is still going strong. During the month of December alone he gave 138 hours to the Vincent-Burnham Building.

Mr. Barroll has every right to feel proud of that record, and everyone associated with M.G.H. in any way is, we feel sure, very grateful to him for such devoted service.

A group consisting of the wives of the House Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary has recently been formed. They have held, and will continue to hold, monthly evening meetings. Many of the meetings will be at the hospital; others will be held in the homes of the members.

The wives' purpose in organizing was to enable the members to become better acquainted with each other and with the hospital in which their husbands work. Although the social aspect has been of prime importance so far, the group hopes to work toward planning activities that will be of benefit to the House Staff as well as to the members themselves. For instance, they were instrumental in inaugurating the "family" Christmas dinner at the hospital this year, for those doctors who were on duty that day.

Other plans include a Housing Bureau, headed by Mrs. Royal Schaaf—telephone number ELiot 4-0416. Mrs. Schaaf would appreciate receiving any information about apartments for rent or sublease at the present time or in the future. Also being established is a Baby-sitting Bureau, headed by Mrs. Roger Wilcox—telephone CApitol 7-2914. Anyone interested in baby-sitting, day or night, please call Mrs. Wilcox.

An invitation to join this group is extended to the wives of doctors who are here as Fellows, Clinical Assistants, and such (other than Visiting Staff).

For further information, please get in touch with Mrs. Grant Rodkey—telephone LAfayette 3-0133, or Mrs. Courtney, Chief of the Volunteer Service here at the hospital.

PERIPHERAL VASCULAR CLINIC

The Peripheral Vascular Clinic at the Massachusetts General Hospital was organized approximately twenty years ago by Dr. Arthur W. Allen, then a Visiting Surgeon at the hospital and later to become Chief of the East Surgical Service. He was appointed chief of this new surgical clinic on November 21, 1928. It was the first of its kind to be organized in the United States and unique among all similar clinics since formed, because it was organized by a surgeon and is still run by surgeons, whereas in other institutions they are primarily medical clinics and the surgeons act chiefly as consultants.

Dr. Allen gathered around him a group of young surgeons interested in peripheral vascular disease, and in addition obtained the services of Dr. George W. Van Gorder, an orthopedic surgeon, to cooperate in the handling of patients with prostheses, special shoes, and braces. In addition, he enlisted the services of a well-trained podiatrist, Dr. John F. Kelly, who still carries on a Podiatry Clinic in the Out-Patient Department. The cooperation of the Social Service Department was also obtained by assigning one social worker to the clinic, who accompanied the group on the weekly ward rounds. The benefits obtained by this close association between the surgeons and the Social Service Department have proved of inestimable value in the proper care and the disposition of patients following their discharge from the hospital, and in bringing back patients at regular intervals for treatment and follow-up studies.

The original group of surgeons, in addition to Dr. Allen, included Drs. Leland S. McKittrick, James C. White, Reginald H. Smithwick, Henry H. Faxon, and Theodore C. Pratt. Many of them have made important advancements in the treatment of various peripheral vascular diseases. They were stimulated greatly, without question, by the enthusiasm, direction, and counsel of their chief, Dr. Arthur W. Allen. Dr. Leland S. McKittrick, with his special interest in the diabetic patients, contributed greatly to the handling of the diabetic arteriosclerotic, and through him a close liaison was maintained with the Diabetes Clinic at the New England Deaconess Hospital, so that as a result both doctors and patients greatly benefited. Drs. Allen, White, and Smithwick, along with Dr. Jason Mixter of the Neurosurgical Department, played important roles in the development of sympathetic neurectomy for Raynaud's disease in our hospital and, as is well known, Dr. Smithwick from this branched out into, and contributed greatly to, the surgery of the autonomic nervous system for the treatment of hypertension. Dr. Henry Faxon made important contributions to the therapy of varicose veins. He was assisted by the other members in taking care of numerous patients with this disease by means of injections with sclerosing solutions, the method in vogue at that time. Additional members were added to the group shortly after 1930, including Drs. Robert R. Linton, John B. Sears, and Richard H. Wallace. Dr. Harrison E. Kennard joined the group in 1934, Dr. Claude E. Welch in 1937, and Dr. Edward Hamlin, Jr. in 1939. Dr. James C. White left the group in 1935 to join the Neurosurgical Service, to which he was appointed Chief in 1941. Dr. Reginald H. Smithwick also left it in 1946 to become the Professor of Surgery at Boston University School of Medicine.

Dr. Leland S. McKittrick became Chief of the clinic when Dr. Allen resigned in 1940 and remained in this position until March 1946, when he resigned as Chief and Dr. Robert R. Linton was appointed. During World War II the clinic ran on a mere skeleton staff, since so many of its members were in the armed forces. After hostilities ceased and the men returned home, additional surgeons were taken into the group, as many of the former members had developed other interests or had become associated with other hospitals. The group at present includes: Drs. Henry H. Faxon, Claude E. Welch, Richard H. Wallace, Edward Hamlin, Jr., Richard Warren, Fiorindo A. Simeone, Richard H. Thompson, Gordon A. Donaldson, Irad B. Hardy, Jr., George F. Emerson, and John B. McKittrick.

The clinic functions in both the Out-Patient Department and in the hospital. Originally the out-patient clinic met every Saturday morning, but more recently it has been changed to Friday morning as a more suitable time. This part of the clinic functions more as a clearing house for the diagnosis and the disposition of patients rather than for actual therapy. The patients referred to the hospital for treatment are placed under the direct supervision of members of the clinic, so that special forms of therapy may be carried out on them which otherwise would not have been possible. Another important function of the clinic has been the weekly ward rounds held each Thursday morning from eight to nine since the clinic was first established. These are not only for the benefit of the members of the group and the patients, but they have also served as teaching rounds for both medical students and visiting doctors. Originally they were bedside rounds, but since the war, because of the attendance of so many visitors, not only from this country but from all parts of the world, they have been changed to the Surgical Amphitheatre in the George Robert White Building.

During the past year, a laboratory for the study of, and research in, peripheral vascular diseases has been established and is under the direction of Dr. Simeone. The clinic has been fortunate to obtain the services of Dr. Davitt A. Felder, from the Surgical Department of the University of Minnesota, to work in the laboratory and the Out-Patient Department. At the present time, the laboratory is used for pre- and postoperative studies in those patients who are to be subjected to sympathectomy. A careful follow-up of patients with Raynaud's disease who have been sympathectomized is under way, in an effort to determine whether it is possible to perform a more complete and lasting sympathectomy than that done heretofore on this group of patients. Dr. Simeone is also carrying out special vascular studies on veterans who sustained injuries to major arteries of the extremities.

Important advances have been made in the field of peripheral vascular surgery at the Massachusetts General Hospital by the surgeons of this clinic, notably sympathetic neurectomy for Raynaud's disease, thromboangiitis obliterans, and peripheral arteriosclerosis of the lower extremities, surgery of the lower extremities in diabetic patients, surgical treatment of varicose veins and chronic ulcerations of the lower legs secondary to thrombophlebitis, and the surgical treatment of venous thrombosis and pulmonary embolism by proximal vein interruption. Many outstanding articles concerning these subjects have been published in the surgical literature by members of the clinic. In addition, several textbooks have been published, including *The autonomic nervous system,* by Drs. White and Smithwick, *Diabetic surgery,* by Drs. McKittrick and Root, and the chapter in Nelson's *Looseleaf medicine* by Dr. Allen on "Peripheral vascular diseases". Dr. Allen was honored recently by election to the presidency for 1948 of the recently organized Society for Vascular Surgery.

The present and past members of the clinic wish to pay tribute at this time to the former Chiefs of the clinic, Dr. Arthur W. Allen and Dr. Leland S. McKittrick, who have played such important roles in many of the advances that have been made in this field of surgery, and for their teachings, stimulation, and counsel.

Robert R. Linton, M.D.,
Chief of Peripheral Vascular Clinic

A postgraduate course in Internal Medicine will be given at M.G.H. March 7-19. Dr. Means will act as Director.

This is one of nine courses arranged by the American College of Physicians, to be given at various cooperating institutions in the United States. A preliminary bulletin has this to say, in part, concerning the course to be given here:

"This course will in no sense be a 'review' or 'refresher' course. The objective will be to offer a series of exercises in the application of theory to practice, by means of certain, we hope, well chosen examples. We hope further that the course will prove to be stimulating and provocative of thought rather than refreshing.

"The course will have six divisions, each assigned to some broad subject, and under the direction of a Chairman who will arrange its detailed program. Each division will consist in a morning, an afternoon, and a second morning. Alternate afternoons will be left free for exercise, cerebration, or what have you.

"The general policy will be to devote the first morning in each division to fundamental considerations, presented largely by preclinical teachers of the Harvard Medical School. The afternoon following will become more clinical, and the second morning may be devoted to clinics in which patients are shown, their cases interpreted, and their treatment planned in terms of the scientific foundation which has preceded."

The several divisions and their chairmen will be as follows:

March 7 and 8—Some problems of endocrinology. J. H. Means, M.D., F.A.C.P., *Chairman.*

March 9 and 10—Cancer. J. C. Aub, M.D., *Chairman.*

March 11 and 12—Recent advances in the management of cardiovascular diseases. E. F. Bland, M.D., *Chairman.*

March 14 and 15—Nutritional problems which arise in the care, medical and surgical, of patients with certain gastro-intestinal diseases. C. M. Jones, M.D., F.A.C.P., *Chairman.*

March 16 and 17—Preventive aspects of clinical medicine interpreted in terms of the natural history of certain important diseases. D. D. Rutstein, M.D., *Chairman.*

March 18 and 19—Rheumatoid arthritis. Walter Bauer, M.D., F.A.C.P., *Chairman.*

The full faculty personnel and a detailed outline of this course will be published later.

The importance of the ward helper in the total hospital situation was pointed up recently by the appointment of Mrs. Irene Granski to a position involving full-time supervision of the ward helpers' program. Mrs. Granski, until a few weeks ago, handled the training program for hospital aides.

Upon the resignation early in January of Miss Claire O'Neil, Miss Marian C. Maxwell came to us as Nursing Supervisor in the Out-Patient Department. Miss Maxwell is a graduate of the Massachusetts General Hospital School of Nursing in the Class of 1927.

Several social events in recent weeks have honored groups within or connected with the Nursing Department. On December 28, Miss Sleeper, Miss Lepper, and Miss Griffin entertained at tea all staff nurses in the General Hospital and the Baker Memorial.

The students held an informal reception in Walcott House on the evening of January 6, to welcome all the new affiliating students.

On January 7, day and evening matrons of the nurses' residences were entertained by Miss Viden at after-dinner coffee.

Worthy of special mention is the Thursday Night Bowling Club of the Nursing School Faculty. Reports from the Bowdoin alleys indicate championship grace and form, and an impressive number of spares and strikes—but individual and team scores remain for the moment cloaked in secrecy.

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New addresses:—

Dr. Diane Croll (*r.p. P* 1948), 3755 Joppa Ave., Minneapolis 16, Minn.

Dr. John W. Smillie (*ES* 1944), USPHS Dispensary, 4th & C Sts. SW., Washington 25, D. C.

MASSACHUSETTS EYE & EAR INFIRMARY

The Annual Meeting of the Corporation and Board of Managers was held at the Infirmary on February 9.

The members of the Corporation, many of them elected during the past year, are: the Honorable Leverett Saltonstall, William S. Ballard, Robert F. Bradford, Mrs. John W. Farley, Dr. Walter B. Lancaster, Rev. Robert G. Metters, Dr. Harris P. Mosher, Dr. Frederick H. Verhoeff, Dr. Harold Walker; the ~~four~~ 5 new members are: Dr. Nathaniel W. Faxon, Robert Hopkins, Miss Amelia Peabody, Arthur T. Lyman, and August R. Meyer.

The members of the Board of Managers now are: Henry Hixon Meyer, President; Edmund V. Keville, Secretary; Horace W. Frost, Treasurer; William H. Claflin, III, Mrs. Richard C. Curtis, James C. Howe, Patrick A. O'Connell, William A. Parker, Henry W. Porter, Edwin H. B. Pratt, Mrs. Sullivan A. Sargent, Walter H. Trumbull, and Frederic Winthrop.

This meeting was for the purpose of electing officers and new members for the year and making the 1949 appointments.

The New England Oto-Laryngological Society held its 45th Annual Meeting on January 7 at the Infirmary. The meeting was in conjunction with the Eastern Section of the American Laryngological, Rhinological and Oto-Laryngological Society, Inc. After a luncheon at the Hotel Puritan, the afternoon session was addressed mainly by guest speakers, among them the following: Laurence L. Robbins, M.D., John F. Enders, Ph. D., W. Lloyd Aycock, M.D., and Conrad Wesselhoeft, M.D.

The Annual Dinner was held at the Harvard Club, and was followed by the business meeting and the election of officers.

The speaker for the dinner was Professor Carroll M. Williams, Associate Professor of Zoology, Harvard University, whose subject was "Instinctive behavior of insects".

A program of Orthoptics, in conjunction with Simmons College, is now being offered at the Infirmary. Seniors at Simmons may elect to spend their fourth or last year at the Infirmary, to gain practical experience in the field of orthoptics and perimetry. This is one of the few schools of orthoptics in the country. In addition to the practical training, lectures are given in anatomy, physiology, optics, refraction, and ocular motility. The course was organized by Dr. Edwin B. Dunphy.

The three students taking the course this year are the Misses Carolyn King, Carolyn Dinsmore, and Marian Ritch. Miss Anne Stromberg, a graduate of George Washington School of Orthoptics at George Washington University, Washington, D. C., is the Technical Director for the course, replacing Miss Kathleen Forman, who resigned the first of December.

The Orthoptic Clinic, as part of the Eye Clinic, has shown a steady growth since its establishment about five years ago. An average of 12 squint or crossed-eye cases are treated daily, prior to surgery.

Dr. Edwin B. Dunphy, Chief of the Ophthalmic Service, gave a lecture before the Central New York Eye, Ear, Nose and Throat Society in Syracuse on January 19. His subject was "The action of miotics".

Dr. LeRoy A. Schall, Chief of the Oto-Laryngological Service, attended the New York Council meeting of the American Oto-Laryngological Association on January 8, and then went to Miami, where he gave a one-week lecture course at the Mid-Winter Seminar of the Miami Oto-Laryngological Association. Following that, he left on a two-weeks' vacation trip to Puerto Rico and Haiti.

Thirty students from the Harvard Basic Science Course are studying Ophthalmology at the Infirmary during the months of January and February.

Examinations for the Oto-Laryngological Residency will be held on March 16 at the Infirmary.

Dr. Jack A. Herman, from Johannesburg, South Africa, spent several days visiting the Infirmary's clinics and operating rooms. He showed special interest in the Eye Bank, and took literature on this service back to South Africa with him.

Dr. Garrett L. Sullivan, Director of the Boston Eye Bank, announces that Miss Olive M. Crowley has replaced Mrs. Eve Chenowith as Executive Secretary.

The Eye Bank also announces the appointment of Mrs. J. Devereux Barker, Jr., Chairman of the Projects Committee of the Junior League, and Dr. Brendan D. Leahey, Associate Surgeon in Ophthalmology at the Infirmary, to the Executive Committee of the Boston Eye Bank.

⁂

NORTH END NUTRITION CLINIC

The North End Diet Kitchen was founded in 1875 for dispensing food to the sick and needy. For nearly fifty years it operated at 8 Staniford Place, under the supervision of a group of most gracious ladies who kept the records, received donations, and allotted items of food where they were most needed. In 1923, the Board of Directors of the North End Diet Kitchen Fund made an agreement with the Massachusetts General Hospital to establish and maintain a Diet Clinic in the Out-Patient Department, to be used as a teaching center in the field of health and disease. In 1946, the name was changed to North End Nutrition Clinic, to avoid confusion with the hospital diet kitchens and to interpret more nearly its aims as a teaching unit.

The object of the Nutrition Clinic is to assist the physician in carrying out dietary treatment. The Dietitian must coordinate her dietary teaching with the medical, nursing, and social service departments. She must plan a dietary regime for and with the patient in relation to his family and home environment, based on his nutrition history. The prescribed diet, based on these factors and planned with the individual, will result in greater cooperation. Educational material includes food models, exhibits, pamphlets, and posters. Group and individual instruction, repeated on successive visits to the Clinic, is a means of teaching the patient his body needs, and combats the misunderstanding that exists regarding food fads, diets, and the problems of nutrition. Prevention of disease and the rehabilitation of the sick help to ease the economic problem of the community and lighten the load of the hospital.

The Nutrition Clinic staff includes 2 Graduate Dietitians, Miss Martha Chase and Miss Ellen Woodmansee, 2 Student Dietitians who spend six weeks of their year's dietetic internship in the Clinic, and one Student Nurse who is in the Clinic for half a day, five days a week for three weeks. The services of 3 volunteer secretaries one-half day a week—Mrs. Holbrook on Friday mornings, Mrs. Gruener on Saturday mornings, and Mrs. Hopkins on Wednesday mornings—are greatly appreciated. They efficiently procure records, weigh patients, and handle details connected with admitting the patient. The Nutrition Clinic is located on the third floor of the Out-Patient Department. Since all patients are referred from one of the 22 special or 14 general clinics in the Out-Patient Department, obtaining the patient's record is a time-consuming task, often delaying dietary instruction. If volunteers were available each day, more time could be spent for teaching both the patients and students. The Nutrition Clinic is open Monday through Friday from 8 to 4:30, and on Saturday from 8 to 2:30. Tuesday and Friday afternoons are reserved for the Diabetes Clinic. Patients are referred by the physician to the Nutrition Clinic without additional cost to the patient. A free consultation service is given the patient for follow-up care, arranged on the same day as the visit with the doctor. However, a clinic visit charge is made for return visits if the patient is seen in no other clinic.

An average of 32 patients are seen daily. Of the 12,000 patients given dietary instruction last year in the Nutrition Clinic, 3,000 were diabetics. There were 2,122 new patients receiving instruction for the first time. Of this number, 208 were new diabetic patients. The prevalence of obesity and the relationship of obesity to the total treatment of the patient is clearly shown through the high percentage of new patients referred to us by the doctor for reduction diets. Dietary instruction for simple obesity was given to 59%. Over-eating, then, may be considered the chief cause of obesity and thus of food waste. Colorful posters and exhibits are used to help the patient in the wise selection of foods to avoid obesity, emphasizing the essentials of an adequate diet and giving hints on buying low-cost foods of good nutritive value. Through social service recommendation, 122 patients were given food budgets to assist them in following more closely the diet prescribed by the doctor.

The poster space above the lunch counter in the O.P.D. gives an opportunity to promote the importance of a good breakfast, a well-planned lunch, and the contribution individual food items make to the nutritional needs of the individual. Through visual education, greater emphasis is thus placed on the normal diet.

Martha Chase, Head Dietitian,
North End Nutrition Clinic

Important events, concerning Massachusetts General Hospital, that occurred in the month of February during the earlier part of the nineteenth century:

Feb. 23, 1813—The first meeting of the Trustees was held at the house of Col. Thomas H. Perkins.

Feb. 1, 1818—Charles Bulfinch's plan for the hospital building was adopted, and immediate measures were directed for getting stone hammered at the State Prison.

Feb. 23, 1823—A committee was appointed to collect a library for each department in the institution.

Feb. 20, 1824—A patient was dismissed by the Visiting Committee for "having introduced liquor privately".

Feb. 12, 1829—The Superintendent was ordered to purchase "a suitable number of silver spoons for use at the Hospital, instead of the present pewter ones". One of these silver spoons is now in the Archives collection.

Feb. 1, 1846—A Free-bed Standing Committee was appointed.

Feb. 22, 1846—The Trustees voted, in answer to a communication from Dr. John C. Warren, that they cannot perceive any advantage to this institution to arise from the erection of a Medical College in this vicinity. However, in 1847 the new Harvard Medical School building was erected on North Grove Street, near the hospital, and there the School remained for 28 years.

Feb. 28, 1847—One of Oberhausser's microscopes was ordered to be purchased for the use of the Admitting Physician, at a cost of fifty dollars.

Feb. 19, 1854—The Visiting Committee presented a surgical operating chair, invented by Dr. Henry J. Bigelow and constructed under his supervision. It was voted "that in consideration of the excellence of the chair and the ingenuity displayed by Dr. Bigelow in its construction, it be called 'The Bigelow Operating Chair', in honor of the inventor."

Feb. 4, 1855—The urgent need of an isolation ward had long been felt. At a cost of $12,000 a "commodious building of two stories, west of the main edifice, containing sixteen rooms", had been erected. It was later called "The Brick". The above figure included the building of a necessary sea-wall. Attention was called to "the dilapidated state of the fence, and the opportunity for embellishing and improving by walks, shrubbery, flowers and culture, the extensive grounds of the Hospital, reaching as they do to low-water mark."

Feb. 3, 1856—The Annual Report for 1855 stated that the average length of time of the stay of free patients, which in 1853 had been 7 weeks, had grown to 11 weeks and 4 days. According to our Annual Report for 1946 the average stay for that year was 18+days.

Feb. 22, 1857—The Trustees voted unanimously that the Chairman of the Board be requested to subscribe, on behalf of the Massachusett's General Hospital, $1,000 toward the fund which it is proposed to establish for the benefit of Dr William T. G. Morton, as a memorial of the great service he rendered to science and humanity, in connection with the uses of ether.

Feb. 5, 1860—In the Annual Report for 1859 the Trustees say: "The object of the Hospital being to afford substantial relief to the largest possible number of persons, it is not consistent with it to use even beds temporarily unoccupied for patients with incurable diseases. It is more in conformity with the design of the institution that eight or ten sufferers by acute disease should be successfully relieved, than that the bed which they might occupy should be used, it may be for a year, by a chronic incurable."

The same Report states that "many patients have attended concerts and lectures in Boston, and public worship on Sunday in various churches. Every Sunday evening a sermon is read, with singing, in one of the wings."

Feb. 28, 1864—It was voted that a Surgeon to out-patients be established, whose duties should correspond generally with those of the Physician to the same department.

Feb. 21, 1868—The salary of the Treasurer was increased to $1,000.

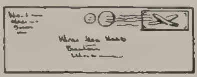
Feb. 3, 1869—The Annual Report for 1868 states that a Dental Service had been added during the year, in connection with the Dental School of Harvard College, and that 1,078 persons had received its services.

Feb. 2, 1870—Dr. John E. Tyler, Superintendent at McLean from 1858 to 1871, reported that 284 patients had been under treatment at the "Asylum" during 1869, of whom 184 remained. Wishing to further identify Dr. Tyler, we turned to Dr. Washburn's *History* and, as always,

No. 14 in a series of Staff photographs
Dr. Joseph S. Barr — Chief of Orthopedic Surgery

it did not fail us. On page 272 of his book, Dr. Washburn says:

> In his second year of office Dr. Tyler asked for and received a regular appropriation of $300 for the general library, which appropriation continues to the present day. He devoted a great deal of attention to the amusement and diversion of patients in the way of weekly entertainments, sleigh rides, singing classes, an orchestra composed of men patients, drawing and French classes for the women, and the like. Believing thoroughly in the idea that bodily infirmities influence the mind for ill, he engaged Dr. Dio Lewis as gymnastic teacher in 1860. Of an extremely religious temperament himself, he encouraged the wave of religious revival which swept over the institution in 1858, and in 1867 succeeded in getting a chaplain appointed. . . .



"Firsts" are always particularly welcome—as are, also, "seconds" and "thirds" and so on. This very interesting "first" has come from Dr. William J. Kerr (*WM* 1916), written from University of California Hospital, San Francisco 22.

> I have just returned from Japan, where I was sent as Expert Consultant in Internal Medicine by the Surgeon General's Office of the United States Army. I visited hospitals in Japan, Okinawa, Guam, and the Philippines, conducting clinics and holding medical conferences.
>
> A large number of recent graduates are doing excellent clinical work in caring for the troops and their dependents. During the next few months, most of these younger clinicians will be returning to civil life, leaving gaps in the military medical organization which can be filled by some form of recruitment (voluntary or draft) from civil life.
>
> The birth rate in Japan greatly exceeds the death rate. Further improvement in the health of children and young adults will increase the crowding and the strain on the scant food supply.
>
> When one sees how the Orientals are conserving their soil and keeping it productive, it is apparent that we are wasting our resources at an alarming rate. It is time we began to retain all areas suitable for production of food near our great cities and to restrict home building to areas which are not suitable for growing food or fibers.
>
> It may interest physicians to know that, during the recent war, Japanese medical students knew that, if they failed in their courses, they became kamikazi pilots.

Dr. Means received this letter from Lt. Frederick C. Goetz, MC, AUS (*M* 1947), which all of Dr. Goetz's friends who have not heard directly from him will find very interesting.

> Just before I left the M.G.H. in June you asked me to keep you in touch with my progress. So far, I have moved from M.G.H. to McC.G.H. and no further. This may not represent progress in all respects but it means a change which is quite complete and, on the whole, refreshing.
>
> Perhaps you may have known McCornack when it used to be the Vista del Arroyo Hotel —a very swank sort of place, I understand. I had never been to California before, and I was therefore properly bowled over when I first viewed the celebrated vista. That, of course, remains unchanged. However, the guest houses have been made into wards, and there are ramps all over the grounds so that the orthopedic patients can get about. It remains a very pleasant place, and locally it is considered one of the nicest spots in the Army. I cannot vouch for this, but along with many others I offer a silent prayer each morning that I will not be moved elsewhere.
>
> Unfortunately, the large volume of cases precludes as careful study as one would wish. There are several attractive features to my work, however. I am seeing some diseases which were known to me only in textbooks before this— coccidioidomycosis, "Q" fever, and amebiasis—and more venereal disease and tuberculosis than I had seen. Most of the patients are under 30, and most of them get well. We are very well supplied with consultants who seem to be among the best in Los Angeles. Among others are Dr. Verne Mason and Dr. George Griffith. They are generous with their time and interested in teaching. On the whole, their visits are very gratifying.
>
> The M.G.H. is held in highest esteem on all sides. I share a little of its reflected glory, and, often enough to help me retain my humility, I am reminded by everyone how fortunate I am to have spent two years there. I do my best to help maintain the MGH reputation. This is not an easy task. The general level of the younger medical officers is high; and, let it be said, most of them were trained in California!
>
> We feel we are understaffed at present to the point of being able to offer merely adequate care. The Surgeon General's Office thinks differently, and after a recent inspection tour we were told we would lose at least six medical officers. That will make the situation even grimmer next summer, when the Medical Corps as a whole loses 3,000 officers. I presume some of the house staff are pondering the same problem.
>
> I have managed to have some time for the piano and to meet some of the Pasadena people. Through friends of Dr. Pittman's I had the pleasure of meeting Dr. Robert Millikan a few evenings ago. He is over 80, I am told, but still works in the laboratory and is quite delightful. He told a story on himself which bears repeating. Not long ago he overheard the maid answering the telephone something as follows: "Yes, Dr. Millikan lives here. . . . Yes, he's a doctor, but not the kind that does anybody any good."
>
> Every good wish for everyone at the M.G.H. For myself, I am wishing that my Army years may continue as enjoyably as they have begun.

The first letter in about a year has come from Dr. Tracy J. Putnam (*ES* 1923). From 416 North Bedford Drive, Beverly Hills, California, he writes:

> I have now been practising neurology and neurological surgery in Beverly Hills and at the Cedars of Lebanon Hospital for two years and enjoy it very much. I also have an appointment as Consultant at the Camarillo State Hospital where I do lobotomies and attend to other neurological problems. With one thing and another, I find myself very busy and am about to move into a larger office so as to be able to take on cases of epilepsy, multiple sclerosis, and cerebral palsy for prolonged treatment. I am looking for an assistant who is just finishing a residency in neurology. Can any reader of The News help me find one?
>
> I still retain my position as Professor of Neurology and Neurological Surgery at Columbia, but my former associate, Dr. H. H. Merritt, has taken over most of the teaching there.

THE NEWS

No. 77 Boston, Mass. March 1949

PHYSICAL MEDICINE AFFAIRS

The Physical Medicine Department is continuing its function primarily as a service unit for patients requiring physical or occupational therapy and specialized diagnostic procedures, usually in relation to neuromuscular functions. As there is no space available for physical expansion of the department, the number of patients which can be treated has about reached its limit for the present facilities.

Some changes have been observed during the past eighteen months in relation to the types of problems for which patients are referred to the department. For example, there has been an increased awareness of the importance of preparing patients to meet the needs of daily activities at home before they are discharged. Although it is impossible without a very great increase in trained technical staff to prevent deconditioning of all bed patients by prescribing bed exercises, convalescent exercises are being utilized to greater extents in selected cases, and more and more patients are being referred to us to learn to walk properly or use whatever apparatus is necessary before their discharge. A striking example of this is in relation to the Amputation Clinic which includes representatives from the Orthopedic and Surgical Services, the Physical Medicine Department, and Social Service. Efforts are being made to see that patients are properly prepared for use of prostheses and are taught to use them when provided. The State Department of Rehabilitation, also, regularly refers such patients to us for these services. The problem of transportation and lack of space limit the extent of these procedures considerably, however. There has also been a distinct increase in the number of industrial accident cases sent to the department for both qualitative evaluation of function and for treatment to hasten rehabilitation.

In Occupational Therapy the number of patients treated has shown a slight increase. A new part-time therapist has been added to direct activities on the Children's Ward where it is felt that occupational therapy is particularly valuable. Another innovation has been a music program on Bulfinch 7 and the Burnham floors. It is hoped that occupational therapy may be extended to the convalescent patients at Storrow House in the near future. Many of our patients receive both physical and occupational therapy in a progressive fashion, particularly following disease or injuries involving locomotion or use of the hands. This represents the first step toward rehabilitation. We would like to see in the future a more widespread interest in accepted rehabilitation procedures which are at present beyond our scope, as only through insistence of doctors and patients will these things be developed. Vocational guidance and prevocational training in many instances should begin in the hospital as a part of the total medical care of the patient, and it is in this direction that we see a new avenue of growth in the Physical Medicine Department of this hospital.

Our educational endeavors have centered around the training of Fellows in Physical Medicine, to meet the requirements of the new specialty board and to prepare young men to accept responsible positions in many teaching institutions where this field is developing. There are three such Fellows now in the department and three have been trained here in the past, all of the latter now heading hospital and medical school departments of physical medicine. We are also busy in the training of physical and occupational therapists in the clinical aspects of these technical specialties. Students come to us from seven different schools in this country and from one in Canada.

To a large extent, the interns and residents on the other hospital services have very little close contact with us at present. We feel that much mutual benefit would be derived by a closer association, and we welcome it.

Our research problems are mostly confined to clinical studies of applications and techniques of various physical procedures. For example: an electronic manual strain gauge is being evaluated for quantitating muscle strength, and devices for utilizing progressive resistance exercises have been developed and their application studied. Combined research with the Brain Wave Laboratory on problems of neuromuscular dysfunction in poliomyelitis have been continued. We are also concluding a combined research project with the Psychiatric Department on problems of fatigue in psychoneurotic patients. The one piece of basic research has been on the effects of short-wave and micro-wave diathermy on the epiphyses of rats. Our laboratory facilities are not really adapted to this type of work, so in the main part it seems likely that our interest will reside chiefly in clinical problems related to physical medicine. Further advances in research, education, and rehabilitation are our aims for the future

Arthur L. Watkins, M.D.,
Chief of Physical Medicine

The Vincent Show, to benefit the Vincent Memorial Hospital, is already in rehearsal.

The Vincent Club, which started with thirty members in 1892, now has over thirteen hundred members, making it one of the oldest and largest hospital auxiliaries in Greater Boston. Last May, the Club turned over $38,000 to the Trustees of the Vincent Memorial Hospital, the largest sum the Club has ever raised in a single year. The greater part of this came from the proceeds of the Vincent Show.

This year, Miss Pamela Whitney is on leave of absence from her job as head of volunteers at the New England Deaconess Hospital to be our Show Chairman. The Show will take place, as usual, at New England Mutual Hall. The performances will be held on Tuesday through Saturday evenings, March 29 through April 2, at 8:30 o'clock. There will be a matinee Saturday afternoon at 2:30. Tickets will be on sale at New England Mutual Hall from March 7 through April 2. The Vincent Show Box Office telephone number is COmmonwealth 6-5023. The price of tickets ranges from $1.20 to $4.80.

Your attendance at this year's Vincent Show will assure you of an enjoyable evening and at the same time help in the support of one of the M.G.H.'s newer relatives.

Miss Sarah S. Reed, II,
President of the Vincent Club

A new book, of more than average interest to all of us, is just off the press. It is *The hospital in contemporary life,* edited by Dr. Faxon, and published by the Harvard University Press.

In his preface Dr. Faxon explains the purpose of the volume in these words:

"The hospital has become accepted in the United States as a necessary component of our contemporary social order. Yet few people have any knowledge or understanding of the function and complicated organization of hospitals, except that gained under the unnatural stress of sickness. This book endeavors to tell the layman something of what he should know about the past history, present operation, and future possibilities of hospitals. It includes contributions from eight members of the staff of the Massachusetts General Hospital and the faculty of the Harvard Medical School, revised from a series of lectures delivered in January 1948 under the sponsorship of the Lowell Institute in Boston. It is presented in the hope that it will promote a fuller understanding of the place of the modern hospital in the life of today and of the layman's responsibility for keeping it there."

The eight contributors and the subjects of their chapters are:

"The development of the hospital"—Edward D. Churchill, B.S., M.A., M.D., S.D., (hon.), John Homans Professor of Surgery, Harvard University, and Chief of the General Surgical Services, Massachusetts General Hospital.

"The relief of suffering" — Henry K. Beecher, A.M., M.D., Henry I. Dorr Professor of Research in Anesthesia, Harvard University, and Chief of the Anesthesia Service, Massachusetts General Hospital.

"Human nature and the understanding of disease" — Stanley Cobb, A.B., M.D., Bullard Professor of Neuropathology, Harvard University, and Chief of the Psychiatric Service, Massachusetts General Hospital.

"The care of the patient" — Leland S. McKittrick, S.B., M.D., Assistant Professor of Surgery, Harvard University, and Visiting Surgeon, Massachusetts General Hospital.

"The education of the doctor"—Oliver Cope, A.B., M.D., Assistant Professor of Surgery, Harvard University, and Visiting Surgeon, Massachusetts General Hospital.

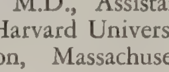
"How medicine grows and its relation to science" — Eugene M. Landis, S.M., M.D., Ph.D., George Higginson Professor of Physiology, Harvard University.

"Unsolved problems" — Joseph C. Aub, A.B., M.D., Professor of Research Medicine and Director of the Medical Laboratories of the Collis P. Huntington Memorial Hospital, and Physician to the Massachusetts General Hospital.

"The place of the hospital in the social order" — Nathaniel W. Faxon, A.B., M.D., Director of the Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary.

Each chapter is followed by comprehensive notes and references.

This is not only an absorbing book for both layman and professional, but a valuable one to own for future reference.



The Board of Trustees, at their meeting on February 2, appointed Dr. Robert L. Berg as Chief Resident on the Medical Service for the period of one year, beginning January 1, 1950.

At their meetings on January 12, 19 and 26, and February 1, the General Executive Committee voted:

To promote Dr. Robinson L. Bidwell to the position of Resident on the Neurosurgical Service for six months, beginning January 1;

To change Dr. Gardner C. Quarton's appointment as Resident in Psychiatry to read "for the period April 1 through June 30."

To appoint:

Dr. Jean M. Beauregard as Clinical and Research Fellow in Medicine, to work with Dr. Walter Bauer;

Dr. George H. A. Clowes, Jr. as Clinical Assistant in Surgery, assigned to the Tumor Clinic;

Dr. Joseph Delfino as Graduate Student Assistant in Gynecology;

Dr. David Fisher as Clinical Fellow in Surgery;

Dr. Lucius A. Gessell as Research Consultant in Developmental Pediatrics, assigned to the Harvard Pediatric Study for the period January 1 through June 30;

Dr. Eugene Guralnick as Clinical Assistant in Surgery, assigned to the Tumor Clinic;

Dr. Hans G. Keitel as Clinical and Research Fellow on the Children's Medical Service for one year, beginning July 1;

Dr. Harry M. Klinger as Clinical and Research Fellow in Surgery for six months;

Dr. Albert S. Murphy as Clinical Assistant in Surgery, assigned to the Tumor Clinic;

Dr. John Nemiah as Resident in Psychiatry, for the period January 1 through March 31;

Dr. Edward P. Richardson, Jr. as Clinical Fellow in Neurology;

Dr. Eugene R. Shippen as Clinical Fellow in Psychiatry, beginning March 1;

Mr. Renato Tagiuri as Clinical Fellow in the Department of Anesthesia;

Dr. Marvin M. Wasserman as Clinical Fellow in Medicine, assigned to the Thyroid Clinic, as of January 1;

Dr. Frederick Wyatt as Research Fellow in Psychology for the year 1949.

To reappoint as Clinical Assistants for the year 1949:

Dr. W. Benjamin Bacon — Surgery
Dr. Martin J. Bellinger — Surgery
Dr. Winifred Chase — Medicine
Dr. William B. Clapp — Medicine
Dr. Clito R. Damiani — Dermatology
Dr. John J. D'Urso — Dermatology
Dr. Anne P. Forbes — Medicine
Dr. John L. Fromer — Dermatology
Dr. Emil J. Ganem — Urology
Dr. F. Thomas Gephart — Surgery
Dr. Basil C. Gray — Dermatology
Dr. William N. Jones — Orthopedic Surgery
Dr. Alfred T. Joseph — Surgery
Dr. Knowles B. Lawrence — Surgery
Dr. Theodore M. Leary — Surgery
Dr. Ralph H. Luikart, II — Dermatology
Dr. James R. Lyman — Medicine
Dr. Frederic B. Mayo — Medicine
Dr. Raymond E. Militzer — Surgery
Dr. John M. Morris — Surgery
Dr. Cecil Mushatt — Psychiatry
Dr. Abraham I. Perley — Dermatology
Dr. Eda A. Polcari — Medicine
Dr. Thomas S. Risley — Surgery
Dr. Aram Roopenian — Plastic Surgery
Dr. Raymond J. Savignac — Medicine
Dr. Arthur S. Spangler — Dermatology
Dr. Clarke Staples — Surgery
Dr. John B. Tompkins — Medicine
Dr. Charles K. Wainger — Dermatology
Dr. Edwin O. Wheeler — Medicine
Dr. Paul R. Withington — Medicine

Dr. G. Colket Caner (*WM* 1924), Neurologist at M.G.H., has been elected president of the Massachusetts Society for Mental Hygiene.

At the February 18 meeting of the MGH Research Council, Dr. Jordi Folch-Pi spoke on "Some new aspects of brain chemistry", and Dr. Thomas Paine, Jr. talked on "Antibiotics".

PLASTIC CLINIC

Under the leadership of Dr. Varaztad H. Kazanjian, the Plastic Clinic developed during the past three decades into the common meeting ground of staff members and visitors interested in plastic surgical problems. Because of mutual interests of men from the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, there has evolved a combined weekly Plastic Clinic session. Today representatives from the departments of Surgery, Ophthalmology and Oto-Laryngology, and from the Tumor Clinic are either in attendance or available for consultation. The several disciplines of the group members make possible valuable discussion of contemplated procedures, evaluation of different methods, and comparison of results.

In recent years much of the plastic surgery of the head and neck has gravitated to the Infirmary, and general plastic surgery is concentrated at the M.G.H. The separation of patients into these groups results in a somewhat unbalanced experience for the house officers of the two institutions who do not attend the weekly Clinic. The unquestioned value of a broader training of the house officers and the increasing number of requests for comprehensive advanced training in plastic surgery make consolidation of the whole program worthy of future consideration. An evidence of the desirability of this consideration is the appointment by the M.G.H. of a Clinical Fellow assigned to the Plastic Clinic for the year 1949. He has opportunities of studying patient care both at the Clinic and in the Hospital. Similar opportunities may be possible in the future for men seeking further specialized clinical experience if the teaching program proves to be adequate or can be further expanded.

Much of the work of the Plastic Clinic is done in collaboration with other Clinics. The members of the Dental Clinic are called upon for advice in the fixation of fractures of the face, for orthodontia in deformities of the alveolus and palate, and for help in reconstructive problems involving dental occlusion. The Speech Clinic is helpful in muscle re-education of the palate and pharynx following cleft palate repair.

The members of the Plastic Clinic in the Department of Surgery act in a consulting capacity to the various services at the M.G.H. Thus, congenital anomalies of the external genitalia have become a joint urological and plastic surgical problem. Patients with severe burns find their way to members of the Plastic Clinic for later care and for closure of raw surfaces. Reconstructive problems following radical surgery for malignant disease are supervised by a member of the Plastic Surgery Clinic. The Orthopedic, Fracture, and Neurosurgical Services not infrequently have occasion to call upon the Plastic Clinic for aid in the management of surface repairs. The Plastic Clinic is represented in the personnel of the Hand Clinic, where combined problems are often seen.

In collaboration with other services, the aim of the Plastic Clinic has been to teach the basic principles governing the management of various deformities. These principles have always come first, and the all-important details of individual patient care worked out at the bedside with the house officers.

With future expansion of the Plastic Clinic, it is hoped that the house staff may have experience with a greater variety of problems and methods of treatment. Many of the men assigned to Plastic Centers during World War II have contributed much in the civilian hospitals to which they returned either as house officers or as members of the staff. The experiences which these men had with major and minor post-traumatic reconstructive surgery are of real value, to both the general surgeon and the plastic surgeon. It is the responsibility of the Plastic Clinic to see that the broad concepts and the technical details of plastic surgery are taught to the new generation of house officers.

Bradford Cannon, M.D.,
Chief of Plastic Surgery Clinic

* * *

A VISIT TO THE NEW YORK UNIVERSITY-BELLEVUE MEDICAL CENTER

Through the kindly offices of Dr. William W. Beckman, now Assistant Dean of the New York University College of Medicine, I had the privilege of spending January as the Leopold Stieglitz Visiting Professor at that institution. This post has just been established by gifts from friends and patients of Dr. Stieglitz as a token of their affection for a beloved physician.

I found it a very invigorating, delightful, and profitable experience. The territory was not totally unfamiliar to me. As early as 1910, while still a medical student, I had been shown some of the medical wards at Bellevue, and I vividly remember a row of patients with pneumonia, done up like Eskimos, and in beds completely outdoors, exposed to the full force of a wintry blast right off the East River. It was thought for a brief time that that was the proper way to treat pneumonia! In 1916, also, I had spent some weeks with Dr. Eugene F. Du Bois in the little metabolism ward which he had set up under the aegis of the Russell Sage Institute of Pathology in the Cornell Division of Bellevue. The chief equipment of the ward was his famous Atwater-Benedict human calorimeter. Each day after a calorimeter experiment, some of which were run upon ourselves as subjects, we crossed First Avenue to the Cornell Medical College, to show the results to Professor (of Physiology) Graham Lusk who was the chief inspiration of the undertaking. This was not quite the beginning of my career in metabolism, but almost.

The old building of the Cornell Medical College, 477 First Avenue, was acquired by New York University in 1932, after Cornell had moved with the New York Hospital up to 69th Street and York Avenue. At the present time N.Y.U. is using not only the old Cornell building, but also the one which was previously the Bellevue Hospital Medical College, with which school it has fused. But all this is to be only temporary. New York University has very lately, through amendments to its charter and statutes, established, in conjunction with Bellevue Hospital, the New York University-Bellevue Medical Center which will consist of two medical colleges, one undergraduate and one graduate, a new university hospital, and about two-thirds of Bellevue's enormous clinical facilities. The University Hospital, which will be for private and semi-private patients, but available for teaching, and the medical colleges, will occupy new buildings on a three-block site along the East River adjacent to, and north of, Bellevue. Finally, a huge veterans' hospital will be built just south of Bellevue, so that the entire medical community will extend eight or nine blocks along the Roosevelt Parkway.

I was received with the greatest cordiality by both teachers and students of New York University Medical College. Each Thursday I had luncheon with the Dean and department heads, a group numbering 18 to 20. This small close-knit body of the faculty impressed me as very effective. It transacted much faculty business with both informality and dispatch, in a way impossible at Harvard with its highly decentralized arrangement. Some very able men are to be found around this table.

I was given the run of the place to do as I liked, and what I actually did was as follows. First off, I gave a lecture to the second year class which I entitled "A philosophy of case-taking". Then I gave at weekly intervals three lectures to the combined third and fourth year classes. The first was on Graves' disease, the second on peptic ulcer, and the third on phlebothrombosis. Each of these topics lent itself to joint medico-chirurgical treatment, and I was especially delighted that it was made possible to follow each of my lectures, the next day in each case, with a clinic on the same subject, in which the residents presented cases, and the Professor of Surgery, Dr. John H. Mulholland, and I batted the discussion back and forth between us.

A certain amount of my time in New York I spent preparing my lectures and clinics. It was wonderful to have the time to do this in leisurely fashion — to be able to go to the library without being called to the telephone. With Dr. William S. Tillett, Professor of Medicine, my immediate host, and with some of his associates, I made ward rounds with students, or house staff, on several occasions. Bellevue Hospital is a fabulous place — thirty-two hundred beds — all in public wards — long rows of beds close together down each side, and another row in the middle — cots everywhere — two or three visits going on at once. It sounds like bedlam, but everyone — doctors, nurses, students, social workers — was doing fine work, and the patients were well cared for and cheerful. We nearly tripped over a cot one morning on emerging from Dr. Tillett's office. He said when he finds one actually in his office he is going to protest.

At N.Y.U. the students are put on the wards as clinical clerks in their third year. As chairman of the Committee on Revision of the Curriculum at Harvard, I did my best, some years ago, to get this system adopted here, thus far without success. I was especially interested, however, to observe how third year students on N.Y.U.'s wards at Bellevue were able to get on. As far as I could see they were doing first class case work, and had an adequate grasp of fundamentals. I became more than ever convinced that the sooner medical students are given responsibility in the care of patients, the faster they learn medicine.

During the month I also had an opportunity to observe some of the important activities of the school and hospital. In the former, I had a particularly instructive experience in the biochemical department of Professor R. Keith Cannan, who invited me to the seminar which he held with his graduate students. He allowed me to select a paper, and turned his young people loose on it. I happened to have with me a manuscript on iodine metabolism by Keating and Albert, now both at the Mayo Clinic, but who formerly had both worked in our thyroid clinic. I gave them this as a topic for their disputation. It got a good going over, but in all important matters it stood up fairly well. Another day I attended a long medico-social conference in the preventive medicine department of Professor Henry E. Meleney. The group was getting at the problems presented very much as we do in our own medico-social gatherings.

A tour through Bellevue's new rehabilitation service was extraordinarily interesting. This enterprize, headed by an enthusiast in the person of Dr. Howard A. Rusk, is a civilian development of Army experience. All manner of paralyzed, legless or armless people, veritably the lame and the halt, are taken into this ward for re-education. Dr. Rusk has pointed out the enormous economic gain of restoring the handicapped to their maximum possible activity. In many instances the rehabilitation makes the difference between its being possible for the patient to return home, as against spending the rest of his life in an institution. The patients are carefully selected for this service. Only those who can develop a strong will to recover are accepted. I was greatly impressed with the fine morale of the patients and in how many cases they were helping one another. The equipment of the ward was remarkable, too. They even have the front end of a First Avenue bus, in order that patients can learn to climb on and off and pay their fare. If they can do this and some other things, they can get and hold a job. Employers appear to be definitely interested in giving jobs to handicapped persons. The handicapped are in some ways more dependable than those that are whole.

Of the many other interesting activities that I saw something of, I will mention but one. Dr. Tillett has been working for many years on lytic enzymes which he isolates from cultures of hemolytic streptococci. One of these, fibrinolysin, will liquify blood clots through a destructive action on their fibrin. Another has a similar action on nucleoproteins. Thus far, the agents have been used in humans chiefly in cases of hemo- or pyothorax (empyema). I saw several of the patients, and X-rays of many others. Pus is apparently made up, to a considerable extent, of nucleoprotein, and when Tillett's material is injected into the chest in a case of empyema full of thick pus, tuberculous or other, draining very poorly, in a matter of hours the entire exudate is liquified and becomes withdrawable or absorbable. In similar fashion, in an injured chest, full of blood clots, the pleural cavity can be cleared through the fibrinolytic action of the material injected. I am certain that this work is of extreme importance, and that it will have wide application, not only with respect to pleural lesions, but many others, also. Already a few observations have been made on osteomyelitis. It would seem that an agent which removes exudates that are hindering healing has been discovered, thus opening an altogether new approach in therapeutics.

These, then, are some of the high spots of my month in New York.

J. H. Means, M.D.

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MEETING TO HONOR PROFESSOR ALEXANDER FORBES

The Eastern Association of Electroencephalographers voted at their meeting in Brookhaven, Long Island, October 23, 1948 to have a special meeting in honor of Professor Alexander Forbes of the Harvard Medical School and set the dates of this meeting as February 19 and 20, 1949. Dr. Eugene M. Landis, Professor of Physiology at Harvard Medical School, was delighted with this plan and facilitated the arrangements by offering the use of the lecture hall at the Medical School and agreed to open the meeting by an address of welcome. The Eastern Association of Electroencephalographers voted at this October meeting to invite, as the principal speaker, Professor Hallowell Davis, who for many years was associated with Dr. Forbes in neurophysiology and who is now in St. Louis, Missouri.

The program was arranged to include as many collaborators and colleagues of Dr. Forbes as could get together for the meeting. A dinner was planned by the Society for February 19, at the Hotel Continental, at which dinner Dr. Stanley Cobb would be toastmaster, and Professor Norbert Wiener, Dr. Richard H. Miller, and Dr. Alexander Forbes the speakers.

The background for the desire of this society to so honor Dr. Forbes is his contribution to the subject of neurophysiology, which is the basis of electroencephalography. Dr. Forbes was born in Milton in 1882. He graduated from Harvard College in 1904 and from the Harvard Medical School in 1910, having previously obtained an A.M. from Harvard in 1905. He was instructor in Physiology at Harvard, 1910-1921; he was Associate Professor of Physiology from 1921 to 1936, and Professor of Neurophysiology from 1936 until his retirement this past September 1948.

Dr. Forbes represents in this country the dean of the American school of Neurophysiology. His prominent work in this field began when he published his first neurophysiological paper on the "Reflex inhibition of the skeletal muscle", in 1912. He has published a distinguished group of seventy papers since that time, and his latest publication is on the program of the February meeting of the Eastern Association of Electroencephalographers — "Cerebral response to afferent stimuli as affected by barbiturate narcosis". This will be published in the new electroencephalographic journal, *Electroencephalography and clinical neurophysiology* in its second number.

It was in the laboratory of Dr. Forbes and under his influence that the first important work on electroencephalography in this continent began. In fact, in 1921, Dr. Macdonald MacPherson, working with Dr. Forbes, obtained electroencephalograms, but no publication of these results was ever made. Dr. Hallowell Davis and Dr. Gibbs began their work on the clinical application of electroencephalography in 1935 under the stimulation and help of Dr. Forbes.

One of the pleasant characteristics of great men is their breadth of interests and stimulating hobbies and collateral aptitudes. Not only is Dr. Forbes internationally famous as a neurophysiologist but he is a noted navigator, having published a classic in this field, called "Off shore navigation", in 1935.

He saw active service during the first World War. For 5½ years during the past war, he was on active duty with the United States Navy as an aerial explorer and surveyor of that stormy and treacherous area in the Atlantic between Nova Scotia and Labrador. He was an important spectator at the Bikini atom bomb performance. He was retired from the Navy with the rank of Captain. He is a skilled and competent yachtsman, whose famous Danish built schooner, *Stormsvala,* with its wishbone gaff, interested many people along these coasts. Even in his seventh decade, Dr. Forbes flies his own plane, and he is an expert in handling his plane amid the intricacies of commercial airports, direction finders, and all the other hazards of modern flying.

To illustrate the broadness of his writings — his first paper, published in 1905 with the late W. E. Castle, the famous geneticist, was entitled "The measurement of hair lengths in guinea pigs in relationship to the heredity of pure gametes".

Robert S. Schwab, M.D.

Several of our MGH staff were among the speakers at the two-day meeting.

MASSACHUSETTS EYE & EAR INFIRMARY

ANNUAL MEETING

Three new members — Mr. Thomas H. Hoare, Mr. William F. Keesler, and Mr. Huston Rawls — were elected to the Corporation at the Annual Meeting on February 9.

At the meeting, the President called attention to the fact that free care for the year 1948 cost the Infirmary $137,015, or the equivalent of both the hospital's income from endowments and allowance from the Community Fund. Also, about 90% of patients admitted to the hospital come for surgery — 6,093 operations having been performed during the year.

In the reappointments on the Ophthalmic Staff, the promotion of Dr. Brendan D. Leahey from Assistant Surgeon to Associate Surgeon was the only change made. The changes in appointments on the Oto-Laryngological Service included the appointment of Dr. Gustave B. Fred as Consulting Surgeon, to replace the late Dr. Calvin B. Faunce; the promotion of Dr. Maurice G. Evans from Associate Surgeon to Surgeon, Dr. Joseph Lentine and Dr. Burton E. Lovesey from Assistant Surgeons to Associate Surgeons, Dr. Edgar M. Holmes from Associate Surgeon for Plastic Operations to Surgeon for Plastic Operations, and Dr. Daniel Miller and Dr. George Kelemen from Clinical Assistants to Assistant Surgeons.

After the business meeting the members of the Corporation and Board of Managers heard a review of the new Retina Service by Dr. Charles L. Schepens.

Dr. Garrett L. Sullivan, Assistant Surgeon in Ophthalmology at the Infirmary and General Director of the Boston Eye Bank, delivered a speech on the Eye Bank at a meeting of the Belmont Chapter of the Lyons Club on February 8.

Dr. Edwin B. Dunphy, Chief of the Ophthalmological Service, will speak on "Ophthalmic problems of middle age" at the Annual Meeting of the National Society for the Prevention of Blindness on March 16, in New York City, after which he will travel to San Francisco to attend the meeting of the American Board of Ophthalmology on March 24.

V. Everett Kinsey, Ph.D., who is doing Eye Research work at the Infirmary, will also speak at the Annual Meeting of the National Society for the Prevention of Blindness, in New York City. His subject will be "Retrolental fibroplasia—Blindness in premature babies".

Dr. Henry T. Shaw, a graduate of Oxford University, sailed on February 18 from England, to start his residency in Oto-Laryngology at the Infirmary.

Dr. Bruce White, from Emory University, Pickens, South Carolina, spent two weeks at the Infirmary studying and observing in the Ophthalmological Department.

An exhibition explaining the Stone-Jardon Eye Implant, a movable plastic eye implant, was on display in the Brick Corridor at the M.G.H. during the early part of February.

The implant was developed by Dr. William Stone, Jr., who finished his residency at the Infirmary the last of January, and Mr. Fritz Jardon, of the American Optical Co., Southbridge, Massachusetts.

Dr. Stone won the Bronze Medal for original investigation for his exhibit at the Annual Meeting of the American Medical Association in Chicago last June.

* * *

Mrs. Shirley Nelson Shuman, one of our volunteers, has submitted this very interesting and moving account of some of her experiences while on duty in our Blood Bank.

DROPS OF KINDNESS

Once a week I devote an afternoon to the feeding of donors at the Blood Bank. This experience alone has made an altruist of me.

Side by side, these donors lie on cots behind an unsuccessful curtaining off from the rest of the basement. There is no real rest here. There cannot be. The overhead pipes and the dingy walls are hard on the eyes. The tramp of feet and the rise of workers' voices from beyond the curtain are hard on the ears. Yet, except for an occasional balking at rest in general, the donors do not complain. They come to donate blood as a means of saving a relative or friend or stranger. In that spirit of service, they accept conditions as they are, without asking questions.

They are happy as they enter the feeding room. "Been to all kinds of hospitals to give blood," is the usual comment, "but never had the expert service they give here. Why, they're whizzes—these doctors and nurses. Know their work like nobody's business. Could find my vein at a glance. At some other places I've been, they poked and pricked and still couldn't find it. . . . And they're human! When I entered, I was shaky, but it didn't take them long to make me feel at home. Kindliness and good humor go a long way."

In that spirit of unbending and unfolding, these donors tell many anecdotes that make one glow all over at the goodness of mankind —an attitude so particularly essential in these times of war hatchery, of distrust of nations and peoples, and of prejudice and antagonism.

Here are a few:

Five stalwart brothers lay side by side. They had donated their blood to save the life of a brother's mother-in-law. "It would be ghastly if she should die of that brain tumor operation," one of them told me. "We'll hang around in Boston for a while. One of us comes from California, another from Texas, and if she needs more blood we'll be here to give it."

A woman, with a face that an El Greco would have liked to have painted, confided in me. "It took me a long time to combat my anemia with liver. Ugh! When I think of it—all kinds of liver, even raw, and for breakfast, too! But I'm glad, for otherwise I would not be able to help my mother-in-law. She's such a fine old lady, so beautifully busy, until gangrene from her diabetes set in in her legs. She's had one leg amputated. Now the other is to go and she doesn't want to live. But she must. I'll keep at her so much that she'll want to."

From the far corner of the room came the restless movement of an Amazonian specimen of a woman. "It's a shame I should deprive someone else of the use of this bed—someone more in need of rest than I. You people here are wonderfully good to us. At some other places, we are not required to rest fifteen minutes. Personally, I can get along without it. I've given twenty-seven donations, during and since the war. If my neighbor knew I was giving another one, and for her, she would be upset. She asked me not to, before she went for her operation, knowing how much I've already given. But I figure what she doesn't know won't hurt her, and she's so run down she needs all the blood she can get. Besides, I've got so much of it, it would be a shame to hold onto it. As a matter of fact, I feel better after giving. Maybe it's because I'm so full-blooded." Her smile was like a benediction when she concluded.

Race consciousness becomes a figment of the imagination, as white and negro share and share alike. One quiet negro youth gave his twelfth donation for the Veterans Administration. When his period of relaxation was over, he inquired courteously about his type of blood, having been told at one place that it was A, and at another that it was O. "I know I can get the accurate information at this Blood Bank," he said, smilingly. "I have seen evidences of thoroughness and consideration here that are rarely matched elsewhere."

The same refinement was evidenced in a petite head nurse—a mulatto. "Don't bother giving me any beverage and crackers," she implored in mellifluent tones. "The Nurses' Home is close by. Save the refreshment for someone else. I can wait."

Class distinctions, also, are swept aside as the lowly laborer lies beside the aristocrat. Here—to paraphrase Dante—a man lowly born can indeed a noble become, for he immediately becomes noble because of his goodness in giving, and the low estate of his ancestors is forgotten. Blood makes brothers of man.

The contractor giving for a worker hurt on his construction job, the department head for a laborer, the engineer for a janitor, and—conversely—the painter for his boss, the maid for her mistress, the section hand for a railroad executive bear out the breaking down of barriers. Labor and capitalists take heed. Blood is thicker than money—or class.

Incidents are countless. A man came in the other day in overalls streaked with paint, right from his job, because he had heard while working that the wife of a *former* employer needed blood to undergo an operation. He could not hurry to the hospital fast enough to give his share.

Similarly, a man who had been driving his truck all night came in, sleepy-eyed but willing to contribute to the saving of a life—his sister's neighbor—a woman he had never seen.

Strange family troubles come to light in the letting of the blood. A man, who had been estranged from his wife, gave his eighth donation to save her life. A daughter, who was bitter against her father for his drunkenness, not only donated her own blood to succor him from a cirrhosis of the liver, but had rounded up for the same purpose relatives and neighbors as well.

Anonymous givers are legion. When newspapers carried an appeal for blood donations to help a little boy who was horribly burned, many who responded were people who did not know him, but answered through sheer kindness. To date, the little boy—now ten, who has spent five years in hospitals, with eighty transfusions to his record—is coming along slowly but surely, thanks to these very people.

Sometimes people will respond as a kindly gesture for the family of the recipient. One such was a young man, a fine specimen of manhood, who was giving his blood for a woman of thirty-three with third degree burns.

"She smouldered right through her quilted robe, but was too drunk to know it until morning. Cigarette smoking in bed did it."

"Do you think this experience will change her?" I asked.

"Not in the least. She'll drink harder than ever when she gets to looking like a human being again, and she'll make as big a mess of her life as she did before. Divorced three times already, but that won't keep her from being divorced three times more. She's got a lot of courage, though—cheerful and bright as if nothing had happened. You should see her—swathed in bandages beyond recognition. But you've got to hand it to her. Anyone who can smile as she does is someone special, in spite of her life. In fact, I'm going right up there now to say hello. And more—if she'll let me. . . . "

On another afternoon there were four hefty females who surrounded their puny brother-in-law. "Take good care of him. He's sweating, the poor thing. Scared as a rabbit before he came here. Better let him have a whiff of spirits of ammonia," they teased. Talk about the weaker sex!

Taking it by and large, the Blood Bank of the Massachusetts General Hospital is one of which the hospital can be inordinately proud. For its thoroughness of examinations of prospective donors, the doctors should take a bow. An accolade should also be bestowed upon the nurses, laboratory workers, secretaries, Gray Ladies, and volunteer workers for their fine precision and for their wonderful understanding and consideration of the patients. Naturally, these qualities are evidenced in abundant measure in the doctors, also.

That the donors are grateful for all that is done for them is something that the hospital should cherish. Time and again they express their appreciation. The finest compliment was paid the other day by a truck driver who came rushing in.

"No time to rest," he howled, after he had given his blood. "My truck is out there by the parking meter and I've got a job to do. What do you think I am—crazy? Me rest—and in the middle of the day!"

But he did rest—so well, in fact, that he fell asleep. When aroused, he rose sheepishly, ate his refreshments, and when he left, said, "Thank you for your very nice treatment, and thank them in *there,* also. By heck, you all make a man feel he's *something!*"

New addresses:—

Dr. David W. Compton (*r.p. An.* 1946), Box 171, Mercer Island, Wash.
Dr. David Gamsu (*r.s. NS* 1948), Florence Nightingale Private Hospital, Kotze St., Hospital Hill, Johannesburg, South Africa.
Dr. Walter E. Garrey (*ES* 1933), 1180 Beacon St., Brookline 46, Mass.
Dr. Raymond F. Kuhlmann (*r.s. Or.* 1948), 288 Main St., Burlington, Vt.
Dr. Earl B. Sanborn, Jr. (*r.s. NS* 1943), Dept. of Surgical Pathology, 630 West 168th St., New York 32, N. Y.
Dr. Clifford J. Straehley, Jr. (*WS* 1947), 7834 South Tacoma Way, Tacoma, Wash.

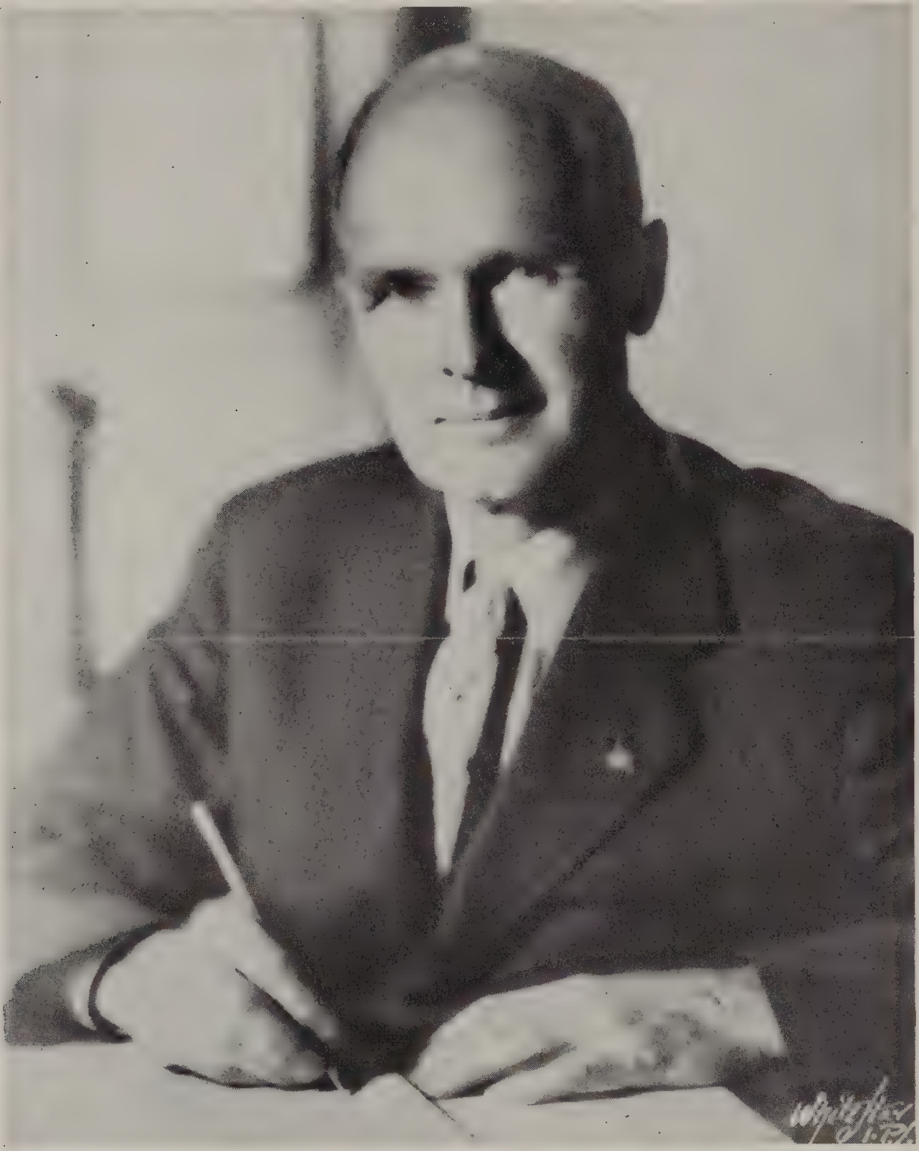
Brief bits:—

Dr. Henry K. Beecher is to give the Kellogg Lecture at George Washington University, Washington, D. C., on March 8. His subject will be "The surgical physiological aspects of resuscitation".

Dr. Stanley Cobb has been invited to give the Thomas William Salmon Lectures on Psychiatry and Mental Hygiene in New York City next November.

Dr. Jacob E. Finesinger was Visiting Professor of Psychiatry at the University of Maryland during January.

Dr. Joe V. Meigs spent the month of February lecturing in the middle and far West. On February 7 he delivered the 28th Annual Beaumont Lecture in Detroit, before the Wayne County Medical Society. His subject was "Modern concepts in the treatment of carcinoma of the cervix". From Febru-



No. 15 in a series of Staff photographs
Dr. James C. White — Chief of Neurosurgical Service

ary 14 through 19 he read five papers at the California Obstetrical and Gynecological Postgraduate Assembly in Los Angeles. His subjects were "Carcinoma of the cervix", "Endometriosis", "Carcinoma of the ovary", "Dysmenorrhea", and "Incontinence of urine". On February 21 he lectured on "Carcinoma of the cervix" before the San Diego Gynecological Society.

Dr. Langdon Parsons has been made full Professor in Gynecology at Boston University and Massachusetts Memorial Hospitals.

Dr. Laurence L. Robbins read a paper on "Correlation between the roentgenologic and pathologic findings in chronic pneumonitis of the cholesterol type" at the Annual Meeting of the Radiological Society of North America, held in San Francisco last December. Dr. Ronald C. Sniffen was co-author. The exhibit illustrating this work won the Third Prize in the Scientic Exhibit associated with the meeting.

Dr. Judson A. Smith left on February 1 for his annual vacation. He flew to England, and will visit Switzerland, San Remo, Italy, the French Riviera, and Paris.

In order to accommodate material to space last month, it was necessary to omit two lines of print which followed our quotation from Mr. Edward A. Weeks's radio address on Dr. Harvey Cushing. Those lines reminded our readers that besides being Editor of the *Atlantic Monthly,* Mr. Weeks is a member of our MGH Corporation.

Dr. Frederick Wyatt has accepted a full-time appointment at Cushing General Hospital.

Dr. Faxon has received a letter from Dr. Chiu-an Wang (*WS* 1944), Acting Director at the Hackett Medical Center-American Presbyterian Mission, Canton, China. It is dated January 21, and says in part:

> We have been with this Medical Center since we left Lingnan University and Canton Hospital last August. The work here has been heavy, especially with the addition of the administrative load. However, I still manage to be able to do some very interesting surgery.
>
> We now have two daughters — Irene, age one year and eight months, and Alice, three months. They both grow rapidly.
>
> With the moving of the Nanking Government to this city we are expecting the cost of living will jump again, and that life in this part of the country will be more difficult. We all hope for a compromised peace.

We wish Dr. Wang would write a long letter to The News very soon. We are sure he could tell us much about present conditions in China which would be of great interest to all his many friends over here.

A short note from Dr. Albert J. Stunkard (*M* 1946) gives a new address—Johns Hopkins Hospital, 601 North Broadway, Baltimore 5, Maryland. In addition, he says:

> Please excuse the haste with which this is being sent, but I wanted to notify you of my new address.
>
> I've enjoyed reading The News. Hope you are all getting along well.

Haste and brevity will be excused only on one condition, Dr. Stunkard — that you send us a longer letter soon. Because of your recent experiences in Japan, you, as well as Dr. Wang, can give us an interesting first-hand account of conditions in the Orient.

We have received a very interesting letter from Dr. William J. Tobin (*Or.* 1939). His address is 1835 Eye Street NW., Washington 6, D. C., and he writes:

> I recently returned from a visit to the Army hospitals in the American Zone of Germany and Austria. The trip was made as Civilian Consultant in Orthopedic Surgery to the Surgeon General of the Army. It was most interesting, but November and December are not the best months of the year to fly across the Atlantic and Europe. The weather was consistent — consistently bad. The trans-Atlantic trip was made in a Navy plane, as a part of MATS. We began by being grounded for two days in Newfoundland. The trip across was uneventful, except that we could not land at Frankfort. Because of the weather we had to come down at Wiesbaden. There we found the Airlift performing a perfectly magnificent piece of work.
>
> The orthopedic center at Stuttgart is functioning well and the type of work being done there is of a very high level. The medical officers through the entire European Command are doing a good job. The majority of the officers are young men, and they seem anxious to have the consultants visit the hospitals. The replacement of the young medical officers, upon the completion of their overseas tour of duty, is a serious problem. The furnishing of young doctors for the Army is a challenge to the medical profession, which I feel the profession will surely meet.
>
> In addition to visits to the Army hospitals, I had an opportunity to visit the Universities at Frankfort, Heidelberg, Zurich, and Vienna.
>
> Traveling through Vienna was an interesting experience because it is behind the "iron curtain" and it was necessary to have, in addition to the regular Army orders, orders written in Russian for travel through the Russian Zone of Austria, in order to reach Vienna. I visited Böhler's Clinic in the Russian Zone of Vienna.
>
> Following the completion of my tour for the Army, I came back through Paris and London. Although the trip was a hurried one, it was an interesting experience.

Dr. Robert N. Rutherford (*WS* 1938) has responded to our appeal for news about himself and gives us much in a few words. He writes:

> My own particular MGH surgical class is represented here in Seattle by Chuck MacMahon and me. He is doing surgery and I am doing obstetrics and gynecology. The latter manages to continue a busy practice because of our various university student G.I. housing projects which keep the problem ever present.
>
> Am delighted with the Northwest because of its out-of-door pursuits and people, most of whom came from Iowa or the Dakotas.
>
> Have three children, with another competitor on the way. Edit the *Western journal of surgery, obstetrics and gynecology.* Am on the staff of the new University of Washington School of Medicine which has attracted a number of old Harvard and MGH friends.
>
> Henry Garrigues (*WS* 1939) is also here, doing vascular surgery and making quite a name for himself.
>
> All in all, I feel that this is a challenging area in medicine.
>
> Enjoy The News greatly and read it *before* my copy of ***Time.***

THE NEWS

Massachusetts General Hospital 1811

No. 78 Boston, Mass. April 1949

SOCIAL SERVICE AFFAIRS

In October 1905, on the first floor of the Out-Patient Building, opposite the lunch counter, medical social work was born. Prior to this time such service was unknown; now no hospital in the United States, of any size and of high standard, is without such a department, and in many other countries the example has been followed. Initiated by Dr. Richard C. Cabot, then Out-Patient Physician, and supported by Dr. Cabot and a group of public-spirited citizens, two social workers were employed to help make medical care more effective by attempting to deal with whatever in the patient's personal or social situation interfered with the carrying out of medical care. As early as 1907, Dr. James J. Putnam, a staunch supporter of development of the work through the years, was active in starting neuropsychiatric social service in the Neurological Clinic. By 1914, the medical social service had been extended to patients on the wards, and at that time the Trustees recognized Hospital Social Service as a part of the hospital system by creation of the office of "Chief of Social Service". Miss Ida M. Cannon, who from 1907 had been head worker, was appointed Chief in 1914—a position she held until her retirement in 1945. With understanding, patience, and great wisdom she, more than anyone else, was responsible for the growth and spread of medical social work throughout this country and the world. Dr. Frederic A. Washburn, as Director through the growing years, was at first a sceptic, but later a staunch ally. His challenge to the department to prove itself, and his fairness and wholehearted support contributed much through the years. In 1919 the Trustees voted: "That the Social Service Department be from this time forward considered as an integral part of the Hospital, both administratively and financially; and that the present Supervisory Committee be continued, and that due regard be given to its recommendations." Thus, after fourteen years of probation, the department became a definite part of the hospital.

Associated always with clinical care and operating only at the request of clinicians, the work of the department has shared the goals and aims of the hospital in its three functions: complete care of the patient, teaching, and research to improve that care. The "social laboratory" has become an integral part of the complete diagnostic and treatment procedures for patients.

CARE OF THE PATIENT

From the early beginning of two workers limited to the Out-Patient Department, we now have a staff of 35 professionally educated and experienced workers who cover every clinical service of the hospital — ward and out-patient — including Baker Memorial and Phillips House. In 1929, request was made by the Trustees to include social service for private patients in Baker Memorial, and with the opening of that unit in 1930 a worker was assigned there. Almost from the beginning the worker in Baker has taken referrals from physicians of their patients in Phillips House as well as those in Baker Memorial.

In 1948, the department gave service to approximately 10,000 patients — 9,905, to be exact. Many of these patients were referred for additional social study, so that in teamwork with the doctors the social data which surrounds care of the patient might be dealt with as carefully and evaluatively as is the data from the medical laboratory. In the wards and clinics referrals were made for specific problems in order to make effective plans for convalescence, nursing home care, the carrying out of medically advised regimens at home, admission to sanatoria, rehabilitative plans so that medical care will produce physical, mental, and social well-being, chronic and terminal care, arrangements for family maintenance during illness, necessary transportation to and from hospital, and suitable discharge plans to insure the maximum benefits from the skilled medical care. During the year, the department arranged for payment of ancillary medical expenses for patients, such as nursing home and convalescent care, apparatuses, dentures, housekeepers, transportation, etc. to the amount of $29,721—this amount raised from community sources (public and private), from special funds given to the department, and from patients and families on a time-payment basis.

It is difficult to mention all the many services and their special problems. In general, problems of chronic disease and its management are of major significance. Almost two-thirds were of this nature. Geriatrics and increasing longevity bring additional problems to patients and the community.

In the Orthopedic Service, Mrs. Hazel T. Fritz constantly strives to meet major problems of rehabilitation and adaptation to terrific physical handicap. Skillful orthopedic surgery is of little value unless the patient can become reasonably useful to himself, his family, and his community.

The Children's Cardiac Service, long famous throughout this country and elsewhere, has offered complete and continuous care for children with rheumatic fever and heart disease. In 1914, the Committee for the Home Care of Children with Heart Disease was formed. Its activity through the years in supporting medical-social home visits by social worker and physician, the services of craft worker in home and shop, school teachers and tutors at home, housekeepers, and the formation of Mothers' Club and In-Bed-Club have led the way for adequate rehabilitation and preventive care. It is interesting to note that at present the plans initiated in New York hospitals, written of as pilot studies, are very like the home care which has been carried on here for years. Miss Terry and her staff have added much to the development of continued care in hospital and home. To a less organized degree, home care for our patients has always been the primary service of the total department. We look forward to expansion of a medical extern service which may mean more continuity of medical and social care.

Departmental statistics show that the cardiovascular diagnostic group represents over thirty percent of patients served in the general medical services—ward and clinic—excluding specialized clinics. With increased interest, study, and support through private and public funds we hope to offer additional information from the social laboratory regarding the relationship of social and environmental factors in etiology, diagnosis, and management of these diseases.

The Emergency Ward requests rapid handling of complicated problems. Many patients needing terminal care, temporary convalescence, or nursing home are seen. Early referrals by doctors and adequate Social Service coverage would pay dividends in terms of reducing hospitalization or re-entry to Emergency Ward by giving time for constructive, suitable social planning from this "traffic center" of the hospital.

As an integral part of clinical care, the conference method has developed throughout the services as a means of review and referral, the sharing of information, and the making of suitable treatment plans. Rounds and conferences, in which Social Service participated as far back as 1935, have been further extended and deepened in the teamwork relation within the past few years. Miss Dorothy E. Kellogg, Supervisor of Social Service for the medical wards and out-patient clinics, describes the medical-social ward conferences as follows:

"Medical-social conferences on the wards have progressed significantly this year as an established part of hospital practice. Almost without exception, they are attended by the Visiting Physician once a week on each ward from 10:30 A.M., for one hour or more, to assess problems requiring referral to Social Service, and to share social data pertinent to the care of patients. A high level of teamwork has been evolved. The conferences are conducted by the Assistant Resident on the ward and attended by the entire ward team, including 4th year medical students, head nurse, ward social workers, and others involved in the patients' care, or student nurses who attend for teaching purposes as agreed to by the Resident. The hospital's tradition of care of patients is entrusted to an ever-rotating group of interns and other personnel, under the guidance of their consultants and members of the Visiting Staff. We have learned much, and the care of patients has, we believe, been measurably furthered by our medical-social ward conferences. They have made it possible to function as a team, to plan our work more effectively, to experience the disciplines of the scientific approach to interrelated medical-social-emotional problems in illness, and to facilitate optimal use of the hospital by adequate and prompt discharge plans which serve the interests of patient-family-community. These social plans are aimed to safeguard gains made during hospitalization and to mobilize community resources appropriate to the requirements and dignity of whatever after-care, outside the hospital, the patient and the family may require. Conferences have been attended by many visitors from other hospitals and other countries, as a source of exchangeable teaching and services. The conferences are chiefly for work purposes as a team engaged in care of patients. Our concept is that they help to achieve some of the social goals of medicine."

Rounds and conferences are held weekly on practically all services, with the exception of surgery.

To make social data further available, each patient known to Social Service has, as a part of his medical record, a Social Service sheet ("pink sheet") which summarizes social data and treatment.

Josephine C. Barbour,
Chief of Social Service

(The conclusion of this article by Miss Barbour will appear in the next issue.)

* * *

Miss Agnes V. Dunn, who has been an Executive Assistant in the Phillips House since 1920 and Assistant to the Director for the past two years, has been forced to resign because of ill health. We are very sorry to see her leave.

Mrs. Constance Braman, who has been an Executive Assistant in the Phillips House, was appointed to succeed Miss Dunn as Assistant to the Director and assumed charge on March 21.

* * *

At the March 18 meeting of the MGH Research Council, Dr. Louis H. Hempelmann spoke on "Radiation injury".

OFFICIAL NOTICE

REPORT FOR 1948

During 1948 a determined effort was made to decrease expenses and increase income, in order to remedy the truly alarming deficits of the preceding three years. I am happy to report that we were successful and the deficit was reduced to $53,000.

Salaries and wages		$3,581,204
Supplies and expenses		2,189,273
		$5,770,477
Gross earnings	$5,407,589	
Less—Free service	935,175	
Bad debts	249,841	
Net earnings	4,222,573	
Other income	616,779	
Total hospital income	4,839,352	4,839,352
Operating deficit		931,125
From Treasurer		877,772
Deficit		$ 53,353

In addition $468,426 was used to support Research in the various hospital laboratories. Some of this was from Hospital Research Funds, but most of it came from Special Grants.

For 1949 we will have to face another increase in budget allowances—fortunately, not as great as last year. To meet it we will have to use the same measures as before, namely, an increase in rates to patients and the practice of economy and efficiency in operation.

We all must be true to our New England heritage and waste neither time nor material. Save heat, save light, save water, save everything that can be saved. Treat hospital equipment and supplies as though they were your own. If every one of the 2,000 of us does this, many thousands of dollars can be saved.

Our salary and wage scale and hours of work now compare favorably with scales and hours outside the hospital. Work is regular and steady. We all can be proud of being a part of the M.G.H.

The Trustees and Director express their appreciation for the conscientious services of all during the pas' year and their expectation that the same spirit of service will be present during the coming year.

N. W. Faxon, M.D.,
Director

On Monday, March 21, Ward 4 was named for its benefactor, Mr. Edward Mallinckrodt, Jr. There were dedicatory exercises in the Ether Dome, a tablet in the Ward was unveiled, and a tea party in the Medical Staff Room was given for the invited guests by the Ladies' Visiting Committee.

* * *

Dr. Geoffrey Edsall (EM 1936) has been appointed Professor of Bacteriology at Boston University School of Medicine. Dr. Edsall has been Director of the Biologic Laboratories of the Massachusetts Department of Public Health for the past seven years, and has taught special groups at several local medical schools and colleges.

The Board of Trustees, at their meetings on February 18 and March 4, voted:

To accept with regret the resignation of Dr. Langdon Parsons and to appoint him to the Board of Consultation;

To accept the resignation of Dr. Wyman Richardson with great regret and to appoint him to the Board of Consultation;

To grant Dr. Robert S. Grier leave of absence for a period of two years.

To appoint:

Dr. Frederick C. Goetz as Resident in Medicine for one year, beginning October 1, 1950;

Dr. Carl W. Gottschalk as Assistant Resident in Medicine, beginning July 1, 1950;

Dr. Albert J. D. Michel as Assistant Resident in Anesthesia for six months, beginning March 1;

Dr. Kenneth P. Nash as Assistant Resident in Psychiatry, beginning July 1;

Dr. Robert F. Wilson as Assistant Resident on the Children's Medical Service from March 1 to June 30.

At their meetings on February 9, 16 and 23, and March 2 and 16, the General Executive Committee voted:

To promote Dr. J. Roger Newstedt to the position of First Assistant Resident in Surgery, as of March 1.

To appoint:

Dr. Sergio d'A. Aguinaga as Clinical Fellow in Urology for the period January 1 through June 30;

Dr. Willis H. Bower as Clinical Assistant in Neurology for the period February 19 through June 30;

Dr. James M. Brown as Clinical Fellow in Medicine for one year, beginning September 1, to work with Dr. Donald S. King;

Dr. Bodil Farup as Research Fellow in Psychology, to work with Dr. Lucie J. Jessner;

Dr. Ralph Hawkins as Clinical and Research Fellow in Neurosurgery for the period February 1 through June 30;

Dr. John H. Lamont as Clinical Fellow in Psychiatry for one year, beginning July 1;

Dr. Daniel M. Miller as Clinical Fellow in Surgery, assigned to the Tumor Clinic for one year, beginning July 1;

Dr. Albert O. Seeler as Clinical and Research Fellow in Medicine, assigned to the Occupational Medical Clinic;

Dr. Robert J. Tracy as Clinical Fellow in Surgery for one month, beginning March 1;

Dr. Albert L. Wanner as Clinical Fellow in Neurology, assigned to the electroencephalographic laboratory for three months, beginning March 1.

* * *

Mrs. Shirley Nelson Shuman's article on the MGH Blood Bank, which was published in our March issue, had been held over for six weeks or so because of lack of space. By the time it appeared in print, our new Blood Bank had been opened, and we hasten to counteract the impression of a somewhat dreary setup here, which was a correct description of the old Blood Bank, with Mrs. Shuman's brief account of our new quarters. She says:

The first of March marked the official opening of the new Blood Bank in what had been the pharmacy quarters in the Domestic Building.

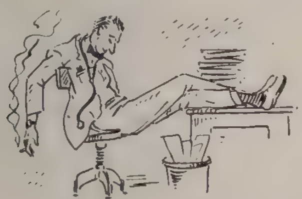
The contrast with the dingy basement is stupendous. Good light, fresh air, and comfort are everywhere. Fluorescent lights and softly shaded walls ease the eyes; while below, covered floors soften the tread. As an adjunct to well-being, the air is cleansed and regulated by air-conditioning. To further enhance enjoyment, the bricked and arched walls in pastel blue and peach offer an inviting background to Dr. Soutter's collection of historical and picturesque prints. Over and above, are the cheery smiles of the capped nurses in smart uniforms, who had heretofore been subjected to headgear and coats in the old basement quarters.

Concentration of space makes for convenience and efficiency. This is first evidenced in the reception hall, where the secretary, clerks, and technician work in close proximity. Benches for the donors fill the center of the room, near which are the examination rooms and lavatories. Offside is the feeding corner which, because of its compactness, allows for closer contact between volunteer worker and donor. To complete the convenient arrangement, the coat racks, with consecutively numbered hangers, are directly in back.

Further convenience and efficiency are supplied by the bright and sunny blood-giving and resting room. Here, the donors rest *directly* after giving blood, without being moved, thereby eliminating dizziness. In the basement, donors were moved to a separate resting room — which was far from being that, as constant noises from the corridors disturbed the resters.

The arrangement of the laboratory, too, provides for the greatest economy of movement and efficiency.

Here's to success to the new Blood Bank!



Every member of the House Staff will recognize himself in the above picture, the drawing for which was done by Dr. Hermes C. Grillo, now one of our Surgical Interns and soon to become a member of the Resident Staff. But what you may not know is that the cut is to be used in the future as the insigne to head a newly-launched House Staff column. So far, no space has been given to these members of the hospital family, and we have felt for a long time that The News does not stand as a complete MGH publication without including this branch of our professional staff.

When we first mentioned this idea to one of our Residents and told him we should need a symbol for the column, he immediately replied, "I've been in the operating room since two o'clock this morning, and at the moment I can think of nothing any more appropriate than a picture of Atlas holding up the world! But, lest we might give the impression of a feeling of over-importance, something else could better be used." He suggested Dr. Grillo for the job, and the above is the result.

We are off to a good start in this number with the article below, by Dr. Grant V. Rodkey, and we hope to continue this House Staff column, without interruption, in future issues. Instead of sending an identical letter to each member of the House Staff, we are extending to you all, now, an invitation to contribute to The News, and are asking that you read the letter to the House Staff, posted on the bulletin board near the foot of Treadwell stairs, as if it were addressed to each of you individually.

SOME PROBLEMS IN CHINESE MEDICINE

When our Editor first requested a short account of my experiences in relation to medicine in China, it seemed unwise to submit such a paper because of the complexity of the problems of Chinese medicine and my relatively short contact with these problems. My tour of slightly more than two years in China is inadequate preparation for a thorough discussion of this subject. However, perhaps some remarks on the general aspects of medical problems in China would not be too misleading.

At the outset, it is impossible to divorce the problems of medicine from the background of poverty and social unrest which is so prevalent in China. When one considers the appalling conditions of overcrowding in poor, unheated houses; the widespread, stark starvation and still more prevalent nutritional deficiencies; the almost-universal lack of modern sanitary facilities; the necessity of using night soil for fertilizer; the dislocation of population, the disease, and the injuries incident to the war with Japan and the present Civil War—when one considers all this, the picture begins to fit into its frame of reference. It seems only natural, under such circumstances, that tuberculosis should be rampant, that infant mortality should be very high, that endo- and ectoparasites should be alarmingly common, that infectious diseases (including smallpox) should ravage large numbers of the people, and that enteric diseases should be well-nigh universal. (Someone has said that, in the absence of reliable statistics to the contrary, constipation seems to be the rarest disease in China!)

In addition, the scarcity of drugs of every type, the paucity of hospital facilities, and the very limited number of public health workers, nurses, physicians, and other technically trained personnel are factors which limit effectiveness of attempts to control the conditions outlined above.

There are, of course, elements in the society which mitigate the rather discouraging picture as thus drawn. Foremost among these is the awareness of the problem among many able Chinese leaders—both lay and professional. The Chinese Medical Association is a dynamic and growing organization. Relatively heavy emphasis has been placed upon the preventive and public health aspects of medicine. Furthermore, there is a determined effort exerted to train larger numbers of physicians and other medical workers. There are a number of medical schools in China and, although the standards of medical instruction are variable, many of them do a very creditable caliber of work — especially creditable when one considers the circumstances under which they operate. Sponsorship of these schools is usually by the Government or by Foreign Missions. Peking Union Medical College is essentially an independent institution at present, but it has only recently begun to operate again since the war — the first class enrolled about eighteen months ago — and the recent turn of political affairs may further affect its plans.

In addition to domestic facilities for medical training, the constant presence here at M.G.H. of Chinese graduate students in medicine or surgery reminds us that China is taking advantage of foreign training opportunities which will help to improve the quality of medical care at home.

In conclusion, one wonders what course the future development of medicine in China will take. Any detailed prediction would almost certainly prove to be erroneous. However, in general, one is left with the conviction that the practical, intelligent, patient effort of those leaders who work to translate the knowledge of modern medicine into concrete improvement of health and the alleviation of suffering among millions of "medically indigent" Chinese will come to fruition.

Grant V. Rodkey, M.D.,
(*WS* 1943 & *2nd asst. r. in S*)

* * *

Probably many of you have seen Dr. Sheo-Nan Cheer (*EM* 1922) round the hospital during the last few weeks, but perhaps not many of you have had the opportunity—as we did— to sit down with him and hear his story of almost incredible patience and persistence in the face of staggering vicissitudes in China over the past several years.

Here, in brief, is what Dr. Cheer told us:

I ended service here at M.G.H. on March 31, 1922 and went to China, to the Peking Union Medical College as Resident in Medicine for about three years, then as Associate in Medicine on the teaching staff. In 1926 I came back to the United States and spent a year at the Western Reserve University Medical College, in Cleveland, working for Dr. C. J. Wiggers, Professor of Physiology, on cardiovascular diseases. In 1927 I worked for about six months with Dr. Arlie V. Bock on the acid base equilibrium of the blood, at the Harvard Fatigue Laboratory.

I returned to Peking in 1928, where I stayed until 1934 as Assistant Professor in Medicine at Peking University Medical College.

In 1934 I was called by the Chinese Government to be Physician-in-Chief and Medical Director of the Central Hospital, Nanking. At that time I began to organize the Medical College of the National Central University, and at the same time I was appointed Dean of the Medical College, which was organized in 1935.

In 1937 we were forced out of Nanking by the Japs and the whole University moved to western China, to the Province of Szechuan. The Medical and Dental Colleges moved to Chengtu, while the rest of the seven colleges of the University went to Chungking. At that time we were guests of the West China Union University, where they had Dental and Medical Schools. In 1938 the Cheerlo Medical College of Shangtung also moved to the campus of the West China Union University. Therefore, they had three medical colleges in Chengtu City. Through the financial help of the Rockefeller Foundation, the three medical colleges and two dental schools were combined in the teaching and a United Hospital of Associated Colleges in Chengtu was also organized. I was the Director there.

We all worked together for four years, but because of the increasing number of students, and also because one unit of the United Hospital was destroyed by fire, we utilized three missionary hospitals in Chengtu for teaching purposes. After this fire we organized the Chengtu General Hospital for the National Central Medical and Dental College. I was also and again Director of this new hospital and dental school, while the Cheerlo and West China Medical Colleges continued their union. I stayed there for four years—spending eight and one-half years, altogether, in Chengtu.

In the fall of 1945 and early 1946—during the V-days—the whole University, plus Medical and Dental Colleges, moved back to Nanking. Our buildings and all our equipment had been destroyed and we had to find new accommodations. Before we left Nanking the students had numbered 500. While away, the student body of the University had increased to 5,000. The Medical and Dental Colleges had grown from 100 to 360 from the time of our leaving Nanking to our return. We were very fortunate to obtain a piece of land through Government allocation—more than 1,000 acres, including some old buildings to accommodate the Colleges of Medicine and Agriculture. The rest of the University remained at the original site in Nanking. Some of the buildings had not been totally destroyed, but we had to use classrooms as sleeping quarters for students and staff.

Rent is prohibitive in price for a professor. At the present time, a professor gets a salary of $5.00 in gold per month. We spent billions in inflated dollars to build dormitories for students and staff. Most of the buildings were completed by 1948. The students were moving in in 1947, and the staff in 1948.

As far as the Medical College is concerned, we have rebuilt laboratories and classrooms, and have a hospital of 250 beds. Equipment for the hospital was obtained through UNRAAC and the American Bureau of Medical Aid to China. Recently, with the internal war going on, the University is again suspended, staff dispersed, and the Medical and Dental Colleges broken up.

In 1948 I was unwillingly dragged into being Acting Chancellor of the University, but I wanted to run away from administrative work. There are eight different colleges and each college has a Dean. With permission from the Government, I asked the Dean of Deans to take my place, and in June of 1948 I was appointed by the Government as Chief Delegate to the World Health Organization in Geneva.

So far, I have refused all calls to return. I shall stay over here until May 1949 and then I shall return to China.

I have no future plans.

If we may be permitted a comment of a personal nature, Dr. Cheer is most appropriately named, for at no time during his talk was there the slightest suggestion of rancor or martyrdom. Rather, he told his story as if he felt that his own particular experiences were different in character only, and not in degree of intensity, from those encountered by others during the past few years.

MASSACHUSETTS EYE & EAR INFIRMARY

FINANCIAL REPORT

At the Annual Meeting of the Corporation of the Infirmary in February, the financial statements and statistics of the Infirmary were drawn up on large cards for the interest of the new members of the Corporation, as follows:

PERSONNEL IN 1948

Doctors on Active Medical Staff	98
Doctors on Consulting Staff	22
Resident Doctors in training	20
Graduate Nurses	56
Student Nurses	19
Other personnel	198
(Excluding personnel shared with M.G.H.)	
Total	413

SERVICES RENDERED 1948

Out-Patient Clinic visits	74,195	
Emergency Ward visits	5,080	
Free care—out-patients & emergency		25.2%
Patients admitted to hospital	6,610	
Average days' stay in hospital	7	
Total patient days in hospital	49,284	
Free care in hospital		10.5%
Total free care in dollars	$137,015	
Operations	6,093	
X-rays	5,641	
Laboratory examinations	30,324	

FINANCIAL STATEMENTS 1948

We received:	
From patients	$735,558.95
From endowments	104,371.35
From special funds	49,905.45
From Community Fund	40,500.00
Gifts to be spent currently	9,100.00
Other operating revenue	30,181.90
Total	$969,617.65
We spent:	
Salaries and wages	$600,794.36
Other operating expenses	357,279.54
Renovations & new equipment	64,492.50
Total	$1,022,566.40
Total deficit	$52,948.75
Gifts to general funds	$114,880.64
Gifts to Emergency Building Fund	225,561.01
Total gifts	$340,441.65
What we own:	
Cash in the bank & on hand	$38,258.83
What our patients owe us	31,741.98
What others owe us	10,997.11
Supplies in storerooms	15,725.06
Total	$96,722.98
What we owe:	
For material & services	$15,228.98
Services & supplies purchased from M.G.H.	13,148.17
Advance payments from patients	1,569.05
Total	$29,946.20
These are our funds:	
Endowment & funds restricted to special uses	$1,410,821.40
General funds	1,603,420.03
Total	$3,014,214.43

In commenting on these figures Mr. Henry H. Meyer, President of the Board of Managers, stated that over $60,000 had been spent to purchase new equipment and to renovate the hospital buildings. Without these extraordinary expenses there was a $7,000 surplus from operations for the year 1948.

These are the comparative figures for the last 3 years:

Operating deficit
1946—$2,052.22 deficit
1947— 4,074.64 deficit
1948— 7,043.75 surplus
Extraordinary expenses
1946—$ 9,185.00
1947— 37,255.34
1948— 59,992.50
Total deficit for year
1946—$11,237.22
1947— 41,329.98
1948— 52,948.75

Francis S. Hill,
Assistant Director

The Junior League of Boston, Inc. opened a clothing shop—the "Bargain Box"—at 85 Newbury Street on March 15, the proceeds from which are to go to the Boston Eye Bank and other community services sponsored by the Junior League.

The clothes, the League announces, will be sold on a consignment basis, and it is not necessary that one be a member of the League to contribute articles for the shop.

Suman Chaudharie, from the Mungeli Christian Hospital, C.P. of India, is at the Infirmary taking a graduate course in nursing. Mr. Chaudharie graduated as a male nurse from the Presbyterian Medical Center, Miraj, Bombay, Province of India, and has been sent to the United States for further training under the auspices of Dr. Victor Rambo, well-known Ophthalmologist, and of the Christian Church Mission of Mungeli, Bilaspur District, C.P. of India.

After a six-months' course at Wills Eye and Ear Hospital in Philadelphia, Mr. Chaudharie came to the Infirmary for the two-months' graduate nursing course. When he finishes here he hopes to go to London.

Miss Alma A. Gastongnay, R.N., is also taking the graduate course in nursing. She graduated in the first class of nurses at Essex Sanatorium, Middleton, Massachusetts, in 1925. After doing private duty at the New England Baptist Hospital for a number of years, Miss Gastongnay served with the Army Nurses' Corps in the United States and in the European Theatre for a little over three years. While overseas, she was stationed in Giessen, Germany and Udine and Trieste, Italy.

Dr. Albert E. Sloane, Director of the Refraction Clinic, delivered a paper at the Annual Meeting of the National Society for the Prevention of Blindness in New York on March 16. Dr. Sloane's subject was "Problems of the eyes of the school child".

Miss Eileen M. Gilmartin, Instructor of Nurses, attended the Annual Meeting of the National Society for the Prevention of Blindness on March 15, 16, and 17. She went as a representative of the Nursing Staff of the Infirmary.

Two of the Social Service Staff—Miss Ruth Butler, Case Work Supervisor, and Miss Pauline Moor, Pre-School Teacher—spoke at the meeting of the Institute of the Pre-School Blind Child held at the Falmouth Hotel, Portland, Maine on February 24. The meeting was sponsored by the Department of Health and Welfare of the State of Maine.

Miss Butler's topic was "Meeting emotional problems", and Miss Moor's was "Early training of blind children". Dr. Richard J. Goduti, a graduate of the Infirmary in 1946 and now practising in Portland, spoke on "Common eye disorders in the pre-school child".

Miss Ida Latham, R.N., from the London Hospital, England, visited the Infirmary and the M.G.H. the latter part of February. She was especially interested in seeing the Infirmary clinics and operating techniques, and while here watched three of the more unusual operations — separated retina, total laryngectomy, and the fenestration operation. Miss Latham is traveling through the United States, and is planning to go on to Canada to observe in several hospitals under the Florence Nightingale Scholarship.

Perhaps many of you have noticed a sudden increase in the number of interesting items in our "Brief bits" section, starting last month. Credit for this should go to many of the secretaries to the Chiefs of the various Services, to whom we are now sending simple forms each month to be used for jotting down bits of information concerning the Chiefs in question. This method of procuring information from all over the hospital seems to be a convenient and efficient one, and has already shown very satisfactory results. Your Editor wishes to thank each contributing secretary for her kind cooperation.

We are about to add more secretaries' names to our mailing list, and we hope for additional responses in the future.

Brief bits:—

Dr. Henry K. Beecher (*WS* 1934), Chief of our Anesthesia Service, gave two lectures at the University of Kansas Medical Center on April 4. His subjects were "Recent work on the control of pain with drugs" and "Management of traumatic shock". On April 8 Dr. Beecher will speak on "Further experience in the control of pain" at the meeting of the Southeastern Society of Anesthesiologists.

Dr. Walter S. Burrage (*EM* 1927), Chief of MGH Allergy Clinic and Chief of Allergy, Veterans Administration Branch #1, has recently been elected Secretary of the American Academy of Allergy.

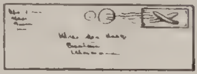
Dr. Don W. Fawcett (*WS* 1943) is one of the 13 new Scholars in Medical Science, appointed by the John and Mary R. Markle Foundation, as part of a five-year program to keep young doctors on the teaching and research staffs of medical schools. Dr. Fawcett's field is microscopic anatomy.

Dr. Chester N. Frazier, Chief of our Dermatology Service, has been appointed an Honorary Consultant to the Army Medical Library by Major General Raymond W. Bliss, Surgeon General of the Army.

Dr. Robert S. Grier (*EM* 1942) has gone to head a division in Industrial and Occupational Medicine at the University of California's Scientific Laboratories in Los Alamos, New Mexico. His work will be partly devoted to research.

Dr. Carroll B. Larson (*Or.* 1938), Assistant Orthopedic Surgeon at M.G.H., was invited by the British Orthopedic Association to go to England for six weeks, beginning March 15. He was chosen as a Boston representative and was asked to come prepared to give two lectures. He will make a tour of the orthopedic hospitals in England and Scotland.

The Class of 1915 of Princeton University has awarded the Class Merit Cup of 1949 to Dr. Joe V. Meigs (*ES* 1921), Chief of Gynecology at M.G.H., for outstanding work and accomplishment.



New addresses:—

Dr. Allen G. Brailey (*EM* 1930), 1180 Beacon St., Brookline 46, Mass.

Dr. Henry S. Fuller (*WM* 1943), Harvard School of Public Health, 695 Huntington Ave., Boston 15, Mass.

Dr. Edward A. Gall (*r.p. P* 1937), Department of Pathology, Cincinnati General Hospital, Cincinnati 29, Ohio.

Dr. Robert W. Gentry (*ES* 1943), 65 North Madison Ave., Pasadena 1, Cal.

Dr. Laurence K. Groves (*WS* 1947), 578 New Post Office Bldg., Columbus 15, Ohio.

Dr. Harriet L. Hardy (*a. M*), Massachusetts Division of Occupational Hygiene, 286 Congress St., Boston, Mass.

Dr. Wilbur A. Sawyer (*WM* 1908), 16 Radcliffe Road, Belmont, Mass.

Dr. Howard B. Sprague (*EM* 1924), 1180 Beacon St., Brookline 46, Mass.

Dr. LeMoyne White (*EM* 1942), 101 Bay State Road, Boston 15, Mass.

Dr. Norman Zamcheck (*P* 1943), Thorndike Memorial Laboratory, Boston City Hospital, Boston, Mass.

Dr. Robert H. Hepburn (*r.s. U* 1943) has taken time out, long enough to send us this note concerning his present activities.

Some time ago you wrote, flatteringly requesting some data from this denizen of that medical fringe that is not M.G.H.

I am gradually getting my teeth, besides my resectoscope, into the urology about Hartford—being on service at the Hartford Hospital, Hartford City Hospital, and the State Veterans Hospital.

Ben White, Starr Lampson, Stew Seigle, and Jerry Green—all ex-MGH—are active workers in our fine new building which is so like the White Building in atmosphere that the incurable MGH virus spurs us the more mightily to make our medicine live up to it.

This letter has come from Dr. Edwin C. Albright (*WM* 1942).

My working address is still Department of Medicine, University of Wisconsin Medical School, Madison.

One more professional hurdle was cleared in the past year with the completion of the examination in October and certification by the American Board of Internal Medicine.

In January I attended a course in radioisotope technique given at the Oak Ridge Institute of Nuclear Studies.

These are the high points of the past few months, which have been filled with other interesting activities—such as medical ward rounds, out-patient work, and some clinical investigation.

My wife, and the two boys (age 6 and 1 1/2), are very happy in Madison. We all will be delighted to see any of the MGH alumni whose steps lead this way.

In response to a note asking for news about himself, came this modest but much appreciated reply from Dr. Harold I. Meyer (*WS* 1925).

Thank you for the opportunity of sending a letter for publication in THE NEWS, but I don't think you had better do that at this time, inasmuch as you published a news item about me just a year ago. I don't want to give anyone the impression that I am seeking publicity.

You may mention, however, that I spent a week last January visiting the clinics at M.G.H. and other medical centers in Boston. I had a most interesting visit, with the chance to see my many friends there.

I am Attending Surgeon at St. Luke's and Cook County Hospitals, and Associate Attending Surgeon at the Children's Memorial Hospital—all of Chicago. I am also Professor of Surgery at the Cook County Graduate School of Medicine, and Assistant Professor of Surgery at the University of Illinois College of Medicine.

This real "family" letter newsy and warm and cordial—has come from Dr. Eugene A. Osius (*WM* 1923).

I read THE NEWS with great interest each time I receive it, and am glad to find here and there letters and remarks from old friends and acquaintances whose friendship was made and enjoyed at the General while I was there. I think Dr. Fred Coller put it very well when he said that having been a house officer of the Massachusetts General Hospital is like having belonged to the finest club in the world, and I look back with a great deal of pleasure, appreciation, and gratitude to the years I spent at the General. The sound teachings of its attending staff, and the congenial and stimulating comradship of its house staff are a fine heritage to have, and one which I know all MGH men cherish highly. The intelligent industry, combined with professional and moral integrity, that is encountered there, remain with one throughout his entire professional career—and longer.

It is now exactly twenty-five years—a quarter of a century—since I left the M.G.H. to come back to my native city of Detroit and to associate myself with Harper Hospital. This is the second oldest hospital in Detroit and, as you of the M.G.H. know, is the hospital from which Base Hospital or General Hospital No. 17 originated during both World War I and World War II. [Will any of us ever forget Dr. Osius's letter about zinnias, rain, bananas, and rats written while he was in the Southwest Pacific?] It is a large private hospital. It does a great deal of good work and has an excellent standing in the community and throughout the country. It has a large staff, many of whom are connected with Wayne University Medical School, where I hold the position of Assistant Professor of Clinical Surgery. I get a great deal of pleasure out of being of some assistance to the students and residents attached to the school and to Receiving Hospital. This latter is a large city hospital with which the school is connected and whose staff I also serve. My other connections are Attending Surgeon to the Children's Hospital of Michigan, and Consultant Surgeon to Herman Kiefer Hospital, the large hospital for contagious diseases and tuberculosis, as well as the Veterans' Hospital at Dearborn, Michigan.

No. 16 in a series of Staff photographs
Dr. Fletcher H. Colby — Chief of Urological Service

Although I was a graduate of the MGH West Medical Service and came to Harper as a medical resident, my interest swung to surgery and, as Dr. Means has often said, I am the only surgical graduate of the West Medical Service that he knows of. My work is confined to general surgery, with particular interest in peripheral vascular diseases—a subject I have been interested in for some twenty-one years—and I watch for and read with great enthusiasm, as well as profit, the many papers which come out of the General from that particular Service. Great credit should be given to that Clinic for pushing ahead the knowledge of medicine in the last fifteen years, for the distinct betterment of mankind, and the solution of many vexing problems which used to fill the chronic wards in many State institutions, only to remain unsolved. There is a big field in the future in this particular phase of medicine and surgery, due to the prolongation of life effected by the at least partial reduction of infection by the antibiotics and other drugs, and young men entering medicine or practice will do well to note the handwriting on the wall.

At the present time we are greatly concerned about the threatened socialistic reform that medicine is supposed to undergo (one might say deform, rather than reform), and, being a member of the Council of Michigan State Medical Society, I am in somewhat close contact with the activities of that particular group. Michigan has been rather outstanding in its activities in behalf of medicine according to the American plan and has been a great proponent of voluntary medical insurance—to my mind, the greatest antidote we have for compulsory health insurance. The State Society has for several years carried on an active Public Relations Program and has asked for and received from its members an annual contribution for that particular purpose which is practically twice that of the annual dues. Many of our members who first objected to this now accept it without question and realize its full value. Wisely and intelligently handled, honestly administered, and used with idealistic attitude of mind, this sort of program can be of great help to the profession and to the public.

There is a small nucleus of MGH men in Detroit and we see each other occasionally. There are several at Harper besides me—Dr. Frederick Kidner (*SS* 1905), Dr. Charles Peabody (*ES* 1917 & *Or.* 1920), both Orthopedic Surgeons, and a new arrival in the city in the person of Dr. Donald Sweeny (*WS* 1941), who is connected with the Riverside Clinic and who has been an excellent addition to the city in general. He is well liked by all who come in contact with him and is doing fine work at his chosen hospital. Send us more like him to practise in Detroit.

My own personal practice goes on apace and I find I am busy most of the time. So many hours are filled with my private practice and a good many extracurricular problems—such as the American College of Surgeons activities, the Chairmanship of the Intern Teaching Committee at Harper Hospital, and various medical societies—that there are a few pointed rejoinders from the family, which consists of my wife and two boys aged fourteen and eleven. I suppose it is the same with all doctors' families. I wonder if these activities would be carried out with the same avidity under a socialized system of medicine. I rather doubt it.

I find recreation in music. Four of us—two surgeons and two internists—meet regularly once a week to play string quartets, and enjoy it immensely. I still recall with pleasure the hours of trio music I had with Curt Tripp (*WS* 1923) and Winthrop Phelps (*Or.* 1922 & *Thd. S* 1923), as well as Louis Wolff (*WM* 1924) in the house officers' quarters. I, as the cello player, received a reprimand from Dr. Faxon for poking holes in the linoleum in the music room of the house officers' flat. After this reprimand I confined the cello to one particular hole in the linoleum instead of sitting in different positions at different times. Difficult is the role of the amateur cellist. He himself complains about the size and bulkiness of the instrument, and the contrariness of the strings; his host complains about the damage to carpets and linoleum floors; and the neighbors complain about the moaning and groaning of what the cellist thinks are the dulcet tones of his undiscovered Stradivarius. But it is fun just the same, and is so absorbing that during the weekly session one forgets the trials and tribulations of a surgical practice. We have recently been trying a few numbers with one of Detroit's outstanding organists, and have been playing some sonatas for two violins, viola, cello, and pipe organ—an interesting combination not frequently heard, and the quartet played part of the musical program on Christmas Eve at St. John's Episcopal Church in Detroit.

For two summers my wife and I have visited the Canadian Rockies, particularly in the region of Yoho National Park, where, with several colleagues of mine and their wives, we did a lot of trout fishing, some mountain climbing, and a great deal of colored movie photography. I have several thousand feet of good color movies which it is a pleasure to show to my friends and to see from time to time ourselves. I am anxiously awaiting the opening of the trout season in Michigan. We have some excellent streams, even if they are very heavily fished.

I have been glad to see occasional visitors from the General who have come through Detroit to give us splendid talks and lectures, and who have been well received by the profession at large. I refer to Dr. Robert Linton, who was one of the speakers at the Michigan State Medical Society annual meeting, and Dr. Joe Meigs, who addressed the County Society at the recent annual Beaumont Lectures. The speakers were very well received and spread considerable luster on the name of the Massachusetts General Hospital, as one would expect. Dr. Means did likewise the year before, and we all hope there will be others from M.G.H. in the future.

This has grown to be a somewhat rambling letter. As I read it over I find I have touched upon many and diverse subjects, and feel that in doing so I send greetings to my good friends and colleagues of all the Services at the General during 1922—January 1924, and in particular to my compatriots of the West Medical Service during that time. Last, but not least, goes my respect and gratitude to the attending men from whom I learned so much and who were always so willing to instruct us house officers. The vivid lessons of medicine and medical practice by Dr. William H. Smith, affectionately known as Big Bill, his kindly interest and uprightness of character stand out as clearly now as they did twenty-five years ago. The congenial, good-natured Ward Rounds with Jerry Blake; the quietly spoken sage remarks and considerate interest of Roger Lee; the stimulus of Dr. Means, and the methodical methods of Paul White and many others—all this makes one feel glad he had the opportunity of being an MGH house officer. That is exactly how I feel. And should there be another twenty-five years, I know I should feel the same at that time.

Once again, my greetings and good wishes.

THE NEWS

No. 79 Boston, Mass. May 1949

On April 18, the Board of Trustees of the Massachusetts General Hospital announced the appointment of Dr. Dean A. Clark to head the Hospital, succeeding Dr. Nathaniel W. Faxon who, having reached retirement age, is retiring as Director after 20 years of distinguished service with the Hospital.

Dr. Clark is a native of Minnesota, 44 years old, and a graduate of Princeton University. His background includes three years as a Rhodes Scholar at Oxford University, England, where he received the degrees of bachelor of arts and bachelor of science in physiology. In 1932 he took his medical degree at the Johns Hopkins Medical School. He served an internship in medicine at the Johns Hopkins Hospital. Later, he was assistant resident in medicine and neurology at the New York Hospital, New York City; National Research Council fellow in neurophysiology at the Cornell University Medical College; intern at Phipps Psychiatric Clinic, Johns Hopkins, and intern at Trudeau Sanatorium, Trudeau, N.Y. Since 1938 Dr. Clark has been engaged in the following activities:

From 1938 to 1939 he was engaged in a survey of group medical practice and medical service prepayment plans in some fifteen cities in the East, South, and Middle West.

In 1939 he became a commissioned officer in the Reserve Corps of the U.S. Public Health Service with the rank of Past Assistant Surgeon, and for two years was engaged in studies of the organization and administration of medical services for the needy by State and local health and welfare departments in New York State and in Minnesota. In 1941 and 1942 he was engaged in surveys for the Public Health Service of medical care and health conditions in war-affected areas in the United States, such as the communities surrounding huge new Army posts and new industrial installations. In 1942-43 he served as Chief of the Hospital Section, Medical Division, Office of Civilian Defense, and Chief of the Emergency Medical Section, U.S. Public Health Service. In this period he was engaged in assisting the States to organize emergency base hospitals to care for civilians who might be injured by enemy action, in recruiting some 2,000 reserve officers for the Public Health Service to serve as the staffs of these hospitals should they be needed, and in setting up and administering arrangements to supply medical care for volunteer civilian defense workers injured in the course of training and practice of their civilian defense duties, and for United States civilians injured by enemy action here and abroad. During this period he held the rank of Surgeon, Reserve.

In 1943-44 Dr. Clark served as the first Chief Medical Officer of the Federal Office of Vocational Rehabilitation where he was responsible for planning, organizing, and administering the medical services for civilians in need of rehabilitation for employment, these medical services having been newly added to the rehabilitation program in 1943 by Act of Congress. At this time he held the rank of Senior Surgeon, Reserve.

In 1944-45 he served on loan to the National American Red Cross as Medical Survey Officer for a committee established by President Basil O'Connor to advise the National Red Cross on medical and health programs it might undertake after the war. Later in 1945 Dr. Clark served for a time as Assistant Chief of the Division of Public Health Methods, U.S. Public Health Service, and during this period accepted a commission as Surgeon in the Regular Corps of the U.S. Public Health Service.

Since August 1, 1945 he has been on leave of absence without pay from the U.S. Public Health Service, serving as Medical Director of the Health Insurance Plan of Greater New York, with the Public Health Service rank of Senior Surgeon in the Regular Corps. During these three years Dr. Clark has been responsible for the planning, development, initiation, and administration of the medical services of HIP.

During 1941-48, Dr. Clark lectured or conducted courses on medical economics and the distribution of medical care in various colleges and universities. At present he is Associate Professor of Public Health Practice at Columbia University and Lecturer in Medical Economics at the University of California, School of Public Health.

Dr. Clark is a Fellow of the New York Academy of Medicine, Fellow of the American Public Health Association, and Fellow of the American Medical Association. He is the author of various articles on neurophysiology, neurology, and psychiatry, and the distribution of medical services.

Dr. Clark will assume the active direction of the Massachusetts General Hospital as soon as he is released from his present responsibilities in New York. During the interim he will study with the trustees and the staff the many problems that confront the voluntary hospital in providing medical service to the community.

With the three-fold responsibility of care of the patient, education, and research the modern teaching hospital is one of the most vital instruments of society. The balance that must be maintained, in order to preserve these functions in accord with the great traditions of the institution, require a quality of judgment for which Dr. Clark's broad experience has prepared him.

The dedication of a newly-renovated Out-Patient Department at the Boston Lying-in Hospital, as a memorial to the late Dr. Franklin S. Newell (*SS* 1896), noted obstetrician and educator and a member of our Staff since 1914, has been made possible by contributions from Dr. Newell's many friends and patients. Dr. Thomas R. Goethals, chairman of the fund-raising program, has announced that the $400,000 campaign has been oversubscribed by more than $19,000.

Dr. Channing C. Simmons (*ES* 1900), former Surgeon-in-Chief of the Collis P. Huntington Memorial Hospital and an Honorary Surgeon on our MGH Staff, was awarded a citation and medal at a luncheon rally of the American Cancer Society in Boston on April 12. He was cited as "a leader who has taught hundreds of young doctors to become interested in cancer and to treat it with new and radically different methods."

The rally was held in the interest of the Society's current month-long campaign to raise $650,000 in Massachusetts as the State's part of the total national goal, to make possible a continued fight against cancer through research and education.

Another, in a long list of honors, has been conferred upon Dr. Marius N. Smith-Petersen (*Or.* 1916), until recently Chief of our Orthopedic Service and now a member of our Board of Consultation. A few weeks ago Dr. Smith-Petersen received the following letter:

7 Melbourne Place
Edinburgh 1.
14th February, 1949

Dr. M. N. Smith-Petersen
266 Beacon St.
Boston, Mass.

Dear Sir,

It is my honour to inform you that on Friday, 11th February, you were elected to Honorary Membership of this Society. This honour is conferred on gentlemen eminent in any branch of Science bearing upon Medicine, whom members of the Society consider worthy to join a number among whom are Oliver Wendell Holmes and Professor Harvey Cushing, and nearer home Lord Lister and Sir John Boyd Orr. We are proud to include you in their ranks, and send you our greetings and admiration.

I am, Sir,
Your obedient servant,
(signed) David S. Alexander
Hon. Secretary,
Royal Medical Society, Edinburgh

Dr. Reginald Fitz (*EM* 1911), Assistant to the Dean of Harvard Medical School, has been made President of the American College of Physicians. He succeeds Dr. Walter W. Palmer (*EM* 1911) who has retired.

A very special tribute was recently paid Dr. George R. Minot (*EM* 1913), Professor Emeritus of Harvard Medical School and, with two other scientists, winner of the 1926 Nobel Prize for the discovery of liver extract as a means of combatting pernicious anemia. At a dinner given for him at the Harvard Club, he was presented with a bound volume of scientific articles written in his honor by research colleagues throughout the world.

SOCIAL SERVICE AFFAIRS V

(*Conclusion of the article by Miss Barbour*)

TEACHING

Teaching has been a responsibility for many years, but has increased with the deepening understanding and use of social facts in care of the patient by all entrusted with that care.

In 1909, the principle was declared that training for hospital social work be given only in affiliation with schools of social work. That year nine students were accepted from the Boston School of Social Work. For 1948-1949 there are thirteen students here in training, representing Boston College, Boston University, Simmons, and Smith Schools of Social Work.

In 1913, the department was requested to cooperate in eight lectures to medical students on social aspects of medicine. This teaching has developed through the years, with additional lectures and class sessions on the case conference basis.

Monthly medical-social teaching conferences with 4th year students on the wards have continued. When Dr. William W. Beckman, who was the medical teacher in this joint project of the Harvard Medical School and the Massachusetts General Hospital, resigned in June to become Assistant Dean at New York University Medical School, his wise and active leadership was keenly missed. Dr. Means appointed Dr. John P. Monks to reassume this teaching duty which Dr. Monks had done prior to the interruption of the war. Dr. Monks has already made a deep impression upon students in this part of teaching. Most of the students work hard and faithfully on their case studies. The give-and-take of this teaching is reflected in the social part of clinical work-up of patients during the student's clerkship on the wards. Students welcome opportunity to discuss skills of interviewing, the relevance and evaluation of social data, the development of the doctor-patient relationship, the influence of the doctor's attitude on patients, the training of professional attitudes, and knowledge of community resources for care of the patient. These are some of the subjects of discussion in these conferences, based on problems which are raised by the students' own case studies. Miss Barbour, Chief of Social Service, and Miss Kellogg assist Dr. Monks in the monthly teaching project. Students gain background for the project from their attendance at weekly medical-social ward rounds, in which Residents ask them to present cases in which they (the students) have done the work-up. Dr. Edward L. Young, Chairman of the Social Service Advisory Committee, has been helpful in his frequent attendance at teaching conferences. Many visitors from our own and from other hospitals, and from other countries have come to observe and share experience in this method of medical education. I am sure Dr. Monks, Dr. Beckman, and Dr. Means agree, as do students, that this emphasis in medical education should have far wider extension into the medical curricula, and at earlier periods in the student's training.

In a special teaching session which Dr. Walter Bauer conducted in December at the hospital with 1st year Harvard Medical students, we arranged a miniature ward conference for amphitheatre demonstration of the hospital team engaged in care of the patient. Dr. Morton N. Swartz, Assistant Resident in Medicine, and Miss Kellogg assisted him. Two patients from the ward were presented in a "live clinic", with a round-up of the medical-social-emotional aspects of their illnesses. Dr. Bauer's impression, in which we agreed, was that this integrated method of teaching, with early stressing of the patient as an individual and some of the arts of medical care, is effective.

In 1912, selected pupil nurses from the Training School received three months' experience in the department. In 1916, lectures were requested for student nurses. Now general lectures, morning teaching clinics, and discussion with individual students on their case studies are the coordinated teaching plan for the department workers and the Nursing School staff.

Lectures to occupational therapy, dietary, and theological students are given during each year.

In 1930, the Richard C. Cabot Education Fund was presented to the hospital to provide opportunities for staff education, seminars, and a part-time educational director. Special study opportunities have been available under the income from this Fund.

Also in 1930, the Richard C. Cabot Library Fund was presented by the American Association of Medical Social Workers. The Richard Cabot Social Service Library, just off Treadwell, is available to all members of the hospital and clinical staff and students.

Education and observation for many social workers and doctors from other countries have been carried on. In the past year, two United Nations Fellows from China spent over a month in the department, and two social workers from England were here under the auspices of the Rockefeller Foundation.

RESEARCH

The third function of the hospital—research—has for years been an integral part of the department's activities, but, as with the hospital, it is beginning to see great expansion, with workers specifically assigned for this purpose. Earliest research projects of the Social Service Department were investigations of social and industrial conditions of working girls made in 1911. In 1913, Dr. David L. Edsall asked for our cooperation in studying 147 cases of lead poisoning. A worker was appointed to secure details of occupation on all male medical patients. "Occupation card" was added to male medical records.

Within recent years medical social workers have been requested to apply their services, special skills, knowledge, and training to medical research projects. This request is an acknowledgment that even in strictly academic medical research, social and emotional factors must be included in order more nearly to approach valid and useful results.

In the past year three full-time and three part-time workers have been assigned definitely to research projects and their salaries paid from special grants. At the request of Dr. Kenneth A. Evelyn, Mrs. Jean Waldstein was assigned as a full-time worker with the research group which is studying diseases involving the autonomic nervous system, with special follow-up study of those patients who had been treated by sympathectomy for hypertension.

Under the United States Public Health Grant to the Pediatric-Psychiatric Services, one part-time and two full-time workers have been hired. One part-time worker, under the Macy Foundation Grant, is working with Dr. Cobb and Dr. Finesinger.

Mrs. Ruth Abrams is now giving half time under a grant from the Massachusetts Division of the American Cancer Society. This study, under direction of Dr. Finesinger and with cooperation of clinicians, is an attempt to understand patients' reactions to diagnoses of cancer, and to study what doctors, nurses, social workers, and families can learn in the management and helping of patients with this diagnosis.

Going on from day to day in regular clinical practice, staff workers and students are analyzing and studying various problems in relation to special medical and social problems. There is still much research to be done on our own methods of social study and treatment in relation to illness, if our services are to be more effective.

The medical social worker can both contribute to, and benefit from, assignment to medical research projects. She can contribute her service and experience in interviewing techniques, in interpretation to patients, and in collection of useful social and personal data. She can help make evaluations as to the efficacy of treatment from the point of view of its success in making the individual a more satisfied, useful, social being.

She can benefit, on the other hand, from learning the standards of accuracy and objectivity demonstrated in a well-run medical research program. She can acquire for, and apply to, her own work certain statistical methods of evaluating the efficacy of social treatment. She can learn much about the importance of complete and accurate social recording for practice, as well as for research purposes.

Josephine C. Barbour,
Chief of Social Service

At the March meeting of the Medical Staff, Dr. Marthe Vogt of the Department of Pharmacology, University of Edinburgh, spoke on "The role of hormones and metabolites in the regulation of adrenal cortical secretion".

OFFICIAL NOTICES

Finance of hospital services rendered for research

An aim of the Hospital is to be a leading center of Medical Research. Current research projects range from laboratory work, with or without live subjects, on the one hand, to the statistical analysis of clinical records on the other. Between these extremes lie many projects which in varying degrees require certain of the Hospital's ordinary services to patients for which the Hospital must expect payment from some source.

It does not seem proper to ask a patient individually to pay for hospital services rendered him primarily for the benefit of a research project. While the Trustees intend to use part of our income from capital and gifts for research, we are obliged to record the amount so spent as accurately as possible and to separate it from the amount spent for ordinary patient care. Failure to do so either increases the costs we must ask all patients or the third parties financing them to pay, or overstates the amount of Free Service furnished the community.

In this connection the attention of the Staff is directed to the following administrative matters:

1. The M.G.H. Special Research Fund

One of the Trustees' mechanisms for assisting with research is the M.G.H. Special Research Fund. This is a segregated portion of our General Fund intended to aid Staff members who do not have outside research funds at their disposal. Applications for grants from this Fund may be made to the General Executive Committee.

2. Clinical services to patients: Return visits, X-ray and laboratory examinations

The authority to grant Free Service to any Service patient undergoing examination, study, or other procedures in any part of the Hospital's premises has been delegated to Admitting Executives. In each instance she must ask the patient to pay according to his means. If he is unable to pay the full amount, the full charge for each item of service is made at regular rates and the uncollectible portion written off as Free Service.

If it is not proper to ask the patient himself to pay, i.e., if the service is primarily for investigation, the doctor ordering the service must arrange a credit of research funds in advance either from funds at his disposal or through application to a grant by the General Executive Committee from the Trustees' Clinical Research Fund, and advise the proper Admitting Officer, Cashier, or Charge Clerk to charge the service against it. The determination of the propriety of charging the patient rests with the doctor.

The return of any patient on an ambulatory basis to the premises of the Hospital is a Clinic Visit. It incurs an Out-Patient Admission Fee, no matter where the consultation may take place; a clinical note must be entered in the record, regardless of the additional special examinations and records which may be made elsewhere. In theory, each such patient should enter through the Admitting Office of the Out-Patient Department. In practice, for the convenience of patient and investigator, that office may arrange for direct entrance through the White Building door upon request.

(The foregoing does not concern the private ambulatory patients of Staff members granted the privilege of seeing such patients within the Hospital. Laboratory, X-ray, Pharmacy, and Operating Room services are available to these patients in the Baker Memorial at private ambulatory rates.)

3. Review of Unit Records

During 1948, 25% of the total number of records pulled by the File Section of the Record Room were for use by Staff members doing research from records either in the Reading Room or in their own offices in the Hospital. The cost of this service, approximately 8¢ per record, has been borne by the Hospital.

4. Registration of research

Each clinical research project conducted in the Hospital must be registered with the General Executive Committee.

The cooperation of each member of the Staff is requested on each of these points. Particularly we wish to avoid embarrassment and inconvenience to patients who come to the Hospital and find themselves delayed by administrative details which could have been prearranged.

PHOTOGRAPHY CHARGES

Effective May 1, 1949, there will be an extra charge of 25% (with a $1.00 minimum) on all *rush* orders given to the Photography Department. A Rush Order is one which the Photographer is asked to deliver within 24 hours of receipt.

This charge has been recommended by the Committee on Photography and Medical Illustration. The Department has been receiving an increasing number of requests for rush service, which disrupts the routine of the organization and increases expenses. Care and planning on the part of those wishing photographic work will allow the Department time to furnish quality service.

N. W. Faxon, M.D.,
Director

SOMETHING BORROWED

We are on our way to a new streamlined procedure for handling laboratory requisitions, reports, charges, etc. This new procedure which has been very successful at the Hartford Hospital in Connecticut, should get under way in the General Hospital, the Baker Memorial, and Phillips House within the next few weeks. The details of our adaptation of this plan have been developed by Assistant Director Haase. In very brief terms, this is how we hope things will work out.

When a patient is admitted, an addressograph plate with the patient's name, address, unit number, and other vital information will be sent to the floor. Whenever any laboratory work is requisitioned for this patient, by using the correct plate in the Addressograph Printer, in one motion all of the necessary identifying information will be applied to a newly designed requisition form. One copy of the requisition will be placed in the record as a "tickler" until the report is received.

All this sounds complex, but in practice we will have reduced the number of forms necessary and will have introduced a means of checking on the progress of laboratory work. We hope this will save time for the doctors and yield better results than our present system.

N. W. Faxon, M.D.,
Director

* * *

THE EDWARD PEIRSON RICHARDSON LECTURE

The first of the Edward Peirson Richardson Lectures in Medical Science was delivered by R. S. Pilcher, M.S., F.R.C.S., Professor of Surgery at University College Hospital, London, in the Bigelow Amphitheater at 5 P.M. on Friday, April 8, 1949. Immediately preceding the lecture a tea was given in the Trustees' Room in honor of the Richardson family and Professor Pilcher, and a portrait of Dr. Richardson by Raymond P. H. Neilson was presented to the hospital. Both the lectureship and the portrait are gifts of Dr. Richardson's sons. It is hoped that the many devoted friends of Dr. "Ned" Richardson who are still inside and outside the hospital will agree that a most appropriate memorial has been chosen. The portrait, an excellent likeness, hangs in the surgical amphitheater at the right of the speaker's platform, on the side opposite the bust of Dr. Henry J. Bigelow. The lectureship, which will enable the hospital from time to time to invite distinguished medical scientists to visit us, perpetuates that living quality of Dr. Richardson.

Professor Pilcher spoke on Bronchiectasis, recounting his surgical experiences with 100 children with this disease. His self-criticism was exemplary. His accomplishments are the more remarkable when it is realized that the work was carried out through the war years, the first cases having been operated upon in 1938.

That Professor Pilcher should have given the first Edward Peirson Richardson Lecture recalls an historic coincidence regarding the founding of the full-time surgical system in two hospitals long bound in close association. It will be recalled that Dr. Richardson was the first full-time surgeon at the Massachusetts General Hospital, having been appointed in 1922 as Chief of the Third Surgical Service and Associate Professor of Surgery at the Harvard Medical School. In the same year, the Rockefeller Foundation selected the University College Hospital Medical School in which to found the first full-time surgical unit in England. Mr. Choyce was selected as the first Professor and Wilfred Trotter was the second. Professor Pilcher succeeded Mr. Trotter in 1937. Dr. Churchill, who succeeded Dr. Richardson in 1931 as the second full-time Professor of Surgery at the Massachusetts General Hospital, introduced Professor Pilcher.

Regarding the association between the University College Hospital (the U.C.H.) and the M.G.H., ether was responsible. Dr. John Collins Warren wrote to his friend Mr. Liston at the U.C.H. of that event of October 16, 1846. In consequence of that letter, the first use of ether for surgical anesthesia on the other side of the Atlantic was at the U.C.H., in December of 1846. Ever since, there have been frequent communications and exchanges between the two hospitals, Mr. Pilcher being the latest.

Oliver Cope, M.D.

* * *

On the afternoon of March 21, Ward 4 in the Bulfinch Building was named for its chief benefactor, Mr. Edward Mallinckrodt, Jr.

The program opened in the Ether Dome, where an assemblage of invited guests and members of the hospital Staff listened to addresses given by Dr. Means and Mr. Mallinckrodt himself. Mr. Francis C. Gray, Chairman of our Board of Trustees, presided.

This was followed by the unveiling of a bronze plaque which had been placed upon a wall in the newly-named ward. The plaque bears the following inscription:

> MALLINCKRODT — WARD IV
>
> This ward in which certain patients can be made the subject of prolonged study both to their own benefit and that of others was opened November 4th, 1925.
>
> The impetus given to clinical investigation by David Linn Edsall had much to do with its founding.
>
> On March 21st, 1949, in gratitude for his many benefactions to this ward, it was named for Edward Mallinckrodt Jr.

The occasion ended with a tea in the Medical Staff Room, given by the Ladies' Visiting Committee, with Mr. and Mrs. Mallinckrodt as guests of honor.

Because Dr. Means is the "father" of Ward 4, we have secured from him this short history of the ward.

The advance of scientific knowledge depends upon research. In the field of medicine, research is of two main types. On the one hand, questions are asked of nature in the form of planned experiments set up in laboratories of physiology, biochemistry, immunology, etc., and on the other, advantage is taken of experiments which nature herself offers for solution in the form of patients with various diseases. Study of the latter is called clinical research, or clinical investigation. It requires facilities for the prolonged hospitalization of patients whose cases are to be made the subject of intensive study, and at the same time, adjacent laboratories in which chemical, physical, or bacteriological determinations can be made.

In 1924 an opportunity presented itself to provide such facilities at the Massachusetts General Hospital. At that time the late Dr. David L. Edsall, then Chief of Medicine, obtained a grant from the Rockefeller Foundation to reconstruct and enlarge the Bulfinch Building. Dr. Edsall's successor, Dr. J. H. Means, to whom was entrusted the planning of these alterations, saw to it that there was included a small ward — ten beds — to be used exclusively for research purposes. This ward received its first patient on November 4, 1925. It has been known as "Ward 4", but on Monday, March 21, it was named the "Mallinckrodt-Ward 4" for one of its chief benefactors, Mr. Edward Mallinckrodt, Jr. of St. Louis. The numeral "4" is retained because for nearly a quarter of a century the ward has had a distinguished career under that appellation. In it, pioneer work of a variety of types has been accomplished.

The first use to which the ward was put was the study of lead poisoning. This was then an important industrial hazard. Under the leadership of Dr. Joseph C. Aub, all the important facts of the matter were learned in a relatively short time. How lead gets into the body, what becomes of it, and how it exerts its injurious action was made clear through observations on Ward 4's patients and related studies in animals. The fundamental principles of the prevention and cure of lead poisoning were discovered. As a result, industrial lead poisoning has largely been eliminated. The National Lead Institute financed these studies.

Because of certain similarities between lead and calcium, Dr. Aub's investigations on the former led quite naturally to studies on the latter. In contrast to lead, calcium is a normal constituent of the body. The bones, for example, are largely made of calcium phosphate. The quest, therefore, broadened to include diseases of the bones, and new investigators joined it — Walter Bauer, Fuller Albright, and others. Relationships between bones and endocrine glands became apparent. In the years that have followed, Albright's studies have clarified many problems of diseases of the skeleton and of the endocrines. Diagnosis has been made more precise, methods of treatment have been developed. Most conspicuous among them are the recognition and diagnosis of hyperfunctioning tumors of the parathyroid glands. These organs regulate calcium and phosphorus metabolism, and when they are overactive, the skeleton melts away, the victim shrinks in stature, and his kidneys become ruined by the excess of calcium passing through them. But the condition can be cured by the surgical removal of the parathyroid tumor.

The kidney involvement in hyperparathyroidism led Albright into extensive studies on kidney stones, to the treatment of which he has made significant contributions; and the bony involvement led Bauer into a formidable attack, now of many years' duration, on the pathology of joints and the diagnosis and treatment of chronic joint disease.

Other groups of investigators have made use of Ward 4 for research in various directions. Means and his collaborators have explored the problems of the thyroid. Of late years, extensive use has been made of radioactive iodine in the pursuit of these objectives. The tracing of iodine through the body by labeling is effective in the study of the thyroid, because this gland has a specific avidity for this element. Radioactive iodine also turns out to be useful in the treatment of certain thyroid disorders, because by means of it, radiation can be placed exactly where it is wanted — in the thyroid.

Ever since the ward started, Dr. Chester M. Jones and his colleagues have investigated problems of the liver and digestive tract, and these studies have borne fruit in better methods of both diagnosis and treatment, too numerous to mention. Very recently an exciting advance has been made in the use of certain chemicals known as Tweens, to improve the absorption of fat in certain chronic intestinal disturbances which go by the name of sprue.

At the present time the limelight in medical research is held by cancer and heart disease, and one finds that Ward 4 is playing its part in both these areas. What its future activities will be cannot be foretold, but it is safe to say that so long as problems of disease remain unsolved, and so long as support is generously given, the Mallinckrodt-Ward 4 will continue as active and productive as it has been in the past.

The Board of Trustees, at their meetings on March 18 and April 1, voted to promote:

Dr. William A. Dickson from Clinical Assistant to Assistant to the Children's Medical Service;

Dr. Gordon S. Myers from Clinical Fellow in Medicine to Assistant in Medicine.

To appoint:

Dr. Louis I. Skirball as Assistant Physician to the Children's Medical Service;

Dr. David Stafford-Clark as Assistant Resident in Psychiatry from July 1 to December 31;

Dr. Robert G. Tyson as Assistant Resident on the Children's Medical Service, beginning July 1.

At their meetings on March 16, 23 and 30, and April 6, the General Executive Committee voted to promote:

Dr. Lester J. Bienvenu to the position of First Assistant Resident in Dermatology, beginning July 1;

Dr. Roy W. Leeper to the position of Resident in Dermatology, beginning July 1.

To appoint:

Dr. Henry J. Kowalski as Clinical Assistant in Medicine;

Dr. Herbert K. Magill as Clinical Assistant in Orthopedic Surgery for the period April 1, 1949 to April 1, 1950;

Dr. Andries Querido as Clinical and Research Fellow in Medicine;

Dr. Edgar J. Schoen as Research and Clinical Fellow on the Children's Medical Service;

Dr. Bartlett H. Stone as Clinical Assistant in Surgery, assigned to Gynecology, for the period of one year beginning March 1;

Dr. Anne Wight as Clinical and Research Fellow in Surgery, as of April 1.

The Committee also agreed that the appointment of Dr. Lincoln D. Clark be changed from July 1, 1949 to January 1, 1950.

Two new appointments have been made to plan for and provide better care of hospital equipment. Mr. James Kilcoyne, with his assistants, is now in charge of the appliance room. Miss Rae Simmons, formerly Operating Room Supervisor in the White Building, is responsible for the standardization of equipment on the wards.

Mr. Burnett Reese, a graduate of McLean Training School for Nurses in 1933, has been appointed Assistant Supervisor in charge of orderly service. Mr. Reese has had considerable experience as a head nurse, and as a Chief Petty Officer with the United States Navy from 1942 to 1946.

An important visitor to the School of Nursing during April was Miss Joan Loveridge, who has recently been appointed to the office of Matron and Superintendent of Nursing, St. Bartholomew's Hospital, London, England.

The enlarged Curriculum Committee of the School of Nursing met for the first time on April 12 to review and suggest revisions for the curriculum for the diploma program. New members of the committee include: Mr. Ernest H. Wilkins, President Emeritus of Oberlin College, as Consultant from General Education, and Drs. Myles Baker, Benjamin Castleman, Donald King, Fiorindo Simeone, and Lamar Soutter for the Medical Staff. The representatives from the faculty of the School of Nursing are the Misses Ruth Sleeper, Katherine Hardeman, Norma Larson, Sylvia Perkins, Elinor Stanford, and Jessie Stewart.

The Nursing Service is cooperating with Mr. John Murphy, Head of Pharmacy, in a plan to introduce liquid narcotics throughout the hospital.

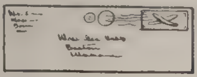
Miss Barbara A. Vadala has been appointed Assistant Ward Instructor in the General Hospital. She will be on the wards to work with and teach the students during the evening period. Miss Vadala graduated from Simmons College School of Nursing and has been employed as a staff nurse on White 7.

* * *

Every once in a while Dr. Clay comes out with a surprising and dry-as-a-covered-bridge bit of original wit. The following example of such is well worth repeating.

While a group of us were having tea one day with Dr. and Mrs. Faxon, someone asked if anybody could identify a flock of spring birds that had been feeding for days on the Bulfinch lawn. After several unsatisfactory suggestions had been given, Dr. Faxon rose and went to get his bird book. He returned with a rather dilapidated volume, and explained its condition by saying that his English setter had chewed the covers off when he was a puppy.

Dr. Clay raised his eyes from his teacup and said in his quiet, slow way, "Well, what could you expect? He was a bird dog, wasn't he?"



Brief bits:—

Dr. Edwin F. Cave (*ES* 1926 & *Or.* 1928), Visiting Orthopedic Surgeon at M.G.H., has been appointed Consulting Orthopedic Surgeon at the Nantucket Cottage Hospital, Nantucket.

Dr. Edwin M. Cole (*r.p. N* 1932 & *r.p. Psychi.* 1934), Associate Neurologist on our Staff, is conducting a lecture course at M.G.H. on "The neurological aspects of language disabilities". This is one of the activities of the Veterans Language Clinic, which is continuing to give very good service to veterans who are disabled in speech.

Dr. Oliver Cope (*WS* 1930), Visiting Surgeon at M.G.H., has been promoted by Harvard University to the office of Associate Professor of Surgery at the Harvard Medical School.

Dr. Clifford J. Straehley, Jr. (*WS* 1947) is to be assigned in the ETO. He will send us his future address as soon as he knows it himself.

Dr. Henry R. Viets, Neurologist at M.G.H., has been made President of the American Association of the History of Medicine for 1948-1950. He will give the Garrison Lecture for 1949 at the Lexington, Kentucky, Meeting in May. Dr. Viets is also Chairman of the Council on Scientific Assembly of the American Medical Association. He is planning to attend the UNESCO meeting in Paris in June as a representative of the A.M.A. He is also planning to attend the Fourth International Neurological Congress in Paris in September, where he will present the work of the Myasthenia Gravis Clinic of Massachusetts General Hospital.

Dr. James C. White (*WS* 1925), Chief of our Neurosurgical Service, has been elected a "correspondant étranger" of the Société de Chirurgie de Lyon, and a "member of honor" of the Société de Neuro-chirurgie de la Langue Française.

* * *

The two sessions of the 1949 Summer School of Pastoral Care at M.G.H. will be held June 6 - July 15 and July 18 - August 26.

From a folder describing the courses, recently published by the Institute of Pastoral Care, Andover Hall, Francis Avenue, Cambridge 38, Mass., sponsor of the Summer Schools at Boston State Hospital, Massachusetts General, Worcester State Hospital, and University Hospital at Ann Arbor, Michigan, we quote the following paragraphs:

> During the first two weeks of each session, there is a program of half-time, volunteer orderly service. Such an experience enables the clergyman to know hospital routine, to become acquainted with patients from the basis of service, and to develop emotional control when confronted with unpleasant situations. . . .
>
> Tested methods of pastoral counseling are explored and clinical experience is provided under the supervision of clergymen who have training and experience in both the parish ministry and in more specialized aspects of the ministry. Actual parish problems are discussed and the relationships of psychosomatic medicine, psychiatry, clinical psychology, and other branches of the healing professions are considered in lectures and seminars. The study of the spiritual resources of illness and the art of ministering to the sick constitutes an essential part of the course.
>
> Daily classes deal with clinical material, parish problems, and clinical theology. Students observe nearly every clinical phase of hospital experience, and attend lectures on medical, surgical, psychiatric, and social service subjects. Most of the time, however, is devoted to supervised calling on the wards and to the recording of these calls for evaluation and interpretation. Reading reports are required during the training periods, and books are suggested for study after completion of the course. . . .
>
> At each training center the Protestant Chaplain will serve as Director of Clinical Pastoral Training and will be assisted by Course Associates. Many of the guest lecturers will be selected from the hospital staffs and affiliated medical schools. Competent religious leaders will be invited to share in the program at each center. . . .
>
> Theological students will be given preferential consideration for admission to the first session at the Massachusetts General Hospital, and ministers and other professional workers with three or more years' full-time experience will be given similar consideration for the second session. . . .

For further information regarding eligibility for enrollment, academic credits, scholarship aid, hours of daily sessions, local preaching assignments, and cost of the courses, communicate with Rev. James H. Burns, Massachusetts General Hospital, Boston 14, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

An Institute on Eye Care, to give the health workers of Greater Boston an authoritative review of ways to safeguard the good eyesight of this community, was held at the New England Mutual Building, April 13 and 14. The two-day program was arranged by the Massachusetts Division of the Blind, Department of Education, and the Massachusetts Division of Maternal and Child Health, Department of Public Health, with the assistance of the Massachusetts Eye and Ear Infirmary.

Invitations were sent to all public health workers in local city and state agencies, the Visiting Nurses' Association, family societies, Red Cross, children's agencies, vocational and veterans' rehabilitation programs, Catholic and Jewish welfare agencies, and all volunteer agencies in this area interested in aiding the blind. This was the second conference to be held in Boston for the purpose of promoting better eye care, the Institute in April having an even broader program than the first one held in 1947 at the Massachusetts Eye and Ear Infirmary.

Several members of the Infirmary staff took part in the program. Dr. Henry A. Mosher, Senior Clinical Assistant in Ophthalmology, outlined the structure and function of the eye; Dr. Virgil G. Casten, Surgeon in Ophthalmology, pointed out the "Fallacies and misconceptions regarding eyes"; and Dr. Hugo B. C. Riemer, Consulting Surgeon at the Infirmary, spoke on "What constitutes legal blindness", in his capacity as Supervising Ophthalmologist for the Massachusetts Division of the Blind. Dr. Albert E. Sloane, Assistant Surgeon in Ophthalmology and in charge of the Vision Room, discussed "The new picture in Ophthalmology"; and Dr. Sumner D. Liebman, Clinical Assistant in Ophthalmology, outlined "Causes of blindness in adults". Mrs. Eunice W. Wilson, Director of Social Service, was chairman for the final session, and Dr. Brendan D. Leahey, as a member of the Executive Committee for the Boston Eye Bank, outlined the procedures in transmitting eye tissue for the corneal graft operation.

The regular spring meeting of the Board of Managers and Corporation of the Infirmary was held on April 13 in the Ear, Nose and Throat Clinic. As this is the 125th year since the Infirmary first opened its doors to patients, the meeting was an informal observation of this anniversary which makes the hospital the second oldest of its kind in the country.

The Medical Staff was invited to attend

Dr. Dean A. Clark, newly-appointed Director of the Massachusetts General Hospital

the meeting as special guests of the Managers and Corporation.

After a short business meeting which consisted of a recommendation to the Board of Managers that after the first three months of training, residents at the Infirmary receive $500 per year, Dr. Faxon introduced Dr. Frederick H. Verhoeff, Consulting Chief of Ophthalmology, and Dr. Harris P. Mosher, Consulting Surgeon in Oto-Laryngology, who gave their reminiscences on the Infirmary and pointed out its development in recent years. Dr. LeRoy A. Schall, Chief of the Ear, Nose and Throat Service, and Dr. David G. Cogan, Director of the Howe Laboratory of Ophthalmology, outlined the aims of the hospital today, after which two representatives of the Resident Staff — Dr. James M. Sams, from the Oto-Laryngology Department, and Dr. Henry F. Allen, from the Ophthalmology Department — gave their views on what the Infirmary means to the young specialist in eye, ear, nose and throat medicine.

Dr. Harris P. Mosher will be the Guest of Honor at the 82nd Annual Meeting of the Otological Society, Inc. in New York City, which is being held May 18 and 19.

Dr. Philip E. Meltzer, Surgeon in Oto-Laryngology with the Infirmary's Winthrop Foundation and President-elect of the American Otological Society, Inc., is to read a paper on "Surgical procedure — directed toward the alleviation of hearing impairment in children" at the same meeting.

Dr. John E. McKeigue graduated from his residency in Oto-Laryngology on March 31, and is going to be associated with Dr. Charles I. Johnson and Dr. Harold G. Tobey at 403 Commonwealth Avenue, Boston.

Dr. Richard B. Pippitt, whose residency in Ophthalmology was finished on April 30, is to be associated with Dr. Trygve Gundersen, 101 Bay State Road, Boston.

Dr. LeRoy A. Schall, Dr. Philip E. Meltzer, and Dr. Werner Mueller, Assistant Surgeon in Oto-Laryngology, will attend the Examiners Meeting of the American Board of Oto-Laryngology in New York City, May 10-14.

New addresses:—

Major Cecil F. Baxter, MC, AUS (*WS* 1944), 110th Station Hospital, APO 777, New York, N.Y.
Dr. Ching Tung Liu (*r. NS* 1946), Veterans Hospital, Canandaigua, N.Y.
Dr. Charles W. Robertson (*P* 1942 & *ES* 1943), 152 Robbins Road, Watertown, Mass.

Mrs. Frank A. Parker, cystostomy nurse on White 10, passed on to us this letter from Dr. Y. Y. Liu (*clin. fel. U* 1947-48). The letter bears the address 11 Huai Shu Kai, Chengtu 3, Szechuen, China, and reads in part:

> I got the letter containing the photograph you took on White 10 roof and was so glad to see those familiar faces. It made me very homesick for M.G.H. It is a very valuable picture, indeed — especially because it is a colored one.
>
> I wonder if you had another Christmas party this year in the Staff Room, like the one we had last year when I was there on White 10. Our daughters had a three-day holiday at Christmas and they came home, of course, but as we were busy packing at that time we did not have a very swell time. We sent cards to friends, however.
>
> The house we originally used was to be pulled down by the new owner, and on New Year's Day we moved to a new place. It has four rooms and a yard, situated nearer the hospital where I work, and we like it very much. I have one room for my clinic, and I am using things I got from your country when I was at M.G.H. They are verv handy, indeed.
>
> The hospital work has not been very heavy during these last months because of the season — cold winter. We call this winter, but we did not have ice or snow at all. It seldom reaches freezing cold here.
>
> I have a good place to work and in the past three months I have had three prostate cases — all hypertrophy — and had good results after enucleation. I have also had a case of radical cystectomy for ca of the bladder which I did in two stages. The patient went home last Friday.
>
> Conditions in China are growing from bad to worse. There seems to be no peace in the near future and the financial condition is terrible. Inflation grows worse one day after another and everybody is worrying about making a living. I am glad I can have a small practice besides my hospital work because the salary there is almost nothing. I am sending this letter by a friend in order to save something. Each ordinary letter to the United States in new currency G.Y. costs $80, which is worth 10 eggs here; and Air Mail would be G.Y. $320, which equals 40 eggs. You can imagine the struggle we Chinese stand in. My salary from the Hospital is only enough to send 10 to 15 Air Mail letters to the States. But I am happy I am home with my family in this difficult time. Otherwise, my wife would not be able to carry on the home. I am happy, too, that all in our family are healthy.
>
> I have not had a letter from my father for two years. His place in Manchuria was taken by the Communists long ago.
>
> Greetings to M.G.H., and to White 10 especially.

THE NEWS

No. 80 Boston, Mass. June 1949

PSYCHIATRIC SERVICE AFFAIRS

Nineteen forty-eight was an active year, but with Dr. Finesinger taking most of the responsibility in the laboratories and much on the wards, and with Dr. Lindemann running the Out-Patient, the Chief has had little to worry about. Also, there has been an active group of younger psychiatrists eager to work, and five on fellowships who quickly began to pull their weight. The Child Psychiatry Unit has gone ahead extremely well under the leadership of Dr. Lucie J. Jessner. Many fellows have applied for training and she has been able to take on eight — and at one time, nine. This makes a busy and interested group in the Burnham.

As usual, our main problem on the ward is the treatment of hysteria (31 cases), mixed psychoneurosis (27), reactive depression (23), and anxiety states (14). Consultations in the General Hospital have apparently dropped from 644 to 468, but this drop is more apparent than real, because psychiatrists given special assignments have taken up a portion of the consulting work, so that the seeing of many cases is no longer counted as "consultation". The total number of patients seen in the Out-Patient changed but little, the referrals from the various departments being 519 adults plus 185 children, making a total of 704—an average of 58 a month. As in former years, the vast majority of referrals accepted for treatment has come from other departments of the hospital. Less than 10 percent of the patients were accepted directly from the community.

In the Out-Patient Department we have become increasingly aware of the necessity of determined efforts in the direction of preventive psychiatry. A contact which had been established with the Department of Social Relations at Harvard University served as a starting point for the development of an enterprise for a concerted attack on this problem, sponsored jointly by the Department of Social Relations, the Department of Psychiatry of the Medical School, and the School of Public Health. Four members of the staff of the clinic (Dr. Lindemann, Dr. Brewster, Dr. LeMoyne White, and Dr. Van Amerongen) have joined hands with the social anthropologist, Dr. Aberle, and the social psychologist, Mrs. Rosenberg, to develop a service and research agency in a suburban community, for the purpose of studying psychiatric referrals with close scrutiny of the family and neighborhood setting in which they occur. Through a five-year grant from the W. T. Grant Foundation, it has become possible to make a detailed study of the social factors which contribute to the development of psychogenic disorders. A steering committee, consisting of Dr. Hugh Leavell of the School of Public Health, Dr. Walter Bauer of the M.G.H., Dr. Samuel Stouffer, head of the Laboratory of Social Relations, and Dean Francis Keppel, School of Education, are planning with us the policies of this community study. The type of information gained through psychiatric study of the problems in the several families of this suburban community gives us new data and insight.

The past year has been a full one in research activity. Dr. Finesinger's major effort has been in preparing the background for intensive studies on the psychotherapeutic process. Since psychotherapy is initiated in the interview, we have been working on methods for studying language as used by the doctor in doing treatment, and by the patient in response to the words of the doctor. We have completed and are now using an automatic speech analyzer to measure the amount of talk by the doctor and the patient, and the specific arrangement of units of speech throughout the interview. These mechanical aspects of speech are related to the content and the emotional situation of the patient. The work on the effects of anoxia on the behavior of patients and control subjects is continuing. One paper has appeared and four others are in press. The emphasis has been on the effects of low oxygen on performance of subjects, as measured by psychological tests, visual acuity, and the response to flicker fusion. With Dr. Brazier, we have also continued the investigation of the effects of low oxygen upon the electroencephalographic records and upon changes in the electrical field of the brain. Collaborating with Dr. Beecher, she has made some important contributions to the physiology of sleep by showing the shifting of the electrical field when the subject falls asleep. In some of the oxygen studies differences between patients and control subjects have been demonstrated. The effect of carbon dioxide is also being studied.

Clinical investigations have been expanded by increasing collaboration with other hospital departments. With the help of a grant from the Massachusetts Cancer Society we have begun a study of the emotional problems of the patient with cancer, in collaboration with the Huntington Hospital, the Vincent Hospital, and the Social Service Department.

With the support of a grant from the U.S. Veterans Administration to the Orthopedic Department we are aiding in a study on disabilities due to fractures of the wrist. The group in Child Psychiatry is engaged in a study of the emotional disturbances following tonsillectomy, the relation of emotions to nutrition, and gastro-intestinal disorders.

One of our perennial concerns is the evaluation of our therapeutic work. Two studies are nearing completion, which will give us an answer. A follow-up study on patients with anxiety neurosis who have been treated on our wards has been completed. A similar study of patients with hysteria is in progress. These studies have already made contributions to the methods of assessing the status of patients. We hope they will throw light on our therapy and result in more carefully directed methods of treatment.

Stanley Cobb, M.D.,
Chief of Service

Massachusetts General is one of three Boston hospitals to receive large grants from the Lou Gehrig Memorial Fund, an adjunct of the National Multiple Sclerosis Society. The amount allotted to the Massachusetts General Hospital will be used for the myelin degeneration study.

The old chestnut tree on the Bulfinch lawn has never, within our memory, been as lovely as it has been this spring. We thought that you MGH-ers who have trekked to distant parts, but who once knew and loved the old tree, might like to know that neither age nor nature's worst tempests have succeeded in marring its beauty.

The Board of Trustees, at their meeting on April 29, voted to appoint:

Dr. S. Ramachandra as Intern on the Dental Service for one year, beginning July 1;

Dr. Charles V. Robinson as Assistant in Research Biophysics, as of March 1.

At their meetings on April 20 and 27, the General Executive Committee voted:

To promote Dr. Paul L. Sweet to the position of Assistant Resident on the Dental Service, beginning July 1;

To extend the appointment of Dr. William P. J. Peete as Clinical Fellow in Surgery from May 1 to November 1.

To appoint:

Dr. Jarrel G. Burrow as Clinical Assistant on the Dental Service, beginning July 1;

Dr. Timothy B. Counihan as Clinical and Research Fellow in Medicine;

Dr. Robert Dierickx as Graduate Student Assistant in Surgery;

Dr. Arthur B. French as Clinical and Research Fellow in Medicine;

Dr. Charles Mentha as Research Fellow in Surgery;

Dr. Carlo A. Montagnani as Research Fellow assigned to the Blood Bank for one year, beginning March 1;

Dr. Walter W. Point, III, as Clinical and Research Fellow in Medicine for one year, beginning July 1;

Dr. Robert E. Staff as Clinical Fellow in Physical Medicine for six months, beginning July 15.

OFFICIAL NOTICES

At a recent meeting of the General Executive Committee a member of the staff brought up the question of adjusting professional fees for persons of marginal income group who were admitted to the Baker Memorial, citing a specific instance of a patient having an income of $3500, Blue Cross and Blue Shield membership, who was operated upon for tonsillectomy. Blue Shield payment for tonsillectomy is $35, the Baker maximum is $100. This patient was requested to pay the additional $65 which he could ill afford to do; in fact, he would not have been a Baker patient if it had not been for his Blue Cross - Blue Shield membership. The Baker Memorial news letter of March 8 carries a notice from the Baker Memorial Staff Committee whereby such a situation could be adjusted:

"If the Admitting Office feels that the patient's financial condition warrants a reduction, they will so notify the surgeon. If the surgeon feels that the maximum fee is out of proportion to the service rendered, he should notify the Admitting Office as to the fee that should be charged."

The machinery, therefore, exists for the adjustment of these conditions and it is hoped that the admitting officers, physicians, and surgeons will bear this procedure in mind in cases of this sort so that they can be equitably adjusted.

Ferdinand Haase, Jr., M.D.,
Assistant Director

Since April 20 all narcotics have been dispensed in liquid form. While this makes no difference with most of them, codeine is more soluble as codeine phosphate and this is the form in which we are providing it. We would appreciate all staff members writing for codeine phosphate, rather than for the codeine sulphate which we formerly provided.

Charles L. Clay, M.D.,
First Assistant Director

SCOLIOSIS CLINIC

The Scoliosis Clinic is held every Friday morning in the Orthopedic Out-Patient Department. Patients with deformities of the spine, due either to lateral curvature or to juvenile epiphysitis, are admitted from the regular Orthopedic Out-Patient Department or directly from referring physicians.

In this connection, it is very encouraging to note that the number of referrals from School Physicians is steadily increasing. The early detection of the presence of scoliosis makes the treatment much more effective.

After examination in the Clinic, a program of treatment is outlined and the exercise portion of this program is carried out under the supervision of the Department of Physiotherapy. When support is indicated, the proper brace is constructed in our own brace shop.

Scoliosis is much more common in girls than in boys, roughly in the proportion of 8 to 2. Lateral curvature, with a deviation of the spine to the right in the dorsal area and to the left in the lumbar area—the so-called right dorsal-left lumbar curve—also is much more common than the left dorsal-right lumbar curve, and roughly in the same percentage of 8 to 2.

In the last several years, we have been evaluating the results of past treatment with reference to the use of exercise, supports, and spinal fusion. Investigations are under way to correlate the relationship between the development of scoliosis and the rate of growth. We know, for example, that the curve increases most rapidly during the period of rapid growth which takes place at the onset of puberty.

We have at present a yardstick which tells us when spinal growth stops, but we have no ruler to tell us when a particular patient is coming into the period of rapid growth. We are making every effort to find such a ruler.

If a given patient, while under treatment, shows a progressive increase in the curve, fusion operation may be advised and this patient is admitted to the Orthopedic Ward, where surgery is carried out after maximum correction of deformity has been obtained. Recumbency following operation is carried out for a period of six months. The patient is then allowed up in a brace and is returned to the care of the Scoliosis Clinic. Protection of the back is maintained for a period of one year from the time of operation. When X-ray studies show that the fusion is solid, a vigorous program of exercise is carried out, so that the individual can return to normal activity without restriction.

The Clinic runs at a fairly consistent level from year to year, averaging around 400 cases.

Paul L. Norton, M.D.,
Chief of Scoliosis Clinic

* * *

FRANKLIN SPILMAN NEWELL

Dr. Franklin Spilman Newell, Honorary Surgeon at the Massachusetts General Hospital, died in Boston on March 3. He was born in Roxbury in 1871, attended the Roxbury Latin School, and graduated from Harvard College in 1892 and from the Harvard Medical School in 1896. He finished his term as House Pupil on the South Surgical Service at the Massachusetts General Hospital the same year, and as House Physician at the Boston Lying-in Hospital in 1897. He entered practice as the assistant of the late Dr. Edward Reynolds, a member of the Massachusetts General Hospital staff, and was appointed to the staff of the Boston Lying-in Hospital and the Gynecological Service of the Boston City Hospital, serving through the various grades up to the position of Chief of Staff in both institutions. He resigned from the Boston City Hospital in 1916 and from the Boston Lying-in Hospital in 1930. Dr. Newell joined the teaching staff of the Department of Obstetrics of the Harvard Medical School soon after graduating from the Boston Lying-in Hospital and became Professor of Clinical Obstetrics in 1918, resigned his position in 1930, and was elected Professor of Clinical Obstetrics, Emeritus, the same year. He was Consultant in Obstetrics at the Massachusetts General and Beth Israel Hospitals, and a trustee of the Boston Lying-in Hospital. He was a fellow of the Massachusetts Medical Society and the American Medical Association, a life fellow of the American Gynecological Society, a senior fellow of the Obstetrical Society of Boston, a former fellow of the American College of Surgeons, a member of the American Gynecological Club, and a senior member of the Boston Surgical Society. Of the many professional honors accorded Dr. Newell, he valued most highly the presidency of the American Gynecological Society which he held in 1926.

To the Boston Lying-in Hospital Dr. Newell brought the attitude of a trained surgeon. He introduced the use of rubber gloves for pelvic delivery, and he improved the technique and broadened the indications for cesarean section. With the late Dr. E. Granville Crabtree he founded the Urological Clinic, and in collaboration with Dr. Burton E. Hamilton he established one of the first cardiac maternity clinics in the United States. He was among the earliest in this country to alleviate the pains of labor in the first stage by the systematic use of nitrous oxide and oxygen. As an obstetrician he possessed skill, courage, and unfailing judgment; as a gynecologist he was a direct and rapid operator who knew what to do and what to avoid, and his patients profited in consequence.

Dr. Newell belonged to the old school of joint practitioners and teachers who treated their younger colleagues with friendship and consideration. Few men in medical Boston in the last four decades have been held by their juniors in such respect, admiration, and affection. He taught the priceless humanistic aspects of practice by example. He allowed nothing to interfere with his obligation to his patients; their welfare was always foremost in his mind. Of a forthright nature, he detested pretense in others, and his professional and personal life was marked by honor and by honesty.

F. C. I.

* * *

Mr. James ~~John~~ B. Noyes, a trustee of the State Street and Old Colony Trust Companies and a former member of the Boston Transit Commission, died on April 30. His wife, Mary Bartlett Noyes, who died in 1936, was a great-granddaughter of the Reverend John Bartlett who is entitled to the credit for taking the first effective step which resulted in the founding of the Massachusetts General Hospital.

As you may remember, John Bartlett was appointed Chaplain of the Boston Almshouse on Leverett Street in 1807, where he became deeply impressed with the hardships suffered by the insane and the sick poor, due to lack of hospital accommodations. A letter, written in 1839 by Mr. Bartlett, gives a picture of the miserable conditions which aroused his interest and spurred him on to action. The letter reads, in part:

> There were generally from 10 to 20 insane in the house, and although the care was taken of them which the circumstances of the house would afford, yet there was no proper place for their confinement and rest; a 20-foot building, with several cells opening into a long entry, in each of which cells was a board cabin or berth, with loose straw, and a pail for necessary purposes, was their only accommodation. The violent were confined in strait-jackets, and the filth and wretchedness of the place were dreadful. At that time there were no places of refuge for the insane in Massachusetts except in a few private houses in the country, owned and managed by doctors. The mode of managing the insane then was most cruel, and unfavorable to recovery. Whipping, etc. was often resorted to (not at the Almshouse, but in these country places). The physicians at the Almshouse were humane, good men, but the subject of insanity they did not appear to understand; or rather, no facilities were afforded them for the employment of those moral remedies which Pinel and others had so successfully applied in France. This wretchedness of this class of patients and their miserable condition in the Almshouse moved my feelings exceedingly. I gave my mind intensely to the study of the causes and remedies of mania in its various kinds. I went to Philadelphia and New York, examined the hospitals there, read Pinel and all the accounts I could procure of the asylums in France and England. I became deeply convinced of the importance of a similar asylum in Massachusetts. What prompted me to action was, several persons of respectability seized suddenly deranged, and brought to the Asylum, were put in these cells. Among them, a Capt. Jones seized suddenly on Change violently deranged. He was a stranger, commander of a vessel, and instantly put into a strait-jacket, and locked up in one of these cells.
>
> I sat down at my desk and wrote from 15 to 25 billets addressed to some of the wealthiest and most respectable gentlemen of Boston, requesting them to meet at Conant Hall on the Monday evening following (March 8th, 1810), to take into consideration the importance of adopting some measures for the establishment of a Hospital for the insane.

These gentlemen did meet. They became interested. Action thus passed into the hands of men of great local influence. The famous circular letter of Drs. Jackson and Warren was issued. Money was subscribed, and the Massachusetts General Hospital was incorporated in 1811.

A framed copy of John Bartlett's "billet", written on March 9, 1810, and his photograph hang in our Archives Room.

In her will, Mrs. Noyes directed that, subject to a life interest, her trustee "expend $10,000 for the benefit of the McLean Hospital at Waverley" and subject to the same life interest, her trustee shall "use the balance of the principal for the erection of at least one wing of a Nurses' Home in connection with the Massachusetts General Hospital, to be named in honor of my said great-grandfather, Rev. John Bartlett."

Through the terms of Mrs. Noyes's will, the Massachusetts General Hospital becomes the legatee of the Noyes estate, valued at $500,000.

* * *

Brief bits:—

Dr. Edward B. Benedict (*WS* 1926), Endoscopist at M.G.H., participated in the Symposium on the Relationship of Gastric Ulcer to Gastric Cancer, at the James Ewing Society of the Memorial Hospital in New York City on January 14; on February 10, he delivered a lecture on "Endoscopy — Its indications and limitations" before the Pentucket Association of Physicians, at Haverhill, Mass.; in April he talked on "Limits of endoscopy in the diagnosis of cancer" at the George Washington University School of Medicine, in Washington, D. C., and on "The use of the operating gastroscope" at the New York Gastro-enterological Association, in New York City. Recent publications by Dr. Benedict include: "Endoscopy as related to malignant disease of the stomach", *Journal of the National Medical Association,* 40: 250-253, 1948; "An operating gastroscope", *Gastroenterology,* 2: 281-283, 1948; with Dr. Richard H. Sweet (*ES* 1928), Visiting Surgeon at M.G.H., "Benign stricture of the esophagus, with special reference to esophagitis, hiatus hernia, esophageal ulcer, and duodenal ulcer", *Gastroenterology,* 11: 618-627, 1948; "Gastritis", *Current therapy,* pp. 76-78, W. B. Saunders Co., Philadelphia & London, 1949.

Dr. Edward F. Bland (*EM* 1929), Physician at M.G.H., is to make a tour in June of the Army hospitals in occupied Germany, Austria, and Trieste, as Consultant for the Surgeon General of the U.S. Army.

Dr. Richard Chute (*ES* 1929), Associate Visiting Urologist at M.G.H., left in May for a similar tour in the Pacific Area.

Information has come to us, over a circuitous route, that Dr. Willard Dalrymple (*M* 1947) is a Captain in the U.S. Army and has been in Oahu, Hawaii, for about a year. He hopes to be discharged from military service in July, and has an appointment at the West Roxbury Veterans' Hospital.

Dr. Jacob E. Finesinger, Psychiatrist at M.G.H., has been appointed a member of the Division of Medical Sciences of the National Research Council, representing the American Psychiatric Association. Dr. Finesinger has been appointed Professor of Psychiatry and Head of the Department of Psychiatry at the University of Maryland Medical School, in Baltimore. He will take over his new duties on a full-time basis the first of January.

It came to our ears recently that Lt. Frederick C. Goetz, MC, AUS (*M* 1947) is awaiting orders to go to Japan.

Dr. Francis M. Ingersoll (*WS* 1939), Assistant in Surgery at M.G.H., will attend the meeting of the American Society for Study of Sterility, to be held at Atlantic City on June 6.

Dr. Donald S. King (*EM* 1920), Physician at M.G.H., will make a tour in June of the Army Hospitals in the Pacific Area, as Consultant for the Surgeon General.

Dr. Joe V. Meigs (*ES* 1921), Chief of Gynecology at M.G.H., attended the American Gynecological Society meeting at Hot Springs on May 16, where he and Mrs. Ruth Graham, formerly of the Vincent Memorial Laboratory, gave a paper on "The value of the vaginal smear". At the June 6 meeting of the American Society for Study of Sterility, at Atlantic City, Dr. Meigs will give a paper entitled "The surgeon surveys the sterile pelvis". On June 21, Dr. Meigs will leave for Europe. He is to visit France, England, Scotland, Sweden, and Norway. He will attend the Twelfth British Congress of Obstetricians and Gynecologists, to be held in London, July 6-8, where he will present a paper on endometriosis and one on cancer of the cervix. He will also discuss a paper on vaginal smears to be presented by Dr. J. E. Ayre of Montreal.

Dr. Fred A. Simmons (*WS* 1935), Assistant Surgeon at M.G.H., is Chairman of the Program Committee for the June 6 meeting of the American Society for Study of Sterility, and will be a participant in the Round Table discussion on male sterility.

Dr. Somers H. Sturgis (*ES* 1933), Assistant Surgeon at M.G.H., is Chairman of Public Relations for the same meeting, and will open the discussion of a paper by Dr. S. R. M. Reynolds on "The problems in uterine physiology and their interpretation".

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Edwin B. Dunphy, Chief of Ophthalmology, will attend the meeting of the American Ophthalmological Society at Hot Springs, Virginia, June 1-4, where he will give a paper on "Ocular conditions associated with idiopathic hyperlipemia". He will also be present at the American Board of Ophthalmology examinations in New York, June 11-16.

Dr. LeRoy A. Schall, Chief of Oto-Laryngology, will sail for Europe on June 21, accompanied by Mrs. Schall. He will attend the 4th International Congress of Oto-Laryngology in London, July 18-23. Dr. and Mrs. Schall will land in Italy, where Dr. Schall will give several lectures. From Italy they expect to journey to France and from there to England, returning August 1.

Two papers on retrolental fibroplasia will be given by members of the Infirmary Staff at the Section on Ophthalmology of the American Medical Association meeting at Atlantic City on June 9. Dr. Parker Heath of the Eye Pathology Laboratory will speak on "The retrolental fibroplasia syndrome: A study of its pathology", and Dr. Merrill J. King will speak on "A clinical study of 200 cases of retrolental fibroplasia".

At the same meeting, on June 8, Dr. David G. Cogan and Dr. W. Morton Grant of the Howe Laboratory will take part in a symposium on ocular injuries.

A "bon voyage tea" was given on May 17 at the Nurses' Home for Miss Dorothy M. Tarbox, Superintendent of Nursing, who left on May 20 aboard the *Queen Mary* for the International Council of Nurses Convention in Stockholm, June 12-16. Miss Tarbox will visit friends in England, Scotland, Norway, and Sweden, returning June 21 from Gothenburg on the *Gripsholm.*

Dr. Alfred Kant (*Oph.* 1948) is opening an office at 129 Clinton Street, Watertown, N. Y.

Recent appointments at the Infirmary are Dr. William Stone, Jr. as Senior Clinical Assistant, and Dr. Donald H. Chickering as Fellow in Ophthalmic Pathology.

Dr. Harris P. Mosher's interesting and amusing reminiscences, given at the spring meeting of the Board of Managers and Corporation of the Infirmary, are well worth publishing. Dr. Faxon secured this transcription for us.

> I have been asked to speak of the old days of the Infirmary, to which I belong.

Years ago—I no longer like giving dates—after finishing a surgical house officership at the Massachusetts General Hospital, followed by one at the Boston Lying-in, I settled at the Boston end of Beacon Street, near Brookline, hoping for a practice in general medicine and surgery. This was slow in coming and I switched to ear, nose and throat, as this was a surgical specialty and I had gotten an inkling of it in the throat Out-Patient Department of the Massachusetts General Hospital. Then I went to Germany for a four-months' graduate course in ear, nose and throat. I spent part of my time in Berlin, but where I learned the most was at Halle, on the River Saale, perhaps a hundred miles south of Berlin. Halle was where the mastoid operation was born, at the hands of Schwartze. It was also Handel's birthplace. Schwartze had been dead about three years, but his assistant and successor, Grunert, was carrying on his clinic.

I escaped marrying my landlady's daughter, through no fault of mother or daughter, but I had left a better prospect behind me in America.

The men I came in contact with at the Infirmary were Dr. Jack, Dr. Crockett, Dr. Hammond—but, especially, Dr. Plummer. Dr. Samuel Jason Mixter, from the Massachusetts General Hospital, the father of the Drs. Charles G. and W. Jason Mixter, was Consulting Surgeon for the Infirmary and did the neck surgery, such as tying the internal jugular vein. I helped Dr. Hammond tie the first jugular vein done by a member of the Infirmary Staff. Halfway through the operation, he was on the point of fainting, but soon recovered and bravely finished the operation. I became interested in lye strictures of the esophagus. Dr. Mixter had always handled these cases, but generously handed them over to me.

All my life I have stood helpless before cancer of the esophagus. Within the past few years, the thoracic surgeons, with their chest approach to these growths, have added the first real hope in treating these tumors. Naturally, the treatment of such cases has swung back to the Massachusetts General Hospital.

What I have to say from now on concerns two striking personalities of my time at the Infirmary. One was a large man, the other a small one. I am speaking of physical characteristics, only. The first man was Dr. Plummer, the other is Dr. Verhoeff. Dr. Plummer has been dead many years. You have just had ample evidence that Dr. Verhoeff is very much alive. [Dr. Verhoeff had preceded Dr. Mosher with his own reminiscences.]

Dr. Verhoeff and I have played opposite each other, as they say in the theatre, for many years—especially at the annual dinners of the alumni of the Infirmary. Each has made the other the butt of most of his remarks and the subject of feeble jokes. Dr. Verhoeff was, and is, always positive—and at times, I am. Dr. Verhoeff hails from Yale and Johns Hopkins. During the First World War, on an inspection trip in France, I came upon the building of the Johns Hopkins's Hospital Unit. Over the door of the castle-like structure was the inscription: "God Made Us What We Are". To me, this explained a lot.

You just heard Dr. Verhoeff say, in his talk which preceded mine, that he liked to argue. At lunch in the House Officers' dining room, I never could quite make out whether we went there to eat or to debate.

House Officers' stories should be taken with a grain of salt. Dr. Verhoeff was long a constant and expert tennis player. A favorite story is that any House Officer who beat Dr. Verhoeff at tennis risked his promotion in doing so. Another legend is that at the bedside and in the operating room, Dr. Verhoeff was a past master in the use of vocal anesthesia.

Dr. Plummer gave me my first chance at the Infirmary, but I do not think highly of him for that alone. He was a rugged individual in mind and body, and in action. He had the broad, unpadded shoulders of the athlete. He did not need, like most of us, Clipper Craft clothes. He had a massive jaw and a big fist. He was clean-shaven, and his hair was closely cropped. His surgery was excellent, and up-to-date for those times. He was fond of testing the puny right arms of the flinching House Officers. I took care not to let him test mine.

He looked the part of the professional wrestler and boxer. For a while, he was Muldoon's wrestling partner, and was a lifelong friend of John L. Sullivan. He had his office in Charlestown, off City Square, where one end of the new bridge is to be anchored. His skill and kindness gave him a large following, and his waiting room was always crowded. If any patient, by accident or design, mentioned "John L.", as he was generally called, Dr. Plummer was off at once with stories about him, regardless of the rest of his patients, who either waited an hour or two or went home—but always forgave him.

He took a daily bath, all year round, off the beach in South Boston. Only a solidly frozen harbor prevented his daily swim.

He often carried a loaded cane. Why—with his skill in defense, which included jujitsu—I could never understand.

His ward visits were picturesque, because one or two local boxing celebrities often trailed along behind him. Once, a half-etherized patient broke loose and had almost made the hospital window, to jump for freedom. It was child's play for Dr. Plummer to subdue him and get him back on the etherizing table. No one else in the hospital had the physique to do it.

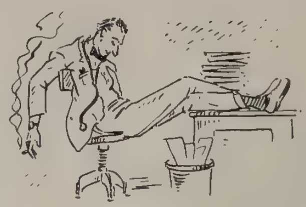
It was a great surprise to me to find that he was one of Boston's first Greek scholars. Once a week he went to Cambridge to see Professor Felton, then Head of the Greek Department at Harvard. Naturally, Dr. Plummer was greatly interested in Greek athletes, and was working on a paper about them, but died with it unpublished.

In his later years, he had a farm in Maine at a convenient distance from Boston. I never could make out that much farming was done there, but he liked the life—especially the animals. He had a pair of oxen, and one day I asked him how he used them. He answered, "I like to see them silhouetted against the sunset sky."

By some members of the staff, there was a raising of eyebrows at Dr. Plummer's striking personality. He had the courage to be himself at all times—a thing which many of us would not dare to do. Those who lifted their eyebrows, I rated then, and still do, far below him as a man.

Dr. Edward M. Plummer

Dr. Robert Trotter started his residency in Ophthalmology on April 1, after being associated with Dr. David G. Cogan in the Howe Laboratory of Ophthalmology as a Fellow in Ophthalmic Research for nine months; and Dr. Hugo Angelini of Clinton, Massachusetts, started his residency in Oto-Laryngology on April 1.



You probably looked for, and were disappointed that you did not find, a second contribution to the newly-launched House Staff column in your last copy of The News. Explanation: there was too little time between the announcement of the new section in the April issue and the deadline date for the May number—too little time for the preparation of an article by any one of our busy House Staff. We trust there will be no further interruptions in the schedule, for, as you read the following article and remember Dr. Rodkey's write-up on China, you will see that we were correct in our presumption that our House Staff has something of significance to say.

To the Editor:

The sketch by Dr. Grillo that heads your new department in The News deserves close examination. There are small details of it not to be passed over unappreciatively. I wonder why Dr. Grillo has his fellow wear a bow tie. The tie-wearing and the non-tie-wearing divisions of the House Staff are notably distinct, if not clearly understood by all observers. This is illustrated by an incident that occurred not long ago in our Emergency Ward. A young lady technician in one of the hospital laboratories cut her finger on a piece of broken glassware. When she presented herself at the E.W. desk she said she had been directed by her superior to request that the injury be treated by "one of the boys without a tie".

Let us back to the picture. A critical evaluation of the pose has been made by some of the staff. One of the critics believes the fellow does not doze, but patiently awaits X-ray reports to be processed.

On the other hand, it seems to me that the young doctor in the drawing does not sleep, but he does dream, half awake. There is a great difference between dreaming asleep and dreaming awake. The former is not reproachable, whereas the latter —which requires more delicate circumstances—has been scoffed at, and its devotees teased by the Philistines. Even Aldous Huxley, who once knew better, classes it poorly: "gossip, daydreaming, and mere self-expression, intrinsically unedifying." It is put in its better light in the closing chapter of *Walden*. "If you have built castles in the air your work need not be lost; that is where they should be. Now put the foundations under them. . . ."

Of course, daydreaming must have its proper time. I think there is only one time for really good daydreaming—during those long minutes that follow the lying down in bed and precede the coming of sleep. A minute is an hour of ideas. Sometimes sleep will overtake one amid those ideas, and sleeping dreams will grow from those of the half-awake. But that is less pleasant than suddenly to be alert, to stop short the free-winging thought, to be swiftly conscious, but for a brief second, that one's mind has been awake while one's body has slept; and then to plunge quickly into dreamless slumber.

Those thoughts-before-sleep are the forms and the perfections, the Entelechy, the may be; for when sleep climbs from the limbs to the brain, we become liberal arbiters.

The morning is clean; the body is rested; and the mind is emptied of the conqueror's schemes, the artist's triumphs, the engineer's plans. The maidens are not so fair in their mirrors as they were in their mind's half-asleep eyes. Sometimes one's head aches.

Elia wrote, understandingly: "Let the most romantic of us, that has been entertained all night with spectacle of some wild and magnificent vision, recombine it in the morning, and try it by his waking judgment. That which appeared so shifting and yet so coherent, while the faculty was passive, when it comes under cool examination shall appear so reasonless and so unlinked, that we are ashamed to have been so deluded; and to have taken though but in sleep, a monster for a god."

There it is—in Dr. Grillo's daydreaming House Officer with the bow tie. The temptation to daydream has won him.

Leonard D. Rosenman, M.D.,
(*ES* 1943 & 1*st asst. r. in S*)

P.S. Your invitation to the House Staff to use these pages has been accepted. Do you agree with Cervantes? "For I am not ignorant of the Temptations of Satan; and of all his Imps, the Scribbling Devil is the most Irresistible."

L. D. R.

Recent gifts to the Archives Department:—

From Dr. Francis M. Ingersoll—a copy of the *Columbian Centinel*, Boston, Mass., Dec. 3, 1817. There is an article on page 1, appealing for funds for the recently incorporated Massachusetts General Hospital.

From Mrs. Samuel Mixter—Dr. Joseph P. Oliver's diploma as Medical House Pupil at Massachusetts General Hospital, 1871. Dr. Oliver was Mrs. Mixter's great-uncle.

From Springer's Flower Shop, Washington Square, Brookline—flowers, once a week, for the Archives Room. When Mr. Springer made his generous offer, it was with the stipulation that there should be no publicity connected with it. He said he didn't expect it and didn't want it. He simply wished to make a friendly gesture for an old acquaintance and for the hospital. However, without Mr. Springer's knowledge until he sees this in print, we decided to tell you who is responsible for the lovely flowers that now grace the table in the Archives Room.

We have always felt that, with attention and pride being understandably directed to the Bulfinch Building, another of our fine old structures has too often gone unnoticed. We are speaking of our Paint Shop, no less—that old brick building which extends along North Grove Street from Cambridge Street to the south end of our Parkman Street parking-lot.

As far as we can find out, it was built in 1810 by Samuel Parkman, a merchant in Boston; and Dr. Washburn, in his *History of the Massachusetts General Hospital*, gives us the story of the building in these words:

"At the time of the death of George A. Parkman, son of Dr. George Parkman . . . , many of the small buildings in the section close by the Hospital had been accepted from his estate in lieu of money bequeathed. By purchase and exchange a large tract bounded by Parkman, North Grove, and Cambridge Streets was secured. When the last of the small buildings upon this area were razed shortly after the close of the War, all that was left standing was the old Market House at the northeast corner of Cambridge and North Grove Streets, and the old wooden house on the southeast corner of Parkman and North Grove Streets. The latter building had been used as the Cement Shop, a storehouse for X-ray records, and then a paint shop. A little later, to increase the parking-yard area, the paint shop was moved to the Market House and the wooden building just mentioned was torn down.

"At different stages of its career the Market House had been a Catholic church (said to be the second of that denomination in Boston), a market house, a picture-frame factory, and in its early days had contained a dance hall used by the youth of Boston's élite when the neighborhood of Allen Street was the 'Court end' of the City. The handsome cupola and weather vane on this building are attributed to Bulfinch. Legend says they were moved there from another building long since destroyed. What this building was and where located is unknown. Unfortunately, it was necessary to cut off forty feet of the Market House when Cambridge Street was widened."

In our Archives file there is a picture of the building as it was before the widening of Cambridge Street, and it is interesting to note that the triangular overhang (or whatever the architects' term for it might be) on the building today, at the corner of Cambridge and North Grove Streets, is an exact reproduction of the corner as it was on the building before the forty feet were cut off.

Dr. Barney, who is particularly interested in our Archives Department and in all matters concerning the traditions of the Hospital, has been browsing about recently inside the Paint Shop. He tells of the enormous beams and other interesting features regarding its construction; and we were delighted when he made the suggestion that an appropriate plaque, giving the history of the building, be placed upon its outside wall. In this way, the old structure will at last receive the attention it so well deserves.

Massachusetts General Hospital has had fourteen directors during the one hundred twenty-eight years of its existence. From 1821 to 1858 the chief executive officer was known as the Superintendent. The title was then changed to that of Resident Physician, and not until 1922 was the term Director adopted.

Captain Nathaniel Fletcher was the first Superintendent of M.G.H. He was a seafaring man who had been supercargo and master of vessels out of Newburyport, in the employ of Moses Brown. His name is on the old list of members of the Marine Society of Newburyport, which he joined in 1807.

If you are surprised that a mariner should have been chosen as the chief administrator of the hospital, Dr. Washburn's chapter on "Administration" in his *History of Massachusetts General Hospital* will serve to orient you to early 1800 conditions. Dr. Washburn says:

> It is a far cry from the day when it was often the case that a physician who was a poor practitioner, a parson who was not a success in the pulpit, or almost any business man with no special training was good enough to be a hospital superintendent. This never did apply to the Massachusetts General Hospital, whose executive officers have always been carefully selected according to the conception of the job at the time. Today it is the rule that hospital administrators go through long periods of training before they can aspire to head important hospitals. This training is usually by apprenticeship, and the position of Assistant Director in our important hospitals is in demand for this purpose. There are also courses in hospital administration given in certain universities and under the auspices of the American Hospital Association. . . .
>
> The early hospitals of our country were patterned after the voluntary hospitals of England. There it was and, in some cases, still is the custom for trustees actually to take a direct part in the details of administration. So in the early rules of the Trustees we find that the twelve Trustees "divide themselves into six Visiting Committees, each to consist of two Trustees and each to serve for two months." The Visiting Committees met once a week at the Hospital. They made "rules and terms for the admission of patients", and admitted and discharged patients at their discretion. Amongst other duties the Visiting Committees "are to visit wards and rooms once every week; shall inquire into the conduct of the Officers and Attendants; examine whether economy be preserved and whether the entries, wards, apartments, beds and linen be clean, well aired and in good order; whether the food be of good and proper quality; and whether the directions of the Acting Physician and Acting Surgeon and their Assistants respecting the patients be carefully, punctually and humanely executed." The Visiting Committee were to do all these things themselves, and records show that they did try faithfully so to do. Thus, at the beginning the Hospital had many managers—each member of the Board, and the Superintendent and the Apothecary. . . .
>
> In spite of this divided authority and multiplicity of bosses and duties, and the small pay, Captain Nathaniel Fletcher—and twenty-one other applicants—sought the job of Superintendent.

Captain Fletcher had been successful as a mariner, and had acquired what was considered in those days a comfortable amount of money, most of which he in-

No. 17 in a series of Staff photographs
Dr. Charles S. Kubik—Chief of Neurological Service

vested in real estate and shipping. Then came the Embargo Act and the War of 1812, during which he lost all of his savings. He sailed various vessels out of Boston, and when he was in command of the ship *Arrow*, in 1812, he was captured and carried into France.

Dr. Washburn's paragraph on Captain Fletcher's incumbency reads:

> Captain Fletcher was made Superintendent of the Hospital on April 1, 1821, five months before it opened, in the "meridian of his life", as one of his letters of recommendation puts it. His wife, the former Betsy Rowe of Newburyport, was made Matron. Their quarters, and those of their successors until 1891, were in the centre of the Bulfinch Building, on the third floor of that structure, with rooms on the second floor in the middle of that building on the north side of the corridor and their parlor on the south side. All these second-story rooms were a part of the Treadwell Library of later date. Captain Fletcher died in office on May 1, 1825.

Our Archives file contains several interesting manuscripts concerning Captain Fletcher. A letter from Moses Brown, dated 1818, highly recommends Captain Fletcher to anyone who needs a shipmaster. Letters from several outstanding citizens recommend Captain Fletcher for the position of Superintendent of M.G.H. and for Mrs. Fletcher for the position of Matron. One letter of recommendation contains this paragraph:

> His wife, I understand, is a healthy woman and very capable to take care of the sick. As to his family, he says he will make such a disposition of them as shall be consonant with the wishes of the Trustees—those of his children that would be useful he would keep with him—the others he would send into the country to live with his friends.

Further information regarding Captain Fletcher's family is furnished in a letter he wrote to the Trustees on April 20, 1822. Apparently, there were six children, three of whom lived at the hospital. In his letter he says that one of them—a son aged fifteen years—is "useful to the institution, to go errands and do many other things where it would take of a man". Three other children were boarding with friends in Quincy, and in this letter to the Trustees, Captain Fletcher asks permission to have another child with him. He writes: "I should wish one of them to come home and live and take turns. That would make them more contented." The Visiting Committee minutes of April 25, 1822 show that his request was granted.

Another letter from Captain Fletcher to the Trustees, written in 1824, says that his salary of $600 a year is not sufficient, and asks for an increase. The letter reads:

> My duty, care, and responsibility is very great, for I am employed from morning till 10 and 11 o'clock at night. Also, my wife's duty is very great, and my son is employed at writing most of his time. An additional sum to my salary would be but small to the Institution but of great benefit to myself and family when I am past labour. I am obliged to economize in all my expenses, and when the quarter comes about, my $125 is all expended for clothing, taxes, schooling and board for my children, etc.

The hospital records show that he was granted an increase of $100 a year.

Captain Fletcher died in office. Our files contain the receipted bill for making his casket. The charge for the casket, with plate and trimmings, came to $28.18.

Visitors to our new Blood Bank quarters will notice a rectangular-shaped window with a single pane of dark red glass, high up on one of the walls of the main room. Dr. Faxon tells us that it has been left there since the time when our Photographic Laboratory occupied this location —a time which Dr. Faxon remembers very well. The window was in the laboratory darkroom.

Important events, concerning Massachusetts General Hospital, that occurred in the month of June during the earlier part of the nineteenth century:

June 12, 1817—By a resolve passed by the Legislature, it was provided that the stone for the hospital should be hammered and fitted for use by the convicts in the State Prison. The work thus done was estimated at over $30,000.

June 6, 1824—A cold and warm salt-water bathing-house was ordered to be erected at the hospital.

June 20, 1825—General Lafayette, with his son and several other distinguished gentlemen, visited the hospital. They were conducted through the several wards and other parts of the building.

June 23, 1844—Plans for two wings for the Bulfinch Building were reported in progress and a Building Committee was appointed.

June 27, 1847—The new east wing was completed, and contributors and the public were invited to visit it. On July 16 the wing was opened for the reception of patients.

June 16, 1858—A second request from Miss Sarah W. Salisbury that she be admitted to the hospital for the study of Medicine was again refused. It was not until June of 1867 that the first female student was admitted.

* * *

A gentleman recently phoned to offer snake venom service for the following kinds: spitting cobra, black-necked cobra, yellow cobra, Egyptian banded cobra, night adder, puff adder, and black mamba.

While it is the administration's duty to inform staff members of this facility, we also intend to restrict its use to those who can show evidence of suitable provocation.

C. L. C.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 81 Boston, Mass. July and August 1949

ORTHOPEDIC SERVICE AFFAIRS

Since our last report of Orthopedic Service Affairs in THE NEWS of July 1947, the Visiting Staff remained essentially unchanged until February of this year, at which time Dr. George W. Van Gorder, who for twenty years has been a member of our Visiting Staff, joined Dr. Smith-Petersen in the rank of Consultant. This event was celebrated by a dinner given to Dr. Van Gorder by the Orthopedic Visiting and Resident Staff of the hospital. He was presented with a portrait of himself which will some day be hung with others of the MGH family in our Orthopedic Conference Room on White 5.

It would be difficult to estimate the number of medical students, residents, and postgraduate surgeons who have benefited from Dr. Van Gorder's extraordinary teaching ability. Clarity and ease of presentation, without reference to notes and with obvious complete grasp of the subject being presented, make his lectures and demonstrations models to be emulated. He has always been particularly interested in the management of fractures, and the present enviable position of the Fracture Clinic at the M.G.H. is due in no small part to his efforts. He has also been in charge of the Amputation Clinic, and scores of amputees have been sympathetically and expertly cared for by him. Fortunately, he—like Dr. Smith-Petersen—continues to come to our Orthopedic and Fracture Rounds and participates in the discussion of our case problems. Russell traction cases rarely pass through the door without comment or criticism from G. V-G! The resident who can present a patient with Russell traction correctly applied has passed a difficult test with flying colors.

It is becoming increasingly obvious that fractures treated on the public wards are not a satisfactory cross section of fractures as they occur in the general population, and that it is essential to include industrial accident and private patients if a good teaching clinic is to be maintained. All fracture cases treated in the Baker Memorial Division are used as teaching cases and are called back at the end of a year for end-result study. The Visiting Staff has welcomed the use of these cases. The pros and cons of various methods of treatment are discussed with our accustomed freedom, and the anatomic, functional, and economic end-result is carefully evaluated. Each member of the Resident Staff has a tour of duty in the Baker Memorial, and there is no longer a separate Baker resident. Orthopedic Rounds on Wednesday mornings and Fracture Rounds on Friday mornings continue to be extremely well attended. The Amphitheatre on 3A is no larger than is necessary to accommodate our staff and visitors.

Various clinical research problems continue to occupy a considerable portion of the time of our Visiting Staff. Drs. Armin Klein, Robert J. Joplin, and John A. Reidy have been engaged, for a number of years, in the study of end-results of treatment of slipped upper femoral epiphyses. A method of treatment has been evolved which is definitely superior to previously-recommended procedures. In fact, the results are so good that the accuracy of our end-result study has been questioned. Previously-used methods gave a high incidence of aseptic necrosis of the head of the femur, and limited motion in the hip often occurred. The method now recommended, in the case of patients with minimal slipping of the head of the femur, consists of insertion of a three-flanged nail through a lateral approach, followed by immediate mobilization and relatively early weight-bearing. In those cases where the head of the femur has slipped more than 1 cm., the head is replaced by open operation and is fixed with a three-flanged nail, again followed by early mobilization and weight-bearing. A series of over fifty consecutive cases treated by this method have had excellent anatomic and functional results, with no case of aseptic necrosis of the head of the femur.

During the past year, a study on unequal growth of the lower extremities in poliomyelitis, which has been in progress for over ten years, was finally brought to a close. Drs. Allan J. Stinchfield, Jack Reidy, and the writer of this article, have been able to work out a correlation between the inequality in muscle power and the relative length of the two extremities. It is possible to predict, with a fair degree of accuracy, in children who have had poliomyelitis before the age of ten, the amount of shortening that can be expected. Individual cases show variations of considerable magnitude from the average, but the method of prediction, which is the first of its kind to have been worked out, should prove to be of value in estimating the time at which epiphyseal arrest should be done, in order to equalize leg length.

There are a number of research projects under way at the present time, on which a report will be made at a later date.

The Orthopedic Conference Room on White 5, which was originally designed for our Wednesday morning Staff Rounds, is now being used for small conference groups, third year teaching seminars, etc. It is hoped that this room will eventually be more attractively furnished and be equipped with suitable tables, chairs, filing cases, etc., so that it can be used for reading and research purposes, as well as for conferences.

Joseph S. Barr, M.D.,
Chief of Service

At the annual meeting of the Vincent Club, held at 0 Marlborough Street on May 17, it was voted to give thirty-three thousand dollars this year to the Vincent Memorial Hospital—twenty-eight thousand to be paid over immediately, and five thousand at a later date.

Miss Sarah S. Reed, II as President, Miss Pamela A. Whitney as first Vice-President, and Mrs. George N. Chamberlain, Jr. as second Vice-President will continue in office another year. There were elected Mrs. Atherton Loring, Jr. as third Vice-President, Mrs. Thomas H. Lanman as Treasurer, Mrs. Carl J. Gilbert as Assistant Treasurer, and Mrs. William H. O'Brien as Secretary.

Members-at-large who will serve on the Board of Managers for the ensuing year are Mrs. James Todd Baldwin, Mrs. Malcolm Bancroft, Mrs. Charles F. Choate, Mrs. George A. Parson, Mrs. John B. Reece, and Mrs. George P. Sturgis.

The Nominating Committee, under the chairmanship of Mrs. Charles F. Hovey, includes Mrs. E. Mauran Beals, Jr., Mrs. Arthur H. Brooks, Jr., Mrs. W. Denison Brooks, Mrs. Forrester A. Clark, Mrs. William B. Long, Jr., Mrs. Carleton Pike, Mrs. Philip H. Theopold, and Miss Sarah E. Thorndike.

* * *

At the Massachusetts General Hospital Research Meeting, held on May 6, Dr. Robert S. Schwab spoke on "New drugs in the treatment of Parkinson's disease", and Drs. Oliver Cope, E. B. Gordon, J. F. Hopkirk, and M. Ingebretsen discussed "The pathologic distribution of water and electrolytes in patients, following perforated duodenal ulcer".

At a special Massachusetts General Hospital Research Meeting, held on May 23, W. F. H. M. Mommaerts, Ph.D., of the Department of Biochemistry, Duke University School of Medicine, spoke on "Fundamental problems in muscular and cardiac biochemistry".

OFFICIAL NOTICE

The Blood Bank needs voluntary donors. As the improvements in medical and surgical care advance each year, more and more people require blood, sometimes in large amounts. For many patients donors are unobtainable, or only in small numbers, and cash replacement is impossible.

For this reason, and to provide a wider margin of reserve for emergencies, the Blood Bank requests all who wish to donate blood to call Extension 261 between the hours of 9 A.M. and 5 P.M. for an appointment. The Bank is open Monday, Tuesday, Thursday, and Friday, from 1 P.M. to 4:30 P.M.; Wednesday, from 3 P.M. to 7 P.M.; and Saturday (except during July and August), from 8:30 A.M. to 10 A.M.

All persons between the ages of 18 and 60 may give if the Blood Bank physician finds them fit after a history, an abbreviated physical examination, and a hemoglobin test have been done.

THE GIVING OF YOUR BLOOD MAY SAVE A LIFE.

IT WILL BE OF GREAT ASSISTANCE TO SOME PATIENT.

IT WILL BE A REAL SERVICE TO THE HOSPITAL.

Lamar Soutter, M.D.,
Director of the Blood Bank

Our new X-ray Research Laboratory at Massachusetts General was dedicated on June 2. As principal speaker on that occasion, Dr. Paul D. White made the following remarks:

"In 1914, thirty-five years ago, there was opened in the basement of the Skin Ward, old Ward G, the first laboratory in this hospital for the study of heart disease. This was made possible by a generous friend of the hospital, a patient of Dr. William H. Smith, Mr. Francis Skinner, Jr., who contributed a fund for the purchase and installation of one of the earliest electrocardiographs set up in this country. As the years have passed since that day, a number of other public-spirited benefactors of cardiovascular research have added their names to our honor roll through their individual contributions to research grants and fellowships, apparatus and construction, embodied in our so-called most useful and elastic Cardiac Research Fund. It is a great pleasure to welcome several of these individuals here today and to express to them our great appreciation of their aid, without which our own labors would have been in vain. I would like to emphasize here and now my firm belief in the essential value and need of private contributions to help us doctors in our attack on medical problems which is the first step in the proper treatment and, still more important, in the prevention of disease. Public aid from Congress and the Public Health Service, and help from the larger associations, funds, and foundations are of the greatest importance, of course; but while seeking such help we must not lose sight of the vital worth of private contributions, which not only are a great source of satisfaction to those of our individual citizens who can afford to claim such a stake, but are also of the greatest aid to us in adding to the fluidity of our research funds. We do hope you will continue to aid us, both in general and in particular.

"As our cardiovascular researches and facilities have grown through the years, far outstripping the original technique of electrocardiography, one after another new procedure has been added to our armamentarium. Several of the most important have had to do with the use of roentgen or X-rays, and although we of the old Cardiac Laboratory have been using our own fluoroscope in our researches for many years, we have urgently needed new space and apparatus to develop our research and routine clinical contributions by the skilled use of catheterization of the heart, contrast injection studies of the heart and great vessels, and electrokymography. A team composed of internist (Gordon S. Myers), surgeon (J. Gordon Scannell), and radiologist (Stanley M. Wyman) has already become expert in this field and will carry on in the new laboratory. There is here an illustration of the healthy and promising collaboration of various medical fields, both in research and in the care of patients.

"Happily, a year and a half ago, there came to our rescue Mrs. Louisa Brown who has most generously contributed a large sum for the building on the second floor of the White Building, adjoining and as a new unit of the X-ray Department of the hospital, this beautiful two-room laboratory which is being officially opened today. I am happy to say, also, that this laboratory will serve other X-ray research needs as well as those concerned with diseases of the heart and blood vessels. It is a pleasant foretaste of the new Research Building now contemplated for this hospital."

A tablet, bearing the following inscription, has been placed upon the door of the laboratory:

THIS LABORATORY
WAS MADE POSSIBLE BY
A GENEROUS FRIEND
IN RECOGNITION OF THE
CONTRIBUTIONS TO CARDIOLOGY BY
PAUL DUDLEY WHITE, M.D.

The Board of Trustees, at their meeting on June 10, voted to appoint:

Dr. Benjamin A. Barnes as Third Assistant Resident in Surgery, beginning August 1;
Dr. Ernest S. Crawford as Third Assistant Resident in Surgery, beginning July 15;
Dr. Robert B. Dodd as Assistant Resident in Anesthesia, beginning January 1, 1950;
Dr. Louis F. Johnson, Jr. as Assistant Resident in Anesthesia, beginning July 1, 1950;
Dr. George H. Lawrence as Third Assistant Resident in Surgery, beginning July 15;
Dr. George D. Ludwig as Third Assistant Resident in Surgery, beginning July 15;
Dr. Isaac V. Manly as Third Assistant Resident in Surgery, beginning July 1;
Dr. Edward P. Richardson as Assistant in Neurology and Neuropathology.

At their meetings during May, and on June 1, 8, and 15, the General Executive Committee voted:

To promote:

Dr. Gordon L. Block, Jr. to the position of Resident in Urology, effective July 1;
Dr. Robert B. Higgins to the position of First Assistant Resident in Urology, effective July 1;
The following Surgical Interns to the position of Third Assistant Resident:

Dr. Sigurd B. Gundersen, Jr.
Dr. Talmage W. Nielsen
Dr. Paul S. Russell, Jr.
Dr. Paul Talalay
Dr. Roger E. Wilcox

To continue the appointments of:

Dr. Arthur S. Keats as Assistant Resident in Anesthesia for one year, beginning August 1;
Dr. Albert Michel as Assistant Resident in Anesthesia for six months, beginning September 1.

To appoint:

Dr. Lytle D. Atherton as Second Assistant Resident in Urology, beginning July 1;
Dr. Samuel C. Capps as Clinical Fellow in Pathology for one year, beginning July 1;
Dr. Melvyn J. Gardner as Clinical Fellow in Psychiatry for six months, beginning July 1;
Dr. Buford Hall, Jr. as Clinical and Research Fellow in Medicine, assigned to Cardiology, beginning July 1;
Dr. Joseph L. Koczur as Clinical Fellow in Physical Medicine for the period July 1, 1949 to April 1, 1950;
John R. Reid, Ph.D. as Research Fellow in Psychiatry;
Dr. Frank C. Wheelock, Jr. as Clinical Fellow in Surgery for the month of July;
Dr. Lysle H. Whitmer as Clinical and Research Fellow in Medicine, beginning July 1, to work with Dr. Walter Bauer;
Dr. James G. Wood as Clinical Fellow in Radiology, as of October 1.

The General Executive Committee also voted:

To change Dr. Charles Mentha's title from Research Fellow to Clinical and Research Fellow in Surgery;
That Dr. Edward J. Sennett's status be changed from that of Resident in Radiology to Clinical Fellow in Radiology for one year, beginning July 1.

* * *

PULMONARY CLINIC

The Pulmonary Clinic, which meets once a week, is concerned for the most part with chronic lung disease. The establishment of such a special clinic was recommended by the General Executive Committee and authorized by the Trustees on June 20, 1925. Dr. Donald S. King became Chief of the Clinic in May of 1931. I joined his staff the following month and worked under him until, in the spring of 1942, he left with the 6th General Hospital for active military duty. I was then asked to take over.

The conditions most commonly encountered in the Clinic are pulmonary fibrosis and emphysema, bronchiectasis, neoplasm, tuberculosis, and lung abscess—in about that order. We accept cases referred by sanatoria and other hospitals where they have had a medical work-up. From within the M.G.H., the Nurses' Training School and the Staff Clinic utilize us in a consulting capacity; other patients must have been seen previously on the wards or in the medical clinic. There is a close liaison with Thoracic Surgery, whose out-patient clinic meets at the same time. The distinction of our thoracic surgeons has resulted in many patients being sent to the M.G.H. for possible operation. Most of these people pass through our Clinic, notably patients with bronchiectasis and with demonstrable masses or suspected neoplasms.

An aging population provides us with the problem of degenerative disease—chiefly pulmonary fibrosis and emphysema, an irreversible process in which our function is to attempt to protect the individual from the intercurrent respiratory infections which accelerate the progress of his disease. The effect of prophylactic doses of sulfonamides on cutting down these infections has been studied for the past few winters. A group of patients with fibrosis and emphysema who have had recurrent episodes of winter infections necessitating repeated hospital admissions have been carried from September to June on small daily doses of one of the drugs—usually sulfamerazine—with careful observations of blood counts and urine for evidences of toxicity. One man who was admitted yearly from 1942 to 1946 with pneumonia has now gone through three winters, 1947-1949, without a single disabling infection, and as a result has been able to return to gainful employment.

Bronchiectasis is a prevalent disease. If limited in extent, it may be eradicated surgically. Bronchography, under the supervision of Dr. Lowrey F. Davenport, is utilized in mapping out the normal and diseased areas. Much bronchiectasis is associated with infection of the sinuses, and Dr. Robert L. Goodale has worked with us closely for years in evaluating this aspect of the disease. Appropriate treatment of sinusitis, prior to chest surgery or in association with the medical management of those patients whose bronchiectasis is not amenable to operation, has proved to be of great value.

The problem of cancer looms increasingly large, and that is particularly true of bronchial cancer. Bronchoscopic examinations by Dr. Edward B. Benedict and Dr. Davenport are carried out where neoplasm is suspected. Recently, cytologic studies of the sputum, performed by the Vincent Laboratory, have given added diagnostic assistance.

The status of tuberculosis in the community is, as we all know, changing. The Pneumothorax Clinic, which was opened in 1934, was discontinued in 1945. While it was in operation, it provided the opportunity to follow a small group of patients through this phase of their treatment and to help them in making the transition from sanatorium life to resumption of normal activity. We are still seeing a number of these individuals in the Pulmonary Clinic for prolonged follow-up. Several of the young women have since married, have had healthy children, and have themselves remained well. Chest survey films are now made of all patients admitted to the hospital, and under the auspices of the Staff Clinic all employees are also X-rayed. Many communities and industries also have adopted this practice. In these films the chief problem is that of appraising the asymptomatic disease or process uncovered. The young population is increasingly tuberculin negative. As a corollary to this, the problem of primary tuberculosis in the adult is coming to the fore. The Nurses' Training School, well aware of this, X-rays and tuberculin tests all entering students. Those with suspicious X-rays are referred to us and those whose tuberculin reactions become positive in the course of their training are followed by us. Close observation of these nurses is teaching us more about this disease.

The introduction of chemotherapy in the treatment of lung abscess has resulted in apparent medical cure of many patients whose disease would formerly have required surgical drainage or removal. We follow these individuals closely after their discharge from the medical wards.

The Pulmonary Clinic is carried by a group of clinicians, all of whom are part-time workers at the hospital. We have no funds of any sort, and no fundamental investigation in pulmonary disease is being carried out.

Helen S. Pittman, M.D.,
Chief of Pulmonary Clinic

* * *

ERRATUM

In reporting the death of Mr. James B. Noyes and the gift to the Massachusetts General Hospital of $500,000 which, through the terms of Mrs. Noyes's will, is to be used toward the building of a Nurses' Home, to be named in honor of her great-grandfather, Rev. John Bartlett, Mr. Noyes's first name was given in the June issue of THE NEWS as John, instead of James.

* * *

WARREN LIBRARY

It is of interest to note that Warren Library is more than just a permanent collection of books in a hospital. Ever since its founder, Dr. John C. Warren, left a fund "for the purchase of religious and moral books" to be given to patients upon dismissal from the hospital one hundred eight years ago, the Warren Library has continued to be a distinct and separate adjunct of the M.G.H. which has worked closely with the doctors in the treatment of patients.

The program of the original founder was followed until 1880, at which time the Warren family consented to the purchase of a permanent collection of books to be loaned to patients during their stay in the hospital. This proved to be so popular that by 1882 the service and scope of the library was extended to include not only patients, but "all others connected with the hospital in any way, with the privilege of exchanging books as often as desired".

By 1904 the library had grown to such proportions that, for the first time, a full-time librarian was engaged. And for the first time in any hospital anywhere in the world, as far as is known, bedside library service to patients was begun. After six years of bedside service, it was apparent that a conveyance of some sort was needed to carry the books to the patients. Thus, in 1910, Dr. Washburn designed the book cart which was to be used at M.G.H. This cart was later adopted by the American Library Association as a model hospital book wagon. Dr. Washburn's model is still in use in many hospital libraries today.

GROWTH: From the original collection of Dr. Warren's books which were kept in the Superintendent's Office a hundred eight years ago, Warren Library has grown to over five thousand volumes, with its own repository in the basement of the Bulfinch Building. It is staffed now by three librarians and numerous volunteers.

From gifts to out-going patients, our service has grown to include patients in all parts of the hospital and the ever-increasing family of MGH staff. With the advent of the paper-bound book, and especially since the impetus given to the reading of books by the last war, even the heretofore necessarily neglected contagious wards are now being given bedside library service.

In connection with Bibliotherapy, the Warren Library has recognized the fact that there are people who just don't take to books and reading. And in order to reach these non-readers, the help of the movies, radio, music, and recently of television, has been enlisted in a series of programs to bring these patients into the friendly surroundings of the library itself and thus, perhaps, in a subtle way, to interest the non-reader in books.

The Warren Library has always co-operated with the Psychiatric Department in the treatment of the mentally disturbed. It is our belief that the psychiatric patient must, if he is fully to recover, associate with the mentally healthy on an equal social basis. We believe that the library has much to offer by holding parties and get-togethers, at which all patients may participate in a relaxed and painless way. The Warren Library is always ready to cooperate in the best tradition of its history.

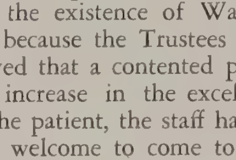
SERVICE: Probably most of you are already familiar with the theories of Bibliotherapy, but for the few who are not a brief word of explanation will, perhaps, give a better understanding of our aims. Bibliotherapy, so says the medical dictionary, is "the employment of books and the reading of them in the treatment of nervous disorders". In a broader sense, it is the fitting to a patient of a book that is sufficiently interesting to him to make him forget his troubles—at least, temporarily—and allow the body to heal, unhindered by extra emotional pressures. The realization that this is possible is being brought more pointedly to our attention with each new stride in the field of psychosomatic medicine.

It is our belief, also, that the actual "fitting process" is of therapeutic value. For here a friendly person—and, to the patient, one disassociated from the hospital—brings to him a bit of the familiar in the form of books and a little extra time for conversation. This person brings, also, the freedom in an almost "choiceless environment" to choose whether he will read or not. And perhaps that very opportunity to refuse may be a factor in returning to a discouraged patient a feeling of self-importance that will be helpful in the process of recovery.

The success of any attempt in Bibliotherapy is dependent not only upon an adequate supply of books and willing bibliotherapists, but also upon the interest and cooperation of the doctors, nurses, and social service workers who come in contact with the hospital patients. Much of this library's success and growth is due to this very same interest and very tangible help from all the professional staff.

Because MGH patients are the primary reason for the existence of Warren Library, and because the Trustees have always believed that a contented personnel means an increase in the excellence of service to the patient, the staff has always been made welcome to come to, and to use, the facilities of the library. Comfortable chairs, and tables full of magazines and newspapers are provided in the library for use of patients and staff alike. The library is open every day except Saturday from 8:30 to 5, and on Saturday from 8:30 to 12, for the circulation of books to the staff. There is no limit to the number of books a staff member may borrow at one time, and no "short term" loans. For the convenience of the staff, the library is cataloged, classified, and arranged as is your public library. Off-duty staff members are welcome, as long as seats last, to come to Wednesday afternoon movies and to watch the television.

Kathleen Sergott,
Librarian, Warren Library



Our second Superintendent was Nathan Gurney, who served the M.G.H. from June 12, 1825 to November 13, 1833. Mr. Gurney came from Abington, Massachusetts, where he had been a Selectman and an Overseer of the Poor for about twenty years. He had also been sent as a representative to the General Court whenever his town sent one.

Our Archives file contains several letters recommending Mr. and Mrs. Gurney to the positions of Superintendent and Matron, respectively, and the minutes of the Visiting Committee say that on July 1, 1825, the Gurneys "took possession of the Hospital . . . and the keys of the building were delivered to them, with the inventory of the furniture."

Mrs. Gurney died at the hospital on March 7, 1829, after a brief illness.

A letter from Mr. Gurney to the Trustees, dated February 20, 1830, reads:

> Holding an Office under the authority of the Board of Trustees of an Institution which has been raised to its present elevated rank among similar Institutions in the Country, by the constant *care, watchfulness* and *exertion* of the Board, therefore, every possible change in any of its internal arrangements may in some degree effect its interests. Having during the considerable time I have been connected with the Institution, been treated by the Board with the greatest respect and kindness (for which I ask permission to tender my grateful acknowledgments) I however have it in contemplation to change my present situation, and to connect my self [sic] with a Lady of this City, and therefore deem it proper to make you acquainted with this intention and to request the favour of the Board that a Committee may be appointed, with whom I may confer, and learn their views, perhaps, better than by submitting any specific proposition.

Apparently Mr. Gurney did not receive a prompt reply from the Trustees, for another letter from him to the Board, dated March 21, 1830, reads as follows:

> In a late communication, I intimated to the Board an intention of changing my present situation, and uniting my self [sic] with Mrs. Elizabeth Fennelly of this City. I was not so explicit in my views at that time, as I should have been, had there not been some uncertainty existing, whether she would be willing to reside in the Hospital, on account of the adverse opinion of some of her friends. Since that time, however, she has come to the conclusion, that she is willing to remove there, and enter upon the duties of that situation, provided she has the approbation of the Board, the opinion of some of her friends to the contrary notwithstanding.
>
> You will permit me, therefore, to enquire whether such a connection would be satisfactory to the Board, so far as the interests of the Hospital are concerned.
>
> If such a course does not comport with the views of the Trustees, it would be pleasant to me, if a verbal intimation could be given instead of spreading it upon their records.

The Trustees must have given him their blessing, for, according to Bowditch, the wedding was celebrated in fine style on March 21, 1830. The House Physicians officiated as groomsmen, and many of the patients were present. "It was a gay scene — one seldom witnessed in a Hospital."

On September 7, 1833, Mr. Gurney sent a letter of resignation to the Trustees, which they accepted with regret.

The last two items in our Gurney file are a letter from him to the Trustees, written in November of 1833, asking for remuneration for two of Mrs. Gurney's carpets which were left on the floors of their "parlour and chamber" in the Bulfinch Building at the request of the Visiting Committee, and a receipt for $6.00 for "certain carpets", signed by Gurney.

Following his resignation, Mr. Gurney became an Alderman of the City of Boston. He died here in 1850.

Our third Superintendent at Massachusetts General Hospital was Dr. Gamaliel Bradford, IV, son of one of the original Trustees of the Hospital.

Dr. Bradford was born in Boston in 1795. He graduated from Harvard College in 1814, and studied medicine at the University of Edinburgh in 1819 and 1820. He practised medicine in Boston until 1827, when he gave up practice and was in business until 1833. He then became Superintendent of the hospital, which position he held until his death in 1839.

Dr. Bradford contributed to several newspapers and magazines, and was actively interested in the anti-slavery cause and in the temperance movement. He was a member of the Massachusetts Society of the Cincinnati, and of the Massachusetts Historical Society. He married Sophia, daughter of Colonel Nathan Rice of Hingham. Their children were Frances, Gamaliel V, and Sarah.

In 1839, following Dr. Bradford's death, the Trustees' Report characterizes him as "a man equally remarkable for strict integrity of purpose, and great independence of judgment."

In our Archives file of Bradford papers are two letters written by him, applying for the position of Superintendent at the Hospital, and his bond for $5,000. A letter from Nathaniel I. Bowditch, Secretary of the Board of Trustees, to Henry Andrews, Treasurer of M.G.H., says that on December 6, 1835, the Trustees voted "that the sum of one hundred dollars be paid to Dr. Bradford for the present year and that hereafter the salary of the Superintendent be raised from five hundred to six hundred dollars" per year.

Other papers of a business nature and a very interesting photograph of Dr. Bradford are in our files.

The fourth Superintendent of the Massachusetts General Hospital was Captain Charles Sumner, whose service was a short one—December 17, 1839 to November 21, 1841.

The Sumner folder in our Archives file contains only a photograph of the Captain, and a letter from his daughter which gives us all the information we have concerning him. The letter reads:

"The Captain Charles Sumner, who was Superintendent of the Mass. General Hospital was my father. He took the position probably while waiting for a ship. The Captains in my father's time were very unlike those of today, as they did the business for the firms for whom they sailed. My father was not a college man, but he was a man of education & culture. He could have made a fortune like many of his friends, but would not smuggle opium into China. . . . He was a cousin of the Senator Charles Sumner."

Colonel John Marston Goodwin was the fifth Superintendent of the Massachusetts General Hospital. His term of service, like that of his predecessor, Captain Sumner, was a short one—March 21, 1841, the date on which Captain Sumner resigned his position, to November 2, 1845.

Our Archives file contains many interesting manuscripts concerning Colonel and Mrs. Goodwin, including a copy of the Colonel's military record, taken from the Roster Books of the Massachusetts Militia officers, and papers having to do with his previous appointment as Steward at the "McLean Asylum for the Insane". Copies of these papers and of letters written by Colonel and Mrs. Goodwin have been set up in print, ready for publication in this issue. Lack of space necessitates withholding them until later.

MASSACHUSETTS EYE & EAR INFIRMARY

At the recent annual meetings of the National Ear, Nose and Throat Societies, Dr. LeRoy A. Schall, Chief of our Oto-Laryngology Service, was elected President of the Broncho-Esophagological Society, Vice - President of the American Board of Oto - Laryngology, and Vice-President of the American Laryngological Association.

Dr. Philip E. Meltzer (*Aural* 1919) was elected President of the American Otological Society, while Dr. Kenneth Day (*Oto-Lar.* 1924) of Pittsburgh was elected Vice-President, and Dr. Gordon D. Hoople (*Oto-Lar.* 1926) of Syracuse was elected Secretary-Treasurer.

At the examination of the American Board of Oto-Laryngology, held recently in New York, Dr. David W. Brewer (*Oto-Lar.* 1948), Dr. J. H. Tom Rambo (*Oto-Lar.* 1948), and Dr. Eugenio Ramero Diaz (*Harvard Postgraduate in Oto-Lar.* 1948) of Cordoba, Argentina, passed the examinations for certification.

The Infirmary's first course in Orthoptics, the study of defects of ocular motility and binocular vision, was completed on June 4 by the following three college graduates: Miss Caroline Densmore of Wellesley College, Miss Carolyn King of Bryn Mawr College, and Miss Marian Rich of Mount Holyoke College. The course is given jointly by the Massachusetts Eye and Ear Infirmary and the Simmons College School of Orthoptics, because of the great demand for these technicians in ophthalmologists' offices.

The weekly Pathology Conferences, presided over by Dr. Parker Heath and attended by doctors from many of the Boston hospitals as well as by the Infirmary's own staff, have been discontinued for the summer months. Dr. Heath will conduct the Lancaster Courses in Basic Ophthalmology, under the auspices of the Ophthalmological Study Council, from June 25 until September 10, at Westbrook Junior College in Portland, Maine.

Dr. V. Everett Kinsey, Dr. W. Morton Grant, and Dr. David G. Cogan of the Howe Laboratory, and Dr. Parker Heath of the Eye Pathology Laboratory attended a meeting of the Association for Research in Ophthalmology in Philadelphia on June 6 and 7.

Dr. Charles I. Johnson gave two papers on May 9, at San Antonio, Texas, on "Intracranial complications of otogenic and rhinogenic diseases" and "The role of the roentgen ray in diagnosis of otolaryngological problems".

Dr. Philip E. Meltzer gave a paper at the meeting of the American Otological Society, held in New York City on May 19, on "Surgical procedures directed toward the prevention of hearing impairment in children".

Mrs. Eunice Wilson, Director of Social Service at the Infirmary, and Miss Beth Eaton, Social Service Worker, will attend the National Conference of Social Work, June 13-20, in Cleveland, Ohio, where Mrs. Wilson will read a paper on "Case work approach to the handicapped child and his parents".

The Board of Managers accepted with regret the resignation of Dr. Philip Mysel, Surgeon in Oto-Laryngology since 1947, and Dr. Lloyd J. Duest, who has served since 1941 as Clinical Assistant in Ophthalmology. Dr. Vincent J. Kelly has been promoted to the rank of Surgeon in Oto-Laryngology to fill the vacancy left by Dr. Mysel.

Dr. Levan Garron completed his fellowship in Eye Pathology on June 1 and has returned to his home at 206 Linda Avenue, Piedmont, California.

Dr. David G. King began his residency in Oto-Laryngology on June 1.

Dr. James M. Sams completed his residency in Oto-Laryngology on July 1 and will return to his home in Johnson City, Tennessee.

Miss Jean Whitelaw, from Toronto, visited the Infirmary June 6-11, observing our methods of working with the preschool blind child. Miss Whitelaw, a representative from the Canadian National Institute for the Blind, plans to visit agencies for blind children in New York City, returning to Boston to attend the summer school for blind babies and their parents at Perkins Institution.

New addresses:—

Dr. Charles C. Derrick (*P* 1940 & *EM* 1942), 25 Maple St., Springfield, Mass.

Dr. Ethel Fanson (*gr. asst.* 1942), 73 El Nido Ave., Pasadena 10, Cal.

Dr. Gilman W. Haven (*dn. s. McL*), 29 Bay State Road, Boston, Mass.

Dr. Robert D. Mattis (*Oph.* 1942), 4474 Westminster Place, St. Louis 8, Mo.

Brief bits:—

Dr. Bradford Cannon, Assistant Surgeon at M.G.H., recently attended the meetings of the American Board of Plastic Surgery and the American Association of Plastic Surgeons, held in Ann Arbor, Michigan. He and Mrs. Cannon and their five children went by car, camping out on the way. They reported that at the honeymoon spots at Niagara Falls, nobody was fooled. Dr. Cannon spent a pleasant and instructive afternoon with Dr. Donald N. Sweeny, Jr. (*WS* 1941) in Detroit.

At the meeting of the American Orthopedic Association, in Colorado Springs, Dr. Edwin F. Cave (*ES* 1926 & *Or.* 1928), Visiting Orthopedic Surgeon at M.G.H., delivered a paper on "The patella", which is to be published later.

At the meeting of the California Medical Society, held in Los Angeles on May 8-11, Dr. Chester M. Jones (*EM* 1919), Physician at M.G.H., gave three lectures—"What's new in Gastroenterology", "Nutritional aspects of anastomotic surgery", and "Gastro-intestinal allergy". At Williams College, on May 16, Dr. Jones talked to the undergraduates on "A career in medicine".

Dr. Terry E. Lilly, Jr. (*ES* 1943) is a Resident in Surgery at the Philadelphia General Hospital. His new address is 5402 Baltimore Ave., Philadelphia 43, Pa.

We have been told that Dr. George F. Odland (M 1947) was released from military service on July 1. He has an appointment as Research Fellow in the Department of Anatomy at Harvard Medical School, beginning the first of September.

Dr. Eugene A. Osius (*WM* 1923) spent a few days at M.G.H. recently, reminiscing with old friends and studying some of our new techniques. If Dr. Osius's visit with Dr. Faxon, which we were in on, is a fair criterion, a good time must have been had by all who came in contact with Dr. Osius while he was here.

Dr. Edward P. Richardson, Jr. (*M* 1943) returned home last January, after a "most wonderful" fifteen months in England, spent partly in Neurology at the National Hospital, Queen Square, London, and partly in Psychiatry at the Maudsley Hospital, London. He is now at M.G.H. again, serving as Assistant in Neurology and Neuropathology. Dr. Richardson has promised us a write-up of his London experiences for an early issue of THE NEWS.

Dr. Howard B. Sprague (*EM* 1924), Associate Physician at M.G.H., has been chosen President-elect of the American Heart Association, to succeed Dr. Harold M. Marvin in 1950.

Dr. Howard P. Wood (*EM* 1948) has moved to Philadelphia, where he will be serving a Residency in Psychiatry at the Pennsylvania Hospital. His address is Pennsylvania Institute, 111 North 49th St., Philadelphia 39, Pa.

We had a most interesting interview a few weeks ago with a patient on White 6. He was Avram Dorion, who was Assistant Director and who plays the leading role in the first of a series of documentary films that are to come out of the new State of Israel. Here is a summary of what Dorion told us:

Before entering the motion picture industry, he had spent some time in central Europe and had been a soldier for four and a half years in the Jewish Brigade in Palestine, while that country was under the British protectorate. He said there were 30,000 Jews in the British Army at that time.

This first motion picture, mentioned above, is called "Dream no more" and, as the title suggests, shows the development of the State of Israel from the embryonic dream to the present actuality. The picture had been completed with the exception of certain shots that needed to be taken in Jerusalem. Dorion, who was living at that time in Tel Aviv, made the hour-and-a-half trip to Jerusalem in an armored car, for the record showed that 90% of all who had attempted that journey had been killed. Although he was attacked by the Arabs on the way, he managed to reach Jerusalem.

Dr. Judson A. Smith, Obstetrician
No. 18 in a series of Staff photographs

On February 22, 1948, the very morning after he had finished the last of the pictures, four huge trucks loaded with dynamite, which had been brought during the night into the square upon which his host's apartment fronted, were exploded. Every building within a wide area was demolished and every living creature killed, except Avron Dorion. He was picked up a while later by members of a first aid squad who had rushed to the scene, and was taken to the Haddassa Hospital—his body lacerated and riddled from head to foot. For nine months he was kept alive by artificial feeding, and eight surgical operations were performed for the removal of pieces of glass and other foreign materials which had been driven deep into his body by the explosion.

Because of the persistent inability to swallow, it was believed that the esophagus had been severed, and the Israeli Government arranged for him to come to the Massachusetts General Hospital in order that Dr. Richard H. Sweet, Visiting Surgeon on our staff, might take over his case. Dorion said that several of his countrymen had already been sent by the government to Dr. Sweet, whose name was therefore well known and was held in a very special kind of high regard over there. Examination here at M.G.H. revealed that the esophagus was not severed, but had become so distorted from the inflamation caused by his injuries that he was unable to swallow. At the time we talked with him he was on the road to recovery, but as we looked at him and saw the cruel evidences of the extent and seriousness of his wounds, we marveled that he was still alive.

After a period of convalescence, he is planning to visit Hollywood to study our American techniques in the art of motion picture making before he returns home. When we asked him if, in addition to the directing of pictures, he will continue to appear on the screen, he said, "Yes—I expect to and hope to. Make-up can do wonders toward covering up my scars, you know."

Dorion said that he, like many who have gone from other countries to settle permanently in Israel, has changed his name to one of pure Hebrew origin. He had already chosen Dorion as a stage name before his accident occurred, and because of the significance of the meaning of the name, his whole family has now adopted it. "Dorion means 'a present' or 'a gift'," he said, "and my life being saved, after what happened, seems like nothing short of a present to me."

This very interesting letter has come from Lt. Thomas H. Green, Jr., MC, AUS (*WS* 1947).

Although my wife and I eagerly await the coming of each month's News, I am ashamed to say that this is the first letter I've written since leaving the M.G.H. last June, to serve two years in the Army. Now that we are temporarily living on foreign soil, the arrival of the latest issue (one was forwarded to us just the other day) is an even greater event. At any rate, I don't wish to postpone any longer sending our thanks for all the pleasure we've derived from each copy.

Until this past March we were stationed at Fort Ord, California, situated on the Monterey Peninsula, about one hundred miles south of San Francisco. Any of you familiar with that region know what a beautiful spot it is; and, as the Station Hospital located there was a very active one, we spent an enjoyable eight months from all standpoints.

In March, on rather short notice, and along with most of the other medical officers in the same group, we received overseas orders. In our case it meant Germany, and we barely had time enough to pack up and make the trek to New York before sailing. We had a very pleasant and uneventful voyage, and landed in Bremerhaven on Easter Sunday morning.

In this first month in Germany I have run across a great many HMS graduates, and a number of MGH-ers, as well. Nearly all the surgeons were sent initially to the 98th General in Munich, and there I found a couple of classmates finishing their two-year hitch. In addition, Cecil Baxter (*WS*, vintage 1944, I believe) had only recently departed from the 98th, and John Sosman was about to leave and must by now be on his way to the M.G.H. to start a residency in X-ray. Incidentally, they were still talking about the visits paid them by Dr. Cope and Dr. Beecher, at the 98th. Cliff Straehley (*WS* 1947) arrived in Munich shortly after I did, and we spent about two weeks there. We were subsequently reassigned — Straehley was sent to Giessen and I came back to Bremerhaven, both as Chiefs of Surgery at the respective Station Hospitals.

A week ago the OB Consultant from the 97th General in Frankfort flew up here to see a patient, and he turned out to be Major George Rafferty, HMS '29 and formerly at the Boston City Hospital. With him was Bill Brewster, currently an anesthetist at the 97th, but planning to start a residency in Anesthesia at the M.G.H. in October. So it appears to be a small world over here, too!

The 319th Station Hospital here in Bremerhaven is housed in the former German Naval Hospital and, as might be expected, is a very nice place in which to work — fine equipment, imposing red brick modern buildings, beautiful grounds, etc. We average about 300 patients, which should keep 7 medical officers moderately busy during the coming year. In addition, there are a few German physicians working here — most of them well trained, conscientious, and eager to learn American ideas and methods.

You have undoubtedly heard in detail about postwar Germany from Dr. Cope, Dr. Beecher, and others who may have been over, so I won't attempt to describe the little I have seen of it, except to say that Germany is a very beautiful country and every bit as picturesque as we had imagined. There remains plenty of evidence of the war, particularly in the larger cities, but it is amazing what has been done in the way of reconstruction in a few years. The people seem healthy, cheerful, and reasonably prosperous, for the most part — at least, in the American Zone. Of course, the lifting of the blockade is the most recent event of general interest over here, although it took place quietly enough. The Air-Lift had certainly grown to be something of tremendous importance, from both economic and political standpoints. I had no real idea of the magnitude of the operation until I stood on the Autobahn across from the Rhein-Main Airfield near Frankfort one day and saw the sky literally dark with hundreds of planes flying to and from Berlin on the shuttle.

Our address until June 1950 will be:

319th Station Hospital
APO #69
c/o Postmaster
New York, N. Y.

and we certainly will welcome future issues of The News, and any letters that might be written.

THE NEWS

No. 82 Boston, Mass. September 1949

FREDERIC A. WASHBURN

> "The noble acts which he did and his greatness, they are not written: for they were very many."

From 1897 to 1934—a period of thirty-seven years—Dr. Washburn was connected in one position or another with the active direction of the Massachusetts General Hospital. From 1934 to 1949 he served as an honorary member of the Hospital Committee of the Trustees.

Great personalities build great institutions and, conversely, great institutions attract great men and women. Such institutions acquire personalities as real as those of individuals. If the personality of the institution is one of high idealism it repels the weak and insignificant and retains only those personalities worthy of its own ideals. Thus, to be associated for so long a period with such an institution as the M.G.H. speaks well of the character of that individual.

Dr. Washburn was a master of organization and detail; calm, judicial, keen, thoughtful, and farsighted; unswerving in integrity, with high ideals and committed whole-heartedly to the welfare and development of the M.G.H. The growth of this institution during the present century and its standing among the great hospitals of the world is due in no small degree to the personality and achievements of Dr. Washburn.

He was thought by many to be an austere and unfriendly person, due mainly to his military bearing and reserved manner. Acquaintance uncovered a man of many sympathies, kindly, friendly, and humorous. He demanded of his associates unswerving loyalty and integrity and in return gave unswerving friendship and support. Exacting of others, he was even more severe and critical of himself. His intimate friends affectionately called him "Gen" and his associates "Colonel", in reference to his really distinguished military service. To all others he was Dr. Washburn. He was universally respected and admired.

Dr. Washburn was born in New Bedford in 1869. He graduated from Amherst College in 1892 and was awarded an honorary M.A. degree in 1928. He received his medical degree from Harvard in 1896 and was immediately appointed as House Officer on the South Surgical Service at the M.G.H., graduating in 1897. He served as Assistant Resident Physician for part of 1899 and from 1903 to 1908 when he became Resident Physician and later Director (the same position under a new name), serving until his retirement in 1934. In 1915 he was appointed Director of the Massachusetts Eye and Ear Infirmary, filling a dual post in the two institutions until his retirement.

His distinguished military career began as Surgeon and First Lieutenant with the 6th Massachusetts Volunteers, serving in the Porto Rico Campaign of 1898-99, and then as Assistant Surgeon and Captain with the 26th U. S. Volunteers in the Philippines from 1899 to 1903. As Major, he organized and commanded Base Hospital No. 6 during World War I until promoted to Colonel and placed in charge of all United States hospitalization in Great Britain, for which he received the Distinguished Service Medal from the American Government and the Order of St. Michael and St. George from the British.

Under his wise and skillful direction the M.G.H. expanded in many ways: Orthopedic Ward I in 1907, Walcott House, a new nurses' home, in 1913, the combined Wards A and F in 1915, the Moseley Memorial Building in 1916, the Phillips House in 1917, the remodeling and fireproofing of the Bulfinch Building in 1924 and 1926, the Connecting Building with the Massachusetts Eye and Ear Infirmary in 1927, and, finally, the Baker Memorial in 1930, represented the major physical improvements carried on under his direction.

He instituted a new administrative organization with representative Medical, Surgical, and General Executive Committees, and a staff organization with Service Chiefs, to obtain continuity of policy in the treatment of patients and in medical research, resulting in better care for patients and a tremendous stimulation to the scientific spirit of research.

Probably the greatest achievement of Dr. Washburn's civilian career was the founding of the Baker Memorial Hospital for the care of people of moderate means with hospital charges at cost and a limited professional fee. This project attracted wide support on his contention that "The Phillips House is for the rich, the General Hospital for the poor, but there is no haven of medical care for those of moderate means."

Following his retirement, by reason of reaching the age limit for Director as fixed by the Trustees, he was appointed Commissioner of Institutions for the City of Boston, serving in that capacity for two years. He then became Director of the Cambridge Hospital, now called Mount Auburn Hospital, from 1937 to 1946 when he retired from active hospital administration.

He left the impress of his personality and ability as an administrator upon all the institutions with which he was connected: the Massachusetts General Hospital, Massachusetts Eye and Ear Infirmary, Cambridge Hospital, and the Long Island Hospital of Boston. He was President of the American Hospital Association in 1913, and in 1932 was made a member of the Council on Medical Education and Hospitals of the American Medical Association, serving for several terms. For a number of years he was President of the Medical Superintendents' Club, composed of the administrators of the leading hospitals of the United States and Canada, and of the Hospital Superintendents' Club of New England. A member of the Massachusetts Society of Mayflower Descendants, he was at one time its Governor.

Dr. Washburn died at his home, 190 Bay State Road, on August 20, 1949. His has been a distinguished career. "He was a good man and just."

N. W. F.

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Professor Ian Aird of the Postgraduate Medical School of London will deliver the next Edward P. Richardson Lecture on November 3. His subject will be "The surgery of gastro-duodenal haemorrhage".

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Dr. Clemens E. Benda, Assistant in Psychiatry at M.G.H., is a member of a team which, under the auspices of the Unitarian Service Committee, left on June 29 for a two and one-half months' study tour in Germany. The Committee has established an Institute for Child Education and Care in Voehl, Hessen, where three seminars, of three weeks' duration each, will be held so that German delegates may learn American methods of child education and psychiatric care in the way of organizing child guidance clinics, psychiatric out-patient clinics, and the handling of juvenile delinquency. At the same time, the team intends to study psychiatric conditions of the youth in Germany.

Dr. Benda will attend the International Neurological Congress in Paris, September 5-10.

Two more members of our staff—Dr. Duncan E. Reid, Assistant Obstetrician, and Dr. Hermann B. F. Seyfarth, Assistant Dental Surgeon — were sent to Europe this summer by the Unitarian Service Committee. They conducted courses in Germany to bring displaced physicians, dentists, and pharmacists up to date in their fields.

STAIGE DAVIS BLACKFORD

Dr. Staige Davis Blackford (*EM* 1927), professor of the practice of medicine at the University of Virginia, died July 17, 1949, at the University Hospital, following a heart attack which had occurred two weeks before. He is survived by his widow, Lydia Fishburne Blackford, and by a son and a daughter.

Dr. Blackford belonged to a family long prominent in Virginia and the South in education and in medicine. Throughout his life he was a leader. He was prominent in student affairs during his undergraduate days at the University—as captain of the football team, as president of his class in medicine. After further training at the Massachusetts General Hospital, he returned to a teaching career at his *alma mater,* where he served on the faculty for twenty-one years. At the time of his death he was Chief of Gastro-enterology at the medical school. He was the author of numerous publications in the field of internal medicine and had made notable contributions in connection with tularemia. He was a Fellow of the American College of Physicians, a member of the American Clinical and Climatological Association, and a trustee of the Episcopal High School.

During the first World War, Dr. Blackford served with the University of Virginia section of the Army Ambulance Service and was decorated by France with the Croix de Guerre. In World War II, he was instrumental in organizing the 8th Evacuation Hospital, with which he served as Chief of Medicine in the North African and Italian campaigns, and received at the hands of General Mark Clark the Legion of Merit. Members of the 6th General Hospital will vividly recall the warm welcome they received from Dr. Blackford and the 8th Evacuation Hospital on their arrival in Casablanca in February 1943.

To the undersigned, Dr. Blackford's passing brings to a close an association and friendship of college days, cherished through medical school, internship, and World War II. The University of Virginia has lost a distinguished son, the M.G.H. a loyal alumnus.

E. F. B.

MAYO HAMILTON SOLEY

The Massachusetts General Hospital takes a sustained and lasting interest in the careers of her sons and daughters. She takes maternal pride in their accomplishments. When one is tragically snuffed out at the height of creative achievement, as was, on June 21 last, Mayo Hamilton Soley (*EM* 1935), her heart is full of sorrow.

Dr. Soley's career was a brilliant one. Following his internship here, he went to the University of California, where he remained on the full-time staff until 1948, when he became Dean and Professor of Medicine at the Medical College of the State University of Iowa.

At California, Dr. Soley steadily rose from the rank of Assistant in Medicine to that of full Professor of Medicine. His activities there were largely in the fields of teaching and clinical investigation. He was a well-grounded and competent internist and a stimulating teacher. In research, his field of special interest was the thyroid. He founded and developed in the University Hospital an excellent thyroid clinic, modeled somewhat after ours here, with which he was familiar. Closely associated with the great school of nuclear physicists at Berkeley, he was a pioneer in the use of radioactive iodine in the study of thyroid physiology and pathology, and in the care of patients. A distinguished bibliography records the results of his studies.

At Iowa, he was but getting started in the solution of many and tough academic problems with which he was well qualified to deal, but fate decreed that he should succumb. A host of friends mourn his going.

It is to be hoped that the lesson may be learned from his sacrifice that our leaders need consideration, as well as do the problems with which they struggle.

J. H. M.

* * *

At the annual meeting of the American Electroencephalographic Society, held at Atlantic City in June, Dr. Mary A. B. Brazier, Research Fellow in Psychiatry at M.G.H., was re-elected Treasurer, and Dr. Robert S. Schwab, Associate Neurologist on our Staff, was re-elected Secretary of the Society.

Dr. John W. Cass, Jr. (*WM* 1931), Assistant Physician on our Staff, and Dr. Herbert H. Howard (*WS* 1914) have been named as two of a five-man executive board for Boston's Long Island Hospital.

The Board of Trustees, at their meetings on June 24 and July 22, voted to appoint:

Dr. Lawrence J. Barrows as Assistant Resident in Neurology, beginning July 1, 1950;

Dr. Albert Cohen as Assistant to the Children's Medical Service;

Dr. Walter S. Kerr, Jr. as Assistant in Urology, beginning September 1;

Dr. Janet W. McArthur as Assistant to the Children's Medical Service;

Dr. Vernon H. Mark as Second Assistant Resident on the Neurosurgical Service, to begin July 1;

Dr. Benjamin F. Miller as Associate Physician to the Children's Medical Service;

Dr. Thomas W. Moran as Second Assistant Resident in Pathology for one year, beginning July 1;

Dr. Bertram Selverstone as Assistant in Neurosurgery, beginning July 1;

Dr. Iwao Uyeda as Intern on the Children's Medical Service, beginning June 15;

Dr. Louis Weinstein as Assistant Physician to the Children's Medical Service.

In addition to appointments already reported, the Trustees, at earlier meetings, voted to appoint:

Dr. Robert A. Fishman as Assistant Resident in Neurology for a period of six months, beginning July 1, and further to appoint him as Resident in Neurology for six months, beginning January 1, 1950;

Dr. John E. LeDonne as Third Assistant Resident in Dermatology, beginning July 1;

Dr. Donald W. S. Stiff as Resident in Radiology for one year, beginning July 1.

At their meetings on June 15, 22 and 27, and July 13, the General Executive Committee voted:

To accept the resignation of Dr. Eda A. Polcari as Clinical Assistant in Medicine;

To extend the appointment of Dr. Richard G. Nilges as Assistant Resident in Neurosurgery from July 1 to September 30.

To promote:

Dr. Roy V. Buttles to the position of Resident in Pathology, beginning July 1;

Dr. Dorr F. Hallenbeck, Jr. from Assistant Resident to Resident in Psychiatry for six months, beginning July 1;

Dr. William J. James from Assistant Resident to Resident on the Neurosurgical Service from July 1 through December 31;

Dr. Joseph Leighton from First Assistan Resident to Resident in Pathology, beginning July 1;

Dr. Hugh A. MacMillan from Second Assistant Resident to First Assistant Resident in Pathology, beginning July 1;

Dr. Winfield S. Morgan, III, from Second Assistant Resident to First Assistant Resident in Pathology, beginning July 1.

To appoint:

Dr. Sadegh Amini as Clinical Fellow in Dermatology for one year, beginning July 1;

Dr. Thornton Brown as Clinical and Research Fellow in Orthopedic Surgery, beginning October 1;

Dr. John D. Crawford as Clinical and Research Fellow on the Children's Medical Service for one year, beginning August 1;

Dr. Elmer F. Franseen as Clinical Assistant in Orthopedic Surgery for one year, beginning August 1;

Dr. Kenneth Fremont-Smith as Research Fellow in Anesthesia for one year, beginning July 1;

Dr. Emile Gautier as Clinical and Research Fellow on the Children's Medical Service for one year, beginning September 15;

Dr. Robert D. Griesemer as Clinical Fellow in Dermatology, beginning July 1;

Dr. Dora Chao Hsi-Chih as Clinical and Research Fellow on the Children's Medical Service for one year, beginning July 1;

Dr. Julio F. Morató-Manaro as Clinical and Research Fellow on the Children's Medical Service for one year, beginning September 1;

Dr. Charles H. Read, Jr. as Clinical and Research Fellow on the Children's Medical Service for one year, beginning September 1;

Dr. William E. Reynolds as Research Fellow in Medicine for one year;

Dr. Donald O. Rudin as Research Fellow in Anesthesia for one year, beginning July 1;

Dr. Edwin A. Smith as Clinical Fellow in Dermatology for one year, beginning July 1;

Dr. Ramon Suarez, Jr. as Clinical Fellow in Medicine for one year, beginning July 15;

Dr. Isaac M. Taylor as Clinical Fellow in Medicine, to visit in the Medical Out-Patient Department during the summer months;

Dr. William H. Timberlake as Clinical Fellow in Neurology for one year, beginning July 1;

Dr. Isabelle Valadian as Clinical and Research Fellow on the Children's Medical Service for one year, beginning September 1.

The following promotions in the Surgical Resident Staff became effective July 1:

Dr. Glenn E. Behringer to Second Assistant Resident;

Dr. James M. Davis, Jr. to Second Assistant Resident;

Dr. W. Sterling Edwards to Second Assistant Resident;

Dr. Sheridan S. Evans to First Assistant Resident, to begin August 1;
Dr. Hermes C. Grillo to Second Assistant Resident;
Dr. Robert S. Shaw to Second Assistant Resident;
Dr. William D. Shorey to First Assistant Resident;
Dr. Blair van H. Thatcher to First Assistant Resident;
Dr. Earle W. Wilkins, Jr. to First Assistant Resident.

Commencement exercises were held in the Samuel Eliot Memorial Chapel on May 11 for the graduating class of the McLean Hospital School of Nursing. The Invocation was given by Rt. Rev. Robert P. Barry. Mrs. Robert Homans announced the members of the graduating class. The ceremonies included an address by Dr. George MacEchnie, Dean of Sargent College, Boston University; songs by the Glee Club, directed by Homer Whitford; and presentation of the Wetherill Award by Dr. Wood to Mr. John Wentworth and Mr. Robert Belyea. The award is given to the two students who have most consistently shown a spirit of thoughtfulness for others throughout their course of study, or have most noticeably developed this characteristic while in the school.

The Class of 1949 has presented a most useful and lasting gift of a sundial to the hospital, and also a donation of money to the Annabella McCrae Scholarship Fund.

A topectomy was performed recently at this hospital by Dr. Lawrence Pool of New York, assisted by Dr. H. Thomas Ballantine, Jr. of the Massachusetts General staff. The operation consists of resection of cortical tissue from the frontal lobes of the brain, for treatment of mental illness.

The total number of admissions of patients during the year was 305. There were 326 patients discharged — only 16% of them not improved. New treatments and therapy have shortened the average period of hospitalization, thus increasing the rate of admissions, also reflecting a decrease in chronic types of illness.

Recently opened at the McLean Hospital are a Beauty Salon and a Coffee Shop, for both patients and employees. The Coffee Shop serves light lunches, as well as sodas and sundaes.

One of the most inspiring events of the year was the dedication of a very beautiful stained glass window in the Samuel Eliot Memorial Chapel on November 28. This window was made possible by the generous gifts of patients, relatives, and friends of the hospital.

MASSACHUSETTS EYE & EAR INFIRMARY

The Committee on Ophthalmology of the National Research Council has chosen Dr. David G. Cogan, Director of the Howe Laboratory of Ophthalmology and Associate Professor of Ophthalmology at Harvard, and Dr. S. Forrest Martin, Assistant Surgeon at the Eye and Ear Infirmary, to conduct a survey of individuals who were exposed to the atomic bomb explosions at Nagasaki and Hiroshima. The project is to last three months, beginning September 3, when Dr. Cogan and Dr. Martin will fly to Japan.

To quote from a letter from the National Research Council:

"Additional impetus has been given to this study in recent months because of the finding of cataracts in a number of individuals who were and are working with cyclotrons and other radiant energy producing processes. . . .

"The background of the Atomic Bomb Casualty Commission briefly is as follows: In November 1946, the President of the United States, at the request of the Secretary of the Navy, directed the National Academy of Sciences – National Research Council to conduct long-term investigations of the medical and biological effects of the atomic bombings in Japan. The Council established the Committee on Atomic Casualties, of which Dr. Thomas M. Rivers of Rockefeller Hospital is the chairman, and the Committee in turn took over the Atomic Bomb Casualty Commission in Japan, which consisted of several individuals who were already working in Kure and Hiroshima. The Commission felt its way along cautiously during 1947, and it was not until 1948 that the operations and facilities began to expand rapidly. Studies are now being conducted in the three cities, Hiroshima, Nagasaki, and Kure (the latter being a control city), the studies in Nagasaki being fairly restricted at the present time. . . . The Commission works in cooperation with the Japanese National Institute of Health and operates as an agency accredited to the Supreme Commander for the Allied Powers, although in actuality it is not a part of the Occupation Forces.

"In general, it is the plan of the Commission to examine as carefully as possible, by both clinical examinations and laboratory examinations, individuals and their offspring of both exposed and control populations."

Dr. Cogan and Dr. Martin expect to return during the early part of December.

Dr. Parker Heath, Director of the Eye Pathology Laboratory, was elected President of the American Ophthalmological Society at its meeting in June.

Dr. Henry F. Allen completed his residency in Ophthalmology on July 31. He will open an office at 200 Beacon Street.

On September 30, Dr. Albert K. T. Ho completes his residency in Oto-Laryngology and will return to his home in Honolulu, T.H., where he will set up his practice.

Recent appointments are Dr. Robert J. Brockhurst, who began his residency in Ophthalmology on July 1, and Dr. Nathan Nachlas, who began his residency in Oto-Laryngology on September 1.

Dr. J. H. Tom Rambo (*Oto-Lar.* 1948) has been appointed to the Staff of the Endaural Hospital in New York City. This hospital is affiliated with the Julius Lempert Research Foundation, Inc.

Contracts for the building and reconstruction at the Infirmary have been let to the Sawyer Construction Company. The work began in August.

The Infirmary has had several visitors from other lands during the last few months:

Dr. H. C. Sun of the Chuloo Medical School, Tsinan, Shantung, China, visited the Infirmary on June 23.

Dr. G. Bietti of Pavia, Italy, visited us on July 8. On July 21, Dr. Bietti gave a lecture on "The present state of chemotherapy in eye tuberculosis", to which the members of the Ophthalmic Staff were invited.

Dr. H. G. Enzenberg, from Sydney, Australia, came to the Infirmary from the Lempert Research Foundation, Inc., where he met Dr. Tom Rambo, who advised him to visit the Infirmary. Dr. Enzenberg was interested in the fenestration operation.

Dr. Felix E. Logans, from Bogota, Colombia, observed at the Infirmary for a week in July.

Dr. Octavio Machado, from the Azores, will be observing in the Infirmary clinics from July until November 1. He also attended the Lancaster Lectures in Portland, Maine.

Operative techniques were observed by Dr. Simons of Indiana on July 28.

In the interest of expediting the get-acquainted period, we have decided to publish short biographical sketches of the new members of the House Staff. It seems to us that valuable associations—

both social and professional — may be started much more quickly as a result of the data disclosed. Therefore, we are planning to publish as many such sketches as possible each month until the entire new section of the House Staff has been covered.

Since the biographies will be brief, we have coined a new word for them. From now on, they will appear under the heading

BIOGLETS

Dr. Clyde Owens Brindley, Intern in Medicine — home address, Temple, Texas; A.B., University of Texas, 1938; M.D., Duke Medical School, 1943; Intern, Duke Hospital, 1943-44; U. S. Army, January 1944-December 1946: 3rd Army Artillery in Belgium, 85th Engineer Battalion in France and Germany, and 42nd Infantry Division in Germany and Austria; biochemical research, Johns Hopkins, 1947, and at M.I.T., 1948-49.

Dr. Ernest Stanley Crawford, Third Assistant Resident in Surgery — born in Evergreen, Alabama, May 12, 1922; A.B., University of Alabama, 1943; two years, University of Alabama Medical School; two years, Harvard Medical School; M.D., 1946; Intern, general surgery, M.G.H., 1946-47; U. S. Navy, July 1947-July 1949: General Surgical Service, Portsmouth Naval Hospital, Portsmouth, N. H.; married July 3, 1949.

Dr. George Albert Culver, Assistant Resident in Anesthesia — born in Lampasas, Texas, 1922; B.A., University of Texas, 1942; M.D., University of Texas Medical School, 1945; Intern, Gorgas Hospital, Ancon, Canal Zone, 1945-46; U. S. Army, 1946-48: Brooke General Hospital, Fort Sam Houston, Texas; Fellowship in Physiology and Pathology, University of Rochester School of Medicine and Dentistry, Rochester, N. Y., 1948-49.

Dr. Robert Allen Fishman, Assistant Resident in Neurology — born in New York City; home, Forest Hills, Long Island; U. S. Navy, 1943: Newport, R. I.; A.B., Columbia University, 1944; M.D., University of Pennsylvania, 1947; House Staff, Medicine, New Haven Hospital, 1947-49.

Dr. Adolf Loftsgaard Gundersen, Intern in Surgery — born in La Crosse, Wisconsin, October 25, 1925; Harvard University, June 1943-June 1945; M.D., Harvard Medical School, June 1949; married June 1948.

Dr. John Edward LeDonne, Third Assistant Resident in Dermatology — born in Boston, Mass.; B.S., Tufts College, 1943; M.D., Tufts College Medical School, March 1946; Intern, Internal Medicine, Boston City Hospital, April 1, 1946-June 30, 1947; upon completion of internship, U. S. Naval Reserve Medical Corps: Chelsea, Mass., Bethesda, Md., Marine Barracks, Quantico, Va., and fifteen months as Senior Medical Officer aboard the light cruiser *U.S.S. Spokane,* visiting many ports in the Mediterranean area.

Dr. Kenneth Powell Nash. Assistant Resident in Psychiatry — born in Glendale, California, July 9, 1915; A.B. in Bacteriology and pre-medicine, University of California, 1939; M.D., University of Maryland, 1943; Intern, Huntington Memorial Hospital, Pasadena, California; U. S. Army, January 1944-January 1947: Fort Ord, California, Mason General Hospital, New York, Camp Barkeley, Texas, Baxter General Hospital, Spokane, Wash., Surgeon General's Office, Washington, D. C., Chief of Psychiatry, McCornack General Hospital, Pasadena, California; Resident in Neuropsychiatry, V.A. Brentwood Hospital, Los Angeles, 1947-January 1949; member of the Staff, January-July 1949.

Dr. Frederick William O'Brien, Jr., First Assistant Resident in Radiology — born in Brookline, Mass., April 16, 1923; moved to Boston at the age of two; A.B., Holy Cross, February 1943; M.D., Tufts College Medical School, 1946; Medicine, Boston City Hospital, for fifteen months; U. S. Navy: two years in Radiology at U. S. Naval Hospital, Great Lakes, Illinois, where the Chief of Service was Capt. John P. Wood, who was Graduate Assistant in the MGH X-ray Department under Dr. Holmes; married; one child — Frederick W., III.

Dr. David Stafford-Clark, Assistant Resident in Psychiatry — born in Bromley, Kent, England, March 17, 1916; graduated, London University and Guy's Hospital, January 1939; House Surgeon and House Physician, Guy's; House Surgeon, Emergency Medical Service, September 1939; Flying Officer and Squadron Leader (Medical), Royal Air Force, December 1939-December 1945: service in England, France, Belgium, Holland, and on air-borne operations, medical parachutist, 1944; veteran postgraduate training: Resident, Internal Medicine, Guy's, 1946; Psychiatry, Maudsley Hospital, London, 1946-48; Neurology, National Hospital, Queen Square, London, 1948; Nuffield Traveling Fellowship, visiting France, Spain, Portugal, Belgium, Switzerland, Austria, Germany, Czechoslovakia, Hungary, and the United States, 1949; married 1941; four children.

We enjoyed a bit of good-natured give-and-take with Dr. Fishman the other day. "What is that very modern building over there?" he asked, pointing out through the window to the Bulfinch. And that was the start off. You see, Dr. Fishman has come from one of the two general hospitals in the country which antedate M.G.H.

When another Gundersen came to M.G.H. in July, we became aware of what we believe to be a unique record for any one family in the United States. Both of Dr. Adolf Gundersen's grandfathers were doctors. Of his father's generation, numbering 7 boys and 1 girl, all the boys except one became doctors, and the girl married a physician. Of his own generation, his brother Sigurd is now an Assistant Resident in Surgery here at M.G.H., and his sister has married a Norwegian doctor. Some of his uncles and cousins, which he counts by the dozens, are alumni of M.G.H., and one uncle, Dr. Trygve Gundersen, is a Surgeon in Ophthalmology on the Massachusetts Eye and Ear Infirmary staff.

But back to the question as to whether this record can be topped by any other family in the country — we really would be interested to know. There are several family names which appear many times in our MGH records and which might win out in the number of *generations* represented in the medical profession. However, as to the number of *individuals* in any one family who have become physicians, we wonder if this Gundersen record can be bettered. Whether it is or not, we can well understand why Dr. Adolf's grandmother was once given the title of "Matriarch of the Aesculapians" by a New York newspaper writer.

The Fiftieth Anniversary Meeting of the International Council of Nurses was held in Stockholm, Sweden, June 12-16, and was attended by 3,600 nurses from 41 countries — 600 of whom came from America. Miss Sleeper, who is Chairman of the Education Committee, flew over in time to attend the meeting of the Grand Council which preceded the general meetings. She has been elected to serve as Chairman of the Committee for the next four years.

The nurses of Stockholm County, prior to the convention, earned $10,000 by a two-hour sale of cakes, cookies, and coffee, to provide unforgettable hospitality. Butter, sugar, and coffee were donated by the nurses, who voluntarily went without their rations. Some of the proceeds of the sale were used to bring fifty nurses from war-torn countries to Stockholm for the meetings.

Discussions centered largely round the topic of providing adequate nursing for the various communities. Problems appeared to be similar in many countries.

The Misses Tarbox, Crotty, and Lepper, who attended the conference, made short tours through England, Scotland, and the three Scandinavian countries. Miss Lepper was entertained in Denmark and England by several nurses of those countries who have visited M.G.H. during the last two years.

Miss Anna Griffin, for eleven years Assistant in charge of the Nursing Service at the Baker Memorial, was given a party by the Nursing Service on Monday night, July 25, in honor of her retirement on August 15. The affection with which Miss Griffin is regarded by her staff and co-workers was expressed by many useful household gifts. On Sunday, August 7, a tea was given for Miss Griffin by members of the private duty group. Miss Griffin has established a home at 49 Fairmont Avenue, Wakefield.

Miss Dorothy Perkins, a graduate of the Johns Hopkins Hospital School of Nursing, and of Teachers College, Columbia University, formerly the supervisor of the Marburg Building for Private Patients at Johns Hopkins, has succeeded Miss Griffin.

Miss Margaret M. Mawn, a graduate of Simmons College School of Nursing, has been appointed to the position of Assistant Instructor in Nursing.

In preparation for the poliomyelitis season, the Misses Ruth Hanson, head nurse on White 12, and Florence Sojka, head nurse on Baker 4, were released from their duties to take a short course in the nursing of poliomyelitis patients at Children's Hospital. These head nurses have returned and are teaching members of the nursing staff some of the techniques they learned.

The position of Counselor in the School of Nursing, left vacant by the resignation of Miss Dorothy Dissell, who has embarked upon studies for a Ph.D., has been filled by the appointment of Miss Fairlie McLaughlin, A.B., who prepared at Smith and Radcliffe Colleges.

Miss Norma Larson, supervisor of

Public Health Nursing, resigned on August 31, to begin work on a Master's degree at Harvard School of Public Health.

On Saturday, August 27, Miss Joan Allen, head nurse on Bulfinch 3, became the bride of Mr. Henry Curren Reardon. Mrs. Reardon will continue as head nurse on Bulfinch 3.

New addresses:—

- Dr. John F. Bresnahan (*Asst. Res. Phys.* 1914-18), Veterans Hospital, Fayetteville, Ark.
- Dr. Richard S. Eustis (*WM* 1912 & *CM* 1913), Chesham, N. H.
- Dr. Norman P. Johnson (*EM* 1925), 65 South 10th St., Minneapolis 3, Minn.
- Dr. Merrill J. King (*s. Oph.*), 1180 Beacon St., Brookline 46, Mass.
- Dr. Vernon P. Thompson (*Or.* 1925), 1136 West Sixth St., Los Angeles 14, Cal.
- Dr. Milton V. Veldee (*EM* 1920), Hyland Laboratories, 4534 Sunset Blvd., Los Angeles 27, Cal.

Brief bits:—

- Dr. Edwin F. Alston (*P* 1944) began his residency in Psychiatry at the Veterans Administration Hospital, in Palo Alto, California, on July 1.
- Dr. Henry K. Beecher (*WS* 1934), Chief of our Anesthesia Service, will address the Pennsylvania State Society of Anesthesiologists, at Pittsburgh, on September 29. His subject will be "Acidosis and anesthesia".
- Dr. Edward B. Benedict (*WS* 1926), Endoscopist at M.G.H., delivered a lecture on "Differential diagnosis of benign and malignant lesions of the stomach by means of the flexible operating gastroscope", at the meeting of the American Gastroenterological Association in Atlantic City, on June 3. On June 6, he spoke on "The value of gastric biopsy as obtained through the flexible operating gastroscope", before the American Medical Association. In addition, he discussed the following papers given by others at the June meetings: "The role of Gastroscopy in the diagnosis of upper gastrointestinal hemorrhage of obscure origin"; "The use of a flexible tube in the diagnosis and treatment of disorders of the esophagus"; "Gastroscopy as an adjunct to photofluorography in the early diagnosis of gastric malignancy"; "The role of the esophagus in local and systemic disease".
- Dr. Edwin M. Cole (*r.p. N* 1932 & *r.p. Psychi.* 1934), Associate Neurologist at M.G.H., will attend the Fourth International Neurological Congress, in Paris, September 5-10. Dr. Cole will also visit several neurological clinics in France and England.
- Dr. Oliver Cope (*WS* 1930), Visiting Surgeon on our Staff, reports the following newcomers in his department: in the laboratory, Miss Mary Schofield and Miss Laila Chartuni; in the office, Miss Wilma Howe has succeeded Miss Page as Dr. Cope's secretary.
- Dr. Chester N. Frazier, Chief of our Dermatology Service, informs us of two notable visitors in his department recently — Dr. Leopold Arzt, Professor of Dermatology at the University of Vienna; and Dr. Nowshir Kaikobad Jungalwalla, Deputy Public Health Commissioner, New Delhi, India, a Rockefeller Foundation fellow interested in the control of venereal diseases.
- Dr. Carl W. Gottschalk (*M* 1946) is out of the Army. Until June 30, 1950, he will be a teaching fellow in the Department of Physiology at Harvard Medical School.
- Dr. William McK. Jefferies, who finished as Clinical and Research Fellow in Medicine at M.G.H. on June 30, has become Instructor in Medicine at the Western Reserve Medical School, Lakeside Hospital, Cleveland, Ohio.
- Dr. Duane H. Mitchel (*M* 1943) is practising Internal Medicine at the Arneill Clinic in Denver, Colorado. He says he is enjoying the association there with two other MGH-ers: Dr. Ira Dixson (*WS* 1930) and Dr. Hugh A. MacMillan, Jr. (*a.r.s.* 1947).
- Miss Lucy G. Morse, past Head of our Occupational Therapy Department, leaves for England in early September, to be gone for a year. She will teach in the Liverpool School of Occupational Therapy, and act as Assistant to the Director. The address of the school is Victoria Road, Huyton, Liverpool, Eng.
- Dr. Adney K. Sutphin (*WM* 1943) visited M.G.H. in August on his way through to Maine where he and his family vacation. He had a good deal to say about his new little daughter — 7-months-old Ann Candler Sutphin.
- Via the grapevine, we have learned that Dr. Milton S. Thompson, Jr. (*Or.* 1934), Chief of the Orthopedic Service at Brooke General Hospital, Fort Sam Houston, Texas, has been made a full Colonel in the regular Army.

In our report on the history and work of the Warren Library, published in our July-August issue, we gave credit for the invention of the book wagon to Dr. Washburn. He sent us a correction, which we hasten to make. It was Dr. Joseph B. Howland, Assistant Director under Dr. Washburn's administration, who was responsible for the invention.

In reply to a note from us, Dr. Howland gives additional information on the subject. He writes:

> It is true that I designed the first book cart in use at the M.G.H. It came about in this way — Miss Wiggin, the Librarian, was not well, suffered from arthritis, and it bothered me to see her plodding about with her arms full of books. I thought a light cart would help her, and so it proved. Thus the cart. It was widely copied, so apparently it met a general need.

A "first" letter is always a special treat, therefore we were delighted to hear from Dr. Edward B. Dewey (*ES* 1921).

> I am practising Surgery and Gynecology in Pasadena, California—just finishing twenty years in this location. I am married and have three boys — ages twenty, seventeen, and thirteen.
>
> All my surgery is done at the Huntington Memorial Hospital in Pasadena. My office is now in a somewhat disturbed state, for I am getting ready to move to the Thatcher Medical Center, 960 East Green Street, Pasadena. This is a very modern and beautiful building, some pictures of which have, I believe, appeared in *Life Magazine*. The complete air-conditioning will be welcome in the summertime. If any of you come out this way, please pay us a visit.
>
> For the benefit of the men in Boston and elsewhere, I take great pleasure in calling their attention to the fact that Dr. George Thorn was the spark plug of the annual convention of the California Medical Association in San Francisco in 1948, and in 1949 Dr. Chester Jones also did a wonderful job at our state convention in Los Angeles. I hope this will be a habit — to bring some Boston ability here every year.

Dr. Francis F. Foldes (*r.p. An.* 1943), Assistant Anesthetist on our Staff from 1944 to 1947, when he resigned to go to Pittsburgh, has sent us this interesting account of his activities down there.

> I have been in Pittsburgh for two years and find it a delightful city.
>
> I was appointed Director of Anesthesia at Mercy Hospital — a 730-bed hospital, with most of the beds used for surgical cases. The surgery practised here is greatly varied, and of very high caliber. Among others, we have a large chest surgical and neurosurgical service. The hospital also has a very active obstetrical service.
>
> When I took over, I was allowed free hand in reorganizing the department. I have been most generously assisted in my efforts by both the management of the hospital and the medical staff. My requests for new equipment were fulfilled, and the hospital equipped a small research laboratory for the department.
>
> The Department of Anesthesia has a teaching program for both doctors and nurses who wish to specialize in anesthesia. The department offers six two-year residencies for doctors, and a one-year course for nurse anesthetists.
>
> In the first year we had to get along with only one resident and several nurse anesthetists. This year, however, we have four resident anesthetists, five trained nurse anesthetists, and eight student anesthetists in the department. We administer between eleven and twelve thousand anesthesias yearly, take care of the preoperative medication, and are frequently consulted with regard to the postoperative care of our patients. We also do a considerable number of therapeutic and diagnostic nerve blocks.
>
> My relationship with the other anesthetists in town has been most friendly from the very first day. We try to cooperate with one another in every respect. For example, we now have a resident training program in which all the anesthesia departments in the city participate. The Pittsburgh Society of Anesthesiologists is also very active.
>
> Our research laboratory has been functioning since June 1948. I am trying to continue the investigation of lipid metabolism in various physiological states and pathological conditions. We are also doing some work on the prolongation of the action of subcutaneously injected drugs, and I am still interested in preoperative digitalization of patients with decreased cardiac reserve.
>
> Besides working in the hospital, I have been giving lectures in Anesthesia to fourth year medical students at the Pittsburgh University Medical School. Last year I was appointed Instructor in Surgery (anesthesia) at the Medical School, and this year I have been promoted to Assistant Professor. I also hold an appointment as Consultant in Anesthesia at the Deshon Veterans Hospital and the Mayview State Hospital.
>
> Last year I spent four weeks in Europe, most of it in my native city of Budapest. I flew both ways, and on my way out I spent a few days in London. In Budapest I took part in an International Medical Congress, where I gave four lectures on Anesthesia. The rest of my time was divided between visiting old friends and demonstrating modern anesthesia methods at the Budapest hospitals.

Dr. Means received this interesting letter from Dr. John G. Freymann (*M* 1947), written while he was in Berlin last June.

> I seem to be making a habit of writing from more or less beseiged cities, although I must admit that I did not get to Berlin until the blockade was officially terminated.
>
> Since my last letter from Jerusalem, I have traveled more, learned much, seen a lot, but have stayed pretty much on the periphery so far as medicine is concerned. During November and December I had a free-lance assignment to inspect the Arab refugee camps and do whatever I could for their relief. I wandered through Lebanon, Syria, Trans-Jordan, and Arab-occupied Palestine, seeing a half-million of the estimated 750,000 persons who had been driven from their homes by the Zionists. Their situation then, in December,

Frederic Augustus Washburn, M.D.
1869-1949

was desperate. Now it is probably worse, although one can only guess, since there is seldom more than passing mention in the press of this pitiful aspect of the Palestine problem. At any rate, when I saw them they were living in the open, under tents, in doorways, in warehouses, in mosques. They crowded the streets of villages — some begging, some just sitting. The weak Arab governments provided a modicum of aid (200 grams of flour a day for the more fortunate), but never enough to keep them more than barely alive.

When dealing with such primitive populations one has to change one's clinical frame of reference. When I first saw thousands of people living without adequate shelter, without latrines, without food, with inadequate, contaminated water supplies, and, of course, without any immunizations, I visualized a typhoid and/or cholera epidemic which would kill them off like flies.

Of course, they did die. The death rate was high, even as recorded, and no one knows how many were buried by their own families without report. But there never was a true epidemic. There was much talk of "animal resistance" and acquired immunity, but in my opinion the fact that typhoid — and certainly cholera — did not sweep the camps is miraculous. I think that exposure and malnutrition outbalanced the toughness of those Arabs who were strong enough to reach adulthood. But, on the other hand, I am sure that 90% of Americans living under such conditions would have died before the winter was out.

The medical supplies were pitifully inadequate. I helped Arab doctors who could reach a given camp only once every week or two weeks. The refugees formed in long lines and filed through our tent. The only supplies we had were quinine and paregoric. If the complaint was chills and the patient had a spleen: a handful of quinine tablets for the adult; an i.m. injection for the children and infants. If it was dysentery: a dash of paregoric was poured into their cup. That was all.

It is obvious that I couldn't contribute anything to relief. I wrote a report to the State Department and the Public Health Service which I am sure no one has ever read. And then I came back to Paris.

If I sound bitter and frustrated, believe me, I was — and still am.

As an antidote to the Near East, I went to Vienna for a six-weeks' course in Medicine at the Algemeines Krankenhaus. It was my first contact with real clinical medicine in over a year and I thoroughly enjoyed it, short though it was. The staff was still discussing the gems dropped by Drs. Jones and Cope the year before. The medical men impressed me as an intelligent and able group who were working hard to make up for the vacuum left by the war. Professor Chiari was a particularly outstanding example.

The hospital itself made me downright nostalgic. It was built in the same era as the Bulfinch, and the interior of the wards had the same half-antique, half-modern atmosphere. It was terribly crowded, though. The most striking difference: the nurses. Very few were young (this is strictly a professional observation), and they had the social status of menials.

The Vienna course was too short and I went back to the examination of DP's. More misery, but the care of these poor people is now in the efficient hands of the IRO, and they are being funneled out of Europe and into new homes at a most gratifying rate.

That is what I am doing in Berlin: filtering out the tuberculars and the mentally unfit. Not very interesting, but something which has to be done. It will be all over for me on the 11th of July, though, and I start home to real medicine again. My fellowship at the Mayo Clinic starts October 1.

I met Arvil J. Hinshaw (*ES* 1947) ministering to a destroyer squadron in Haifa harbor, and Cecil F. Baxter (*WS* 1944) who was Chief of Surgery at the 110th Station Hospital in Vienna.

Abstract: Proceedings Society Miscellaneous Research, 1st Edition

Stewart, James M. and Stewart, Natalie B., with the technical assistance of MacNaughton Wilkinson gratefully acknowledged.

The authors wish to report at this time that in the past nine months they have successfully synthesized an entirely new product, which will be named Nancy Byrd Stewart after the authors. While the authors lay no claim as to originality in the methods involved in its production, they do claim their results to be unique. The product is relatively small, weighing only 6 lb. 14 oz., has brown eyes and dark hair, and for the most convenient handling should be partially packaged in white absorbent cotton gauze. The authors are not yet prepared to state in full the value of their new product, but early experience indicates it to be of great potential usefulness in overcoming the food surpluses predicted by the Department of Agriculture for 1949. Its phonetic properties show promise as a substitute for benzedrine in the treatment of narcolepsy. However, difficulties have arisen in its regulation which may limit its usefulness as an alarm clock. Future reports will be made as more experience with this priceless product is secured.

Rochester, N. Y., July 26, 1949

We have given you a transcription of the communication from Dr. James M. Stewart (*M* 1946) just as it came to us, with no introductory comment on our part, hoping that you might be as confused as we were when we started to read it and that you might enjoy as hearty a laugh as we did when the meaning of the "abstract" began to dawn upon us. Dr. Stewart certainly deserves an A plus for originality!

Following the above announcement, the letter continues:

After my discharge from the Army in May 1948, I returned to my home city of Rochester for a year's fellowship in Pathology and Physiology at Strong Memorial Hospital. At present, I have just started my assistant residency at Strong.

During the past year I have seen many old Boston friends. Wade Volwiler stopped by on his way to Minnesota to see the animal research facilities at Strong. Jack Graettinger, Harvard '45, spent the night with us on his way to Chicago. The high point of reunioning was the meeting of the Society for Clinical Investigation at Atlantic City in May, where it seemed as if half of our 1945 Harvard class convened.

May I add my congratulations to many others on the continued excellence of The News. Its arrival is always welcomed and its contents eagerly read and enjoyed.

THE NEWS

No. 83 Boston, Mass. October 1949

NATHANIEL WALES FAXON, M.D.

One hundred years of Faxon history with all births boys—not a single girl in the family. Can there be any question as to the masculine qualities of the particular representative of this family who is under consideration?—especially as all his children are also boys. Nor can there be doubt that in his case these qualities are of a nature which makes for masculine friends. If you sit in his office you will note how many who enter greet him as "Nat", though not failing in the respect he so well deserves.

As his predecessor in the position of Director at the Massachusetts General Hospital, I was just back from World War I when into my office there came one day a young man I recognized as Dr. Faxon. He, also, had returned from the war and had resumed his successful practice with his father in Stoughton. After an exchange of stories of war experience, I was surprised and pleased to learn that Dr. Faxon had come to apply for the position of Assistant Director, with the expressed desire to prepare himself at Massachusetts General for a career in hospital administration.

I was well aware that his hospital training in the South Surgical Service at M.G.H., his country practice with his father, and his military training—good though brief, had given him an excellent foundation of experience for an appointment as Assistant Director where he could obtain the actual training needed for hospital administration. There was such a vacancy at the hospital, I knew the man's sterling qualities, and it did not take long for Nat Faxon to become an Assistant Director. Here he had the opportunity to head, in turn, the different branches of the House and Out-Patient Departments, and as he gradually advanced in rank and his seniors went to other hospitals as Directors, he substituted for me when I was on vacation or attending conventions. Then came the invitation to head the important teaching hospital, the Strong Memorial, in Rochester, New York.

I was vacationing on Cape Cod at the time, and down he came to consult me about its acceptance. I remember so well our long talk together at that time. He was disinclined to take such a position until he had gained more experience. However, I advised him to accept in the words of Shakespeare: "There is a tide in the affairs of men, which taken at the flood, leads on to fortune."

Persuaded largely by my advice, I like to think, he did accept and had a most successful career of good building construction, the organization of the hospital personnel, and the handling of all the many jobs which fall to a hospital administrator.

After my retirement at the age limit as Director of M.G.H. and the short administration of my successor, Dr. Faxon was called back from Strong Memorial to become Director here. That was in 1935, and he has held the position until now, when he, too, has reached the stipulated retirement age.

He has carried the hospital, with its many difficult problems, through the most trying financial crisis in its entire history. Others, more closely connected with his administration during these hard times, will tell you about them.

Good luck, Nat, with some congenial task for the advancing years. Not all fishing, you know.

F. A. W.

(The above is a transcription of Dr. Washburn's final manuscript, written only a very few days before his death. *Editor*)

THE DIRECTOR

The daily problems of a busy institution will frustrate the best of men from time to time and produce a sense of inadequacy. It has been rare to see Dr. Faxon yield to this pressure, but not long ago the inevitable happened. Some tangle of hospital details seemed impossible to unravel. I took the occasion to tell him that in my opinion his greatest strength as an administrator lay in permitting what might be called a wholesome degree of confusion. Greatness in the Director of the M.G.H. lies in this particular quality rather than in the more usual liking of an administrator for rigid and disciplinary regulations. His has been an administration by influence and example—not by authority and sanction. For a hospital is a human organization and its course must be set by men of good will who are patient in dealing with human frailties.

A similar thought was expressed far more gracefully by the President of the University of California, writing in 1909 to congratulate the new President of Harvard. He said that a great institution needs the correction of what he termed "humanistic haze"—a far better phrase than wholesome confusion. "Freedom from haze", continued President Wheeler, is likely to be identified with the "certitude of finality." "Sharp outlines suit the mountains of Arizona, but in the settled lands haze is very becoming to hilltops. Contingent reasoning represents the best logic we humans can expect to use."

Certainly Dr. Faxon has never been hazy himself, but he has kept our hilltop as it should be, enveloped in an atmosphere of changing lights and shadows in which many different people see as many different values, but in which all see its true dignity and grandeur. His reasoning has been contingent on many things: on limited financial resources, on the confines of a city block of land, but most of all on human beings with their demands and needs, their strengths and weaknesses.

Someone has described an institution as the lengthening shadow of a single man. This could never be said of the M.G.H. To those who spend the few years of their lives for and in the M.G.H., it is enough to believe that with the passing of time they may build into their own character some of the qualities that reside in the institution. Like the boy in the valley who in later years came to possess certain features of the rugged granite profile of the Great Stone Face, so Dr. Faxon has grown to reflect the human dignity and nobility of the institution he has served. In his life and work he has loved and served The Hospital; he has now come to be The Hospital.

E. D. C.

DR. NATHANIEL W. FAXON
DIRECTOR, M.G.H., 1935-1949

Dr. Faxon and I came to know each other in the 1920's when he was First Assistant Director of the Hospital and I was Secretary of the Board of Trustees. In 1922 he left to head the Strong Memorial Hospital in Rochester, New York, and we didn't meet again until he returned to become Director of our Hospital in 1935, in which year I was elected a member of the Board of Trustees. Over the ensuing fourteen years and especially during the last three when I have been Chairman of the Board, Dr. Faxon and I have seen much of each other—for my part with ever increasing respect and affection. Many a time during this period I have said, "How does he do it?" This Hospital of nearly one thousand beds (not including the Massachusetts Eye and Ear Infirmary, of which Dr. Faxon was also Director), a professional staff of 416 doctors, 562 nurses, and approximately 1700 employees, to say nothing of 563 volunteer workers and the scores of doctors who come each year from all over the world to the M.G.H. for further education and training—how does he do it and do it so calmly, so effectively, and with such wisdom and forethought? That he has done it and done it in just that way, the expansion during these fourteen years in the three functions of the Hospital—the care of patients, teaching, and research—to say nothing of the remarkable physical growth of the institution, bears eloquent testimony.

Dr. Faxon will say, with his superlative modesty, that it was his assistant directors, the heads of departments, and the staff who bore the brunt of things, but the imprint of his ability and leadership is clearly visible in all that has transpired since 1935. We all marveled at the way he kept things running smoothly while the magnificent White Building was being constructed, literally in the Hospital's lap, and again when the beautiful Vincent Memorial Hospital Building, to house the Vincent Memorial Hospital and the Burnham Memorial Wards for Children, was built. There were also many smaller physical changes made in existing structures during this time, as the need for new laboratories grew because research became of increasing importance.

With the War came the setting up of the Defense Organization within the Hospital, which prepared the way for the successful handling of the Cocoanut Grove Disaster of November 1942. This terrible catastrophe, coming as it did shortly after the staff of the Hospital had been greatly depleted by the activation for field service of the Sixth General Hospital, tested the effectiveness of the organization of the Hospital to its depths. It is indeed a tribute to Dr. Faxon's genius for administration and to the superb morale of our staff that the Hospital was able to give its all to the unfortunate victims of that disaster and still function throughout in its normal way.

During the War forty percent of our staff and one-third of our nurses entered the military service, and yet the regular activities of the Hospital steadily increased. The personnel shortage which then began has continued, and we have reason to be more than thankful to the hundreds of volunteers who then and now do such fine work for our institution. Dr. Faxon's vision and personality had much to do with the development of this great body of unselfish and devoted workers. Despite the handicaps of the war years, the Hospital continued to march forward under the leadership of its depleted but brilliant and doubly hard-working staff with Dr. Faxon at the helm—calm, effective, and resourceful. Again one wonders, "How did he do it?" But he did, and in the doing of it made sure that our teaching and research activities constantly improved and expanded, thus bringing to the sick a higher level of care and cure.

Meanwhile his profession and the community were naturally calling for Dr. Faxon's talents and ability, and therefore we find him, among many other things, serving as President of the American Hospital Association and of the Hospital Council of Greater Boston, and as a member of the Board of Directors of the Blue Cross, as well as making many appearances before our Legislative Committees on matters pertaining to hospitals. His wisdom and experience have been drawn upon in these and numerous other ways. Dr. Faxon has not flinched at the financial problems that have beset the M.G.H. as well as all other hospitals these last few years. If, currently, the sharply increasing demands for free care have presented the Hospital and his successor with a new set of problems, it must have been a great satisfaction to Dr. Faxon in February to end his last full year with the budget practically in balance.

The Massachusetts General Hospital is a great hospital—probably one of the greatest in the world, and certainly one of the most beloved and best known. It has been blessed throughout its existence by devoted Boards of Trustees, a brilliant and unselfish Staff, and by Directors of ability and vision. Perhaps at no time in its history have these three groups functioned together so effectively to improve the care of patients and to expand teaching and research as during the past fourteen years. We have been fortunate indeed to have had as our Director during this period a man of such integrity, singleness of purpose, and sterling character. Dr. Faxon leaves his active post with our lasting gratitude and our warmest affection.

F. C. G.

TO OUR DEAR FRIEND, DR. FAXON

"Once you have found him, never let him go"—and how very much we all wish this might be fulfilled.

Unfortunately, time and tide wait for no man—and the time has arrived when officially we must let one of our dearest friends of many years pass from our business and professional association to that of personal friendship.

Dr. Faxon has had an honorable and wonderful career, much of which has been passed within the walls of our hospital. He must, in his own mind, be leaving with the great satisfaction of a difficult job well done and should realize, also, that he leaves with the admiration and love of all who have been associated with him here, and with the respect and gratitude of the entire community. There is little more that one could desire. When all is done, there are only two things in life that really count—friends and reputation—and no man is more abundantly blessed with both than our dear friend.

We shall sorely miss him—his sage advice—his desire that justice shall be done to all in any decisions—a sportsman in all ways of life—a great humanitarian—a true friend of all.

Good-bye, Director Faxon—God bless you and yours.

J. R. M.

A SALUTE TO N. W. F.

In this number of THE NEWS the M.G.H. pays homage to a beloved and distinguished son. The occasion, however, is not that of the end of a career, but rather its apogee. There is no doubt whatever that our Nat will continue to contribute, as have his predecessors, to the broad field of hospitalogy. In just what manner, one cannot, at the moment, predict. One thing is certain, however, and that is that as long as he draws breath, he will continue to catch stripers and inhale stogies.

The mere mention of stogie invariably brings Nat delightfully to my mind. From a long black twisty weed a curl of smoke envelops that genial smile and describes a proper halo about that shining dome. I'm not sure whether the Pittsburgh or the Wheeling is preferred—any stogie, I fancy, if rank enough.

I am not attempting a biography of Dr. Faxon, but since I have seen him in a broad setting, I will try to catch a likeness quickly by a few strokes of the pen. I have been connected with the M.G.H. for thirty-eight years, and I entered her halls as a medical student two years before that. I have served under three directors, and can perceive, therefore, the different types of contribution which each made to the evolution of the hospital. I can even remember "Herbie" Howard, but he left as I began, to start the Peter Bent Brigham Hospital. Joe Howland, who acted as director during World War I while his chief, the late Colonel Washburn, was commanding the hospital's military metastasis in France, I knew well. Washburn, who was then invariably called "the Major", was in charge while I was an intern. He bawled me out good and plenty on one occasion, for which I did not then love him. However, he must have liked the way I took it, for later he made me his adjutant in Base Hospital No. 6, and from this developed an intimate friendship which was lifelong. He was one of the most loyal backers I ever had. The next director with whom I served was the late George H. Bigelow. Chosen for his medical statesmanship, he was off to a brilliant start when inscrutable fate tore him from us. And so we come to Nat, the third director with whom I have worked personally. All these men have been outstanding. They would not have been chosen to be directors of the M.G.H. had they been otherwise. But their talents have been of different varieties, and Dr. Dean A. Clark who comes next, and of whom we expect much, will bring yet another skill to bear on problems of ever increasing complexity.

I first encountered Nat directly after World War I when he came back to his Alma Mater as Assistant Director, or Assistant Resident Physician as they were called in those days. After an internship on the old South Surgical Service, he had joined his well-known father in general practice in the salubrious shades of Stoughton, Massachusetts. However, a yen to command developed during his tour of duty in the Army and thus early post-first-war days found him taking up his training to become a hospital administrator.

As a young full-time clinician I found Nat a delightful companion. I even lived with him, an August or two, when our wives were at the seashore, in that cozy house, corner of Allen and Blossom. Dammitall, they are going to tear it down! Those were the times of that noble experiment—the great prohibition era, and amazing were the ways which law abiding citizens discovered to procure their tipple. Nat used to make cocktails out of God knows what, that would grow hair on the chest of a brass monkey. These but whetted his appetite for proficiency in his calling. Stogie in mouth, he sat night after night pounding his typewriter. How many fingers? I don't know, but certainly not ten! What was he doing? Copying all the rules and regulations of the M.G.H. in order to inflict them later on the Strong Memorial Hospital to which he had already been invited to go as Director.

The M.G.H. gave Nat his training (the Army perhaps a bit, also). The Strong Memorial gave him his first major workout, and then it was at the M.G.H. again that he came to his full flowering. All our directors have been builders. Washburn built the Walcott House, the Moseley, the Phillips House, and the Baker. Faxon built the Strong Memorial at Rochester, New York, and since returning here he has built the White Building and the Burnham-Vincent. He almost built our new Research Building, and after years of work extracted the promise from the Trustees of a new laundry. I am thoroughly in accord with Nat on this subject of laundries, but for different reasons. He wants a new one for its own sake. I want it in order to get the old laundry out of the Bulfinch! We can use its space more directly in the cause of clinical science.

The directors, however, have built other things than buildings. Nat, for example, has been a great builder of morale. He has had the staff with him from the beginning. His geniality, his candor, his approachability have been endearing and heartening to all. The door of his office stands always open. There is no trouble about seeing Nat about anything. There is, however, often some difficulty in talking with him, not because of any unwillingness on his part, but because, as William Henry Smith called it, that rudest of instruments, the telephone, is forever interrupting. I have found that the best way is to induce him to join you, when weather permits, under the horse chestnut tree, or in some other telephoneless nook when it is inclement.

Nat has always worked very closely with the service chiefs, and thus has been an important factor in giving solidarity to the whole enterprise. Also during his administration there has developed an altogether new relationship between the staff and Trustees. In earlier days these groups were as far apart as the poles. They had nothing whatsoever to do with one another. Now, without in any way by-passing the Director, they are in intimate contact in many areas. Committees, some of them, like the Research Committee, standing committees, are made up of both Trustees and staff members working together. There can be no doubt that this intimacy between doctors and laymen has been constructive. The former are sometimes called to earth from their flights of professional fancy by the hard-headed lay Trustees. The latter gain insight into the hospital's problems by working so closely with the doctors.

The era of Washburn's administration was one of physical growth of the institution and development of the staff organization. The objective was perfection in the M.G.H. as a unit. During the Faxon era, particularly since the close of World War II, the aim has been to include the great problems of the hospital's place in the community, its relation to other units, hospitals, teaching institutions, the State, and the general public. In all this, Dr. Faxon has exercised leadership. His speeches at the Ether Centenary, the Lowell Institute, and on other occasions have set forth his views. A liberal, a progressive, he is yet no radical. Joining with enthusiasm those who protest against the stand-pattism of organized medicine, he nevertheless on election day casts a straight Republican ballot, and that with a good deal of gusto. In other words, Nat is a broad-minded, fair-minded, open-minded middle-of-the-roader, which is probably exactly what the hospital has needed during the times in which he has served. He has held together the firebrands among us, and the reactionaries, in useful cohesion. The institution has been the thing, but without a trace of dictation at any level. Good will is essential to such a consummation, and Nat has radiated it immeasurably. Financially, it is now very tough going for voluntary hospitals—indeed one does not know how in the future they are to be financed—but Nat hands the hospital to his successor as an organism full of creative urge and vigor, seeking to exert itself in the field of greatest usefulness. In his retirement, which we hope will be very active, Nat will watch the growth of seeds he has planted.

This, then, will have to serve as my very brief sketch of him and my heartfelt tribute.

J. H. M.

The Ether Day celebration this year will be devoted to a reception for Dr. and Mrs. Faxon on the evening of October 17. Supper will be served at 6:30 in the hospital cafeterias, followed by exercises in the Moseley Rotunda at 8 o'clock. There will be an opportunity to shake hands with Dr. and Mrs. Faxon after the exercises.

Everybody in the hospital family is welcome. Tickets for the supper may be obtained at the Front Desk after October 5.

* * *

Dr. Dean A. Clark assumed his duties as the fifteenth Director of the Massachusetts General Hospital on October 1. We hope to publish something from Dr. Clark in a very early issue of The News.

* * *

We are losing another of our Assistant Directors. Dr. Ferdinand Haase, Jr. has been appointed Director of the Nathan Littauer Hospital in Gloversville, N. Y. He will leave to take up his new duties later in October.

CHARLES LOCKE SCUDDER

Dr. Charles L. Scudder (*ES* 1889), formerly Chief Surgeon at the Massachusetts General Hospital and for the past eighteen years Honorary Surgeon on our staff, died at Phillips House on August 19, after a brief illness.

Dr. Scudder was born in Kent, Connecticut. He received his A.B. degree from Yale in 1882, a Ph.D. from Yale in 1883, and his M.D. from the Harvard Medical School in 1888, after which he began his practice in Boston. He will always be remembered for his vigorous enthusiasm for every kind of medical activity with which he was associated. In the early days of his practice, in middle life when he was well established in his profession, and even in his later years, he was a never-failing source of inspiration to all—young and older alike—who were privileged to benefit from his teaching or to watch his work as a surgeon.

Dr. Scudder was a noted specialist of international reputation for his contributions to the field of orthopedic surgery. He was the author of eleven publications on the subject of fracture treatments and was at work on a revision of one of his texts when he died. He was also the author of a book on treatment of tumors of the jaw.

Although Dr. Scudder had retired from active practice before World War II, he returned as a volunteer at Massachusetts General during those days of a depleted staff, to teach in our Fracture Clinic. During both World Wars he organized and directed fracture committees to improve the techniques of doctors in New England and in the Maritime Provinces. This program at one time involved more than 2,000 physicians, and Dr. Scudder traveled widely to supervise refresher courses and postgraduate training.

Dr. Scudder was a member of many medical and surgical associations, and had served the American College of Surgeons as Chairman of the regional fracture committee. He also served at the Boston City Hospital in their Out-Patient Clinic.

Dr. Scudder was married in 1895 to the late Abigail T. Seelye, daughter of Dr. L. Clark Seelye, the first President of Smith College. He leaves a son, Evarts Seelye Scudder of London, and a daughter, Mrs. Hilda C. S. Manning of Bronxville, New York.

* * *

Dr. Arthur L. Watkins, Chief of Physical Medicine at M.G.H., was named President-elect of the American Congress of Physical Medicine at the 27th annual meeting of the congress, held in Cincinnati in September. He takes office at the 1950 convention.

The Board of Trustees, at their meeting on August 19, voted:

To accept the resignation of Dr. J. Sydney Stillman as Assistant in Medicine.

To appoint:

Dr. Robert D. Heath as Assistant Resident on

the Orthopedic Service for one year, beginning January 1, 1950;
Dr. John F. Hogan, Jr. as Intern on the Children's Medical Service, beginning July 1;
Dr. Samuel Kaplan as Assistant to the Children's Medical Service.

At their meetings on August 10, and September 7 and 14, the General Executive Committee voted:

To accept the resignation of Dr. William McK. Jefferies as Clinical and Research Fellow in Medicine;
To accept the resignation of Dr. J. Butler Tompkins as Clinical Assistant in Medicine;
To promote Dr. Harry P. Makel to the position of Chief Resident on the Anesthesia Service, as of July 1.

To continue the appointments of:

Dr. Jane A. Allen as Clinical Fellow in Psychiatry, through June 30, 1950;
Dr. Alejandro P. Arellano as Clinical Fellow in Neurology, through December 31;
Dr. Gaston E. Blom as Clinical Fellow in Psychiatry, through September 30;
Dr. John C. Coolidge as Clinical Fellow in Psychiatry, through June 30, 1950;
Dr. Veronica B. Tisza as Clinical Fellow in Psychiatry, through June 30, 1950.

To appoint:

Dr. Francis G. Barnum, Jr. as Clinical Assistant in Medicine;
Dr. Franklin Carter as Clinical Fellow in Psychiatry for one year, beginning July 1;
Dr. H. Chantrenne as Research Fellow in Biochemistry, as of October 1;
Dr. John J. Cranley, Jr. as Clinical and Research Fellow in Surgery, as of July 1;
Dr. Arthur W. Culberson as Clinical and Research Fellow in Neurosurgery for four months, beginning September 1, assigned to the Peripheral Nerve Injury Follow-up Study;
Dr. William L. Davis as Clinical Fellow in Medicine;
Dr. Richard R. Evans as Clinical Assistant in Medicine, assigned to the Allergy Clinic, and with the privilege of helping care for Dr. Rackemann's patients in the Baker Memorial and the Phillips House;
Dr. Richard E. Goldsmith as Clinical Fellow in Medicine, assigned to the Thyroid Clinic;
Dr. Richmond Holder as Clinical Fellow in Psychiatry for the period September 1, 1949 through June 30, 1950;
Dr. Irving H. Itkin as Clinical Assistant in Medicine, assigned to the Allergy Clinic;
Dr. Clara R. Johns as Clinical Fellow in Psychiatry, beginning October 1;
Dr. Alexander Leaf as Clinical and Research Fellow in Medicine, to work with Dr. Albright;
Dr. Harold J. Lehmus as Clinical Fellow in Medicine;
Dr. William J. Shriber as Clinical and Research Fellow in Physical Medicine for the period September 1, 1949 through August 31, 1951;
Dr. Earl Stadtman as Research Fellow in Biochemistry, as of September 1;
Dr. D. Vernon Thomas as Clinical and Research Fellow in Anesthesia;
Dr. Byron H. Waksman as Research Fellow in Neuropathology, beginning September 1;
Dr. Henry Wermer as Clinical Fellow in Psychiatry, as of September 6;
Dr. Masao Yatsuhashi as Clinical Assistant in Surgery, with the privilege of caring for Dr. Langdon Parsons's patients in the Baker Memorial and the Phillips House.

* * *

ACTIVITIES OF THE CORONARY RESEARCH PROJECT OF THE CARDIAC DEPARTMENT

During May and June, the enlarged staff of the Coronary Research Project conducted an intensive study of the morphological and biochemical aspects of maleness at the State Training School, Winfield, Kansas. Much new data was collected on the castrate status in man before the project disbanded.

In addition to Dr. Menard M. Gertler (*clin. & res. fel. M.*) and Dr. Stanley M. Garn (*res. fel. M*), the group was augmented by Dr. Veikko O. Hurme, Mrs. Naomi C. Turner, M.Ed., three graduate students, and Miss Marian Gardner, R.N., of Winfield. Dr. Hurme made gingival biopsies, Mrs. Turner made salivary redox analyses, and the graduate students provided professional assistance to the anthropometry, electrocardiography, serology, and stomatology in progress.

During the three-weeks' stay, the group succeeded in performing a variety of studies on 74 castrate individuals, 25 preoperative, and 65 non-castrate individuals. Intelligence quotients ranged from 65 down to 13, according to the records; nevertheless, unusually good cooperation was obtained. Anthropometric examinations and somatotype examinations were made on all, physical examinations and electrocardiograms on most, while eosinophil counts, gingival biopsies, redox studies, and step tests were made on selected and more cooperative subjects with intelligence quotients above 30.

Evidence of the pressure of the work may be gained from the fact that in one 3-hour working period venipunctures were successfully completed on 83 individuals. There were 84 venipunctures in all—one idiot extended two arms.

The stay was arranged by Prof. J. B. Hamilton of Long Island Medical School, and expedited by Dr. Charles Hawke, Medical Director of the Institution. The Commonwealth Fund of New York, and Mr. Dorsey Brown of Louisville, Kentucky, provided financial assistance.

In addition to other activities, a series of 100 teaching Kodachromes were taken to illustrate developmental anomalies, and electrocardiograms taken to illustrate the various forms of kyphoscoliotic heart disease. Two major speaking engagements were filled by Dr. Gertler and Dr. Garn—one at the County Medical Society, at the Winfield Country Club, on the subject "Coronary artery disease", and one at the staff meeting of St. Mary's Hospital.

Stanley M. Garn, Ph.D.
Menard M. Gertler, M.D.

* * *

The Association of Medical Illustrators met in Boston October 3-6. The President, Ralph Sweet of the University of California Medical School, San Francisco, welcomed the members at a business meeting on Monday, October 3, at the Hotel Lincolnshire. In the afternoon, ten members gave talks on administration of their departments. In the evening, an exhibit of members' work was held at the Peter Bent Brigham Hospital, following addresses by Dr. Robert M. Green and Dr. Francis D. Moore.

On October 4 and 5, the following lectures were given: Mr. Brank Stewart of the Louisiana State University School of Medicine, New Orleans, demonstrated the use of the air brush. A representative of Bourge, Inc. described a new color printing material—Colotone and Solotone. Mr. William B. McNett of the Blakiston Co. of Philadelphia gave a talk on color press work. Master Sergeant Antonio M. C. Cortigas of the Armed Forces Institute of Pathology, Washington, D.C., presented, by an actual casting, his method of casting a model with plastic resin material.

At the Massachusetts General Hospital, the Ladies' Visiting Committee gave a tea to the members of the association. Then followed a tour of the Department of Photography and the School of Medical Illustration, which latter is directed by Muriel McLatchie Miller.

The annual banquet was held at the Hotel Lincolnshire on the evening of October 5. Dr. Reginald Fitz gave the Brödel Memorial Lecture.

The sessions closed on October 6 with a business meeting and an election of officers. The association meetings were held at the Hotel Lincolnshire, the Bellevue Hotel, and the Massachusetts General Hospital.

* * *

Brief bits:—

Dr. Byrl J. Kennedy (*M* 1946) finished his work here as a Clinical Fellow in Medicine on August 31. He has gone to Canada to work as a Damon Runyan Research Fellow. His address is Royal Victoria Hospital, University Clinics, Montreal 2, Canada.

Dr. Ralph H. Luikart, Jr. (*M* 1944 & *a.r.p. D* 1948) has moved to 1525 State St., Santa Barbara, Cal. He says he will send us a bit about his changes and progress as soon as he gets settled in his new office. He adds, "I sure enjoy THE NEWS."

DREAMS

Men pursue phantoms in their dreams,
And so are given back
The waking hours in which they are pursued.
Stirred and tormented by elusive visions,
Disturbed by Spring's keen lance and Autumn's alchemy,
By sight of blossom and by sound of rain,
By sighs and scents and seasons;
By the echo
Of all they lost and longed for
By themselves
And all they have forgotten.

Men, dream haunted always,
Must live again the follies and the fantasies
Which, met in life, had long ceased to be barbed.

D. S. C.

BIOGLETS

Dr. William Frederick Fritz, Intern in Medicine — born in Merrill, Wisconsin; lives in Oshkosh, Wisconsin; A.B., Muhlenberg College, Allentown, Pennsylvania (Navy V-12); U.S. Navy: Philadelphia Navy Yard and Philadelphia Naval Hospital, 1945; M.D., Johns Hopkins Medical School, Baltimore, Maryland, 1949.

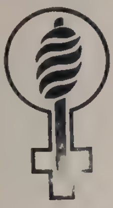
Dr. Nicholas Misplee Greene, Assistant Resident in Anesthesia — born in Milford, Connecticut, July 11, 1922; B.S. in German, Yale University, 1943; M.D., Columbia College of Physicians and Surgeons, 1946; Surgical Intern, Presbyterian Hospital, New York City, 1946-47; U.S. Navy: Obstetrical and Surgical Services, Annapolis, Maryland, for two years; married May 1946; one son.

Dr. Craig Stoddard Lichtenwalner, Intern in Medicine — born in Seattle, Washington, June 1, 1923; education: University of Washington, Fordham University and New York University as an Army student, Long Island College of Medicine, Class of 1949.

Dr. Donald William Sampson Stiff, Resident in Radiology — born in Bristol, England, April 28, 1913; B.A., Park College, Missouri, 1938; M.D., Boston University School of Medicine, 1945; Intern, Mary Fletcher Hospital, Burlington, Vermont; U.S. Army: Fort Bragg, North Carolina, and Korea, 1946-48; Resident in Radiology, Mary Fletcher Hospital, and Fellow in Radiology, University of Vermont, January 1948-June 1949; married 1941; three children; Captain in the Regular Army Medical Corps since October 8, 1948.

Dr. Robert Glenn Tyson, Assistant Resident in Pediatrics — born in Pittsburgh, Pennsylvania, July 24, 1922; Harvard University, 1939-42; M.D., University of Pittsburgh Medical School, 1945; Intern, Philadelphia General Hospital, 1945-46; Diplomate of National Boards, 1946; U.S. Army: Deshon General Hospital, 1946-48; Resident, Children's Hospital of Philadelphia, 1948-49.

Dr. Iwao Uyeda, Intern on the Children's Medical Service — born in Olympia, Washington; home, Tacoma, Washington; temporary home, Chicago, Illinois; B.A., University of Wisconsin, 1940; M.D., Tulane University School of Medicine, 1945; Intern, Springfield Hospital, Springfield, Massachusetts, 1945-46; Clinical and Research Fellow, Harvard Pediatric Study, December 1948-June 1949.



DISTAFF CLUB

As you doubtless know, the Distaff Club is a group made up of the wives of the MGH and EEI House Staff and Fellows. The club ordinarily meets on the second Wednesday evening of each month. However, in October, instead of the regular monthly meeting, the club is sponsoring a picnic at Hammond Woods on Sunday afternoon, October 9. Will the House Staff and Fellows, both single and married, please save that date? Details are posted on the Distaff section of the bulletin board near the house Post Office.

Members of the Distaff Club have tried to get in touch with the wives of all newly arrived House Staff and Fellows. However, since our files are not completely up-to-date, it would be appreciated if any wife who has not yet received an invitation to join the club, and would be interested to do so, would telephone Dorothea Rodkey, LA 3-0133, or Jane Frame, RI 2-0224.

The insigne which identifies Distaff Club notices was drawn by Anne Finkenstaedt. It appropriately shows the distaff, surrounded by the female medical sign.

MASSACHUSETTS EYE & EAR INFIRMARY

During the first two weeks of September, the Infirmary was host to Dr. Katherine Lao, Ophthalmologist, of Changsha, China. Dr. Lao, a diminutive Chinese, observed in the clinics and laboratories of the Infirmary before beginning her graduate course in Ophthalmology at the University of Pennsylvania.

Dr. Lao is one of four Chinese women who were given a year's scholarship by the American Association of University Women, to study in this country. These four women were chosen from a group of over 1,000, interested in all the professions. The Fulbright Foundation has defrayed all travel expenses for Dr. Lao, enabling her not only to come to this country from China but to travel extensively in the United States, visiting many of the eye hospitals and clinics.

Dr. Lao was educated in China and took her medical training at the Yale-in-China Medical School where she later interned. After the completion of her internship in 1944, she was drafted by the Chinese Government and served in the Medical Corps of the Chinese Army until the end of the war in 1945. She then returned to the Hospital of the Yale-in-China Medical School to become Resident Ophthalmologist for three and one-half years.

During the last four months she has visited the Manhattan Eye and Ear Infirmary, the Presbyterian Eye Institute, also of New York City, and the Yale University Hospital in New Haven.

A pamphlet entitled *Bacteriology in Oto-Laryngology* has been prepared by Anita B. Mangiaracine, Bacteriologist at the Infirmary. The pamphlet is an abstract of the lectures given by Miss Mangiaracine in the Graduate Course in Oto-Laryngology under the direction of Dr. LeRoy A. Schall, Professor of Otology and Laryngology at the Harvard Medical School and Chief of Oto-Laryngology at the Infirmary.

Dr. David H. Scott will complete his residency in Ophthalmology on November first and will open an office at 1 Monument Square in Beverly.

Two new residents began their period of service in Ophthalmology on October 1—Dr. Marvin Posner of Troy, New York, and Dr. Irwin Tuch Mancall of Hartford, Connecticut.

Dr. John H. Tucci, Assistant Anesthetist at the Infirmary, has been given a leave of absence to make a tour of various hospitals and infirmaries in the country, to study anesthesia techniques. Beginning September 10, Dr. Joseph P. Holihan, Assistant Resident Anesthetist on the staff of the M.G.H., assumed Dr. Tucci's responsibilities.

A recent visitor at the Infirmary was Dr. Charles R. Morton of Toowoomba, Queensland, Australia. He observed in the clinics from August 23 to September 12.

Dr. Edwin B. Dunphy and Dr. LeRoy A. Schall, Chiefs of Ophthalmology and Oto-Laryngology, respectively, will attend the meeting of the Academy of Ophthalmology and Oto-Laryngology in Chicago, October 10 to 14. Dr. Schall will remain in Chicago for the American Board of Oto-Laryngology, and Dr. Dunphy will go to St. Louis for the American Board of Ophthalmology.

Dr. Carl C. Johnson, Assistant Surgeon in Ophthalmology at the Infirmary, spoke on "Glaucoma and ptosis" at a joint meeting of the North and South Carolina Ophthalmological Societies at Greenville, South Carolina, in September.

Dr. Francis Adler, Professor of Ophthalmology at the University of Pennsylvania, did some research work in the Howe Laboratory during the month of September.

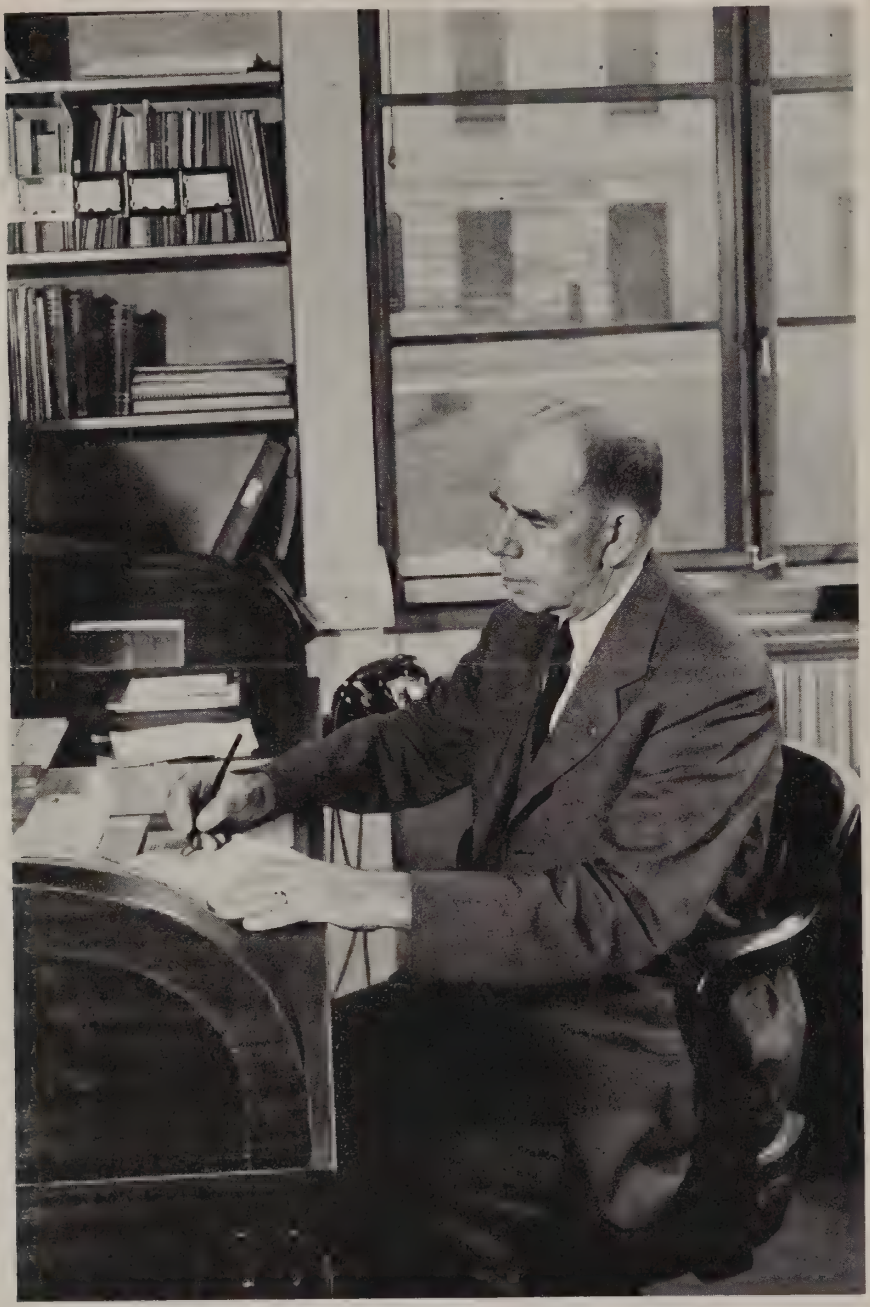
The regular Wednesday clinical meetings of the Oto-Laryngology staff were resumed in the Mosher Laboratory on September 14.

The Postgraduate Basic Science Course in Oto-Laryngology will begin October 17, under the direction of Dr. LeRoy A. Schall.

Dr. Parker Heath, Director of the Eye Pathology Laboratory at the Infirmary and Clinical Professor of Ophthalmology in charge of graduate teaching at Harvard Medical School, is again directing the Postgraduate Course in Ophthalmology which started September 26.

New addresses:—

Dr. Harry E. Braconier, 1180 Beacon St., Brookline 46, Mass.
Dr. Carrie Ethelyn Chapman (*An.* 1937), Aouff Clinic, Knoxville, Tenn.
Dr. Diane Croll (*r.p. P* 1948), Children's Medical Centre, Maple and Welborn, Dallas, Tex.
Dr. Carol C. Dickson (*M* 1948), Apt. 22-A, 1 University Place, New York 3, N. Y.
Dr. E. Grey Dimond (*clin. fel. M* 1949), 1814 Rockmoor Ave., Austin, Tex.
Dr. Hannibal Hamlin (*r.s. NS* 1942), 270 Benefit St., Providence, R. I.
Dr. Richard G. Nilges (*a.r.s. NS* 1949), Cushing Veterans Administration Hospital, Framingham, Mass.
Dr. Earl B. Sanborn (*a.r. NS* 1943), American Legion Hospital, Battle Creek, Mich.
Dr. Wilbur A. Sawyer (*WM* 1908), 770 Hilldale Ave., Berkeley 8, Cal.



Nathaniel W. Faxon, M.D.
14th Director, Massachusetts General Hospital
1935-1949

Dr. Wade Volwiler (*M* 1944), Department of Medicine, School of Medicine, University of Washington, Seattle, Wash.

We were very glad to receive this letter from Dr. Frank B. Norbury (*WM* 1949).

I would like to pass on to you some information about myself which might be of interest to the readers of The News. I have enjoyed reading your publication and hope to continue to enjoy it for a long time.

I am an Assistant Resident Physician in Internal Medicine here at Barnes Hospital. The address is 600 South Kingshighway, Saint Louis 10, Missouri.

On August 30, I was married to Miss Frances Carr of Gulfport, Mississippi. We are living at 4462 Forest Park Boulevard, Saint Louis 10.

I hope you can publish this information soon, so that my many friends in Boston may know about it.

Although Dr. John H. Peters (*WM* 1943) thought he had nothing of particular interest to tell us, see what a very interesting letter he wrote. Many of the rest of you silent ones could do likewise, to the enjoyment of your friends who are waiting to hear from you.

Your recent request for news for The News leaves me somewhat at a loss. I have now finished a second year in Pittsburgh and am enjoying it, but there is not a great deal to report that is new.

My address should be changed to 147 Highland Road, Pittsburgh 16, Pa. This does not represent a new home. Merely a promotion from rural to house-to-house delivery.

Professionally, I find myself a fairly active member of a new department in a medical school that is trying hard to adapt itself to some of the changes brought about by the war and by medical progress, and succeeding well, I think. The arrival of Dr. Parran, formerly Surgeon General of the U. S. Public Health Service, to organize a school of public health marks a great step in this expansion. In addition, a research professorship in Pediatrics has also been established, which will be occupied by Dr. Stevenson, now at the Harvard School of Public Health.

Our own department of Research Medicine, which investigates various aspects of endocrine and metabolic disease from the chemical and clinical points of view, continues to grow. From a start of four rather timid invaders from New Haven on July 1, 1947, we have grown to the point where a group picture on the 30th of last month included 21 persons — 7 of whom are physicians.

We are bursting the seams of our laboratories and offices, but our new laboratory building — scheduled for occupancy last March — is delayed indefinitely, due to various labor difficulties. This is particularly exasperating, since my recent visit to Massachusetts could not include the M.G.H. because I had to hurry back to Pittsburgh in order to be on hand to arrange for some final installations that we never could make because of the strike!

The only other item of note is that I have been appointed Consultant to the chemistry laboratories of the local Veterans' Hospital by the medical school Dean's Committee.

Dr. Means received this letter from Dr. Lincoln D. Clark (*M* 1948), in which he gives his views on socialized medicine, as he sees it, in England.

I am grateful for my two quite invaluable years on your service. My training has already stood me in excellent stead in fulfilling my obligations here at the Maudsley Hospital in London.

Insofar as I am able, I am taking this time to peruse British medical practice as it exists under the National Health Service. I have visited at Guy's Hospital, King's College Hospital, the National Hospital (Queen Square), and spent a day helping a general practitioner see one hundred patients(!). My position at the Maudsley affords a rather complete view of the management of the mentally ill.

There is no doubt that this nationalized system is of great benefit to the average Englishman in the sense of improved medical care, including greater availability of consultant services. In addition, the higher stipends for service as house physicians and registrars have helped the latter individuals carry on far more comfortably while obtaining the higher medical degrees. Many previously-established practitioners and consultants, however, have suffered rather severe financial reverses. But there is surprisingly little grumbling.

I suspect, however, that the hypertrophied sense of social responsibility and fair play, intrinsic in British character, has rendered medical socialization more practicable than it would prove to be in the States.

I am looking forward to returning to the General next January.

More than two years had passed since we last saw the signature of Dr. Robert P. Keiser (*Or.* 1942), and then this cordial letter arrived from him.

I am somewhat ashamed of myself for not having written you a year or so ago. I have enjoyed The News very much for the past several years, and always look forward to reading about my friends, associates, and teachers, who have been or are connected with the M.G.H. Procrastination and letter writing are very closely allied terms in my daily activities.

After leaving the Massachusetts General, I entered the armed services, spending the greater part of my time in Orthopedics at O'Reilly General Hospital, Springfield, Missouri. I then entered private practice in Orthopedics here in Coral Gables.

My practice in this locality, which includes the entire southern part of Florida, is very satisfying. We miss the teaching and highly scientific atmosphere of the General and allied institutions, but try to have a few problems of our own working, at least part of the time. We feel it necessary to get back to the center of things on regular occasions, to catch up and to renew friendships. However, it is always nice to return here to the "best place in the country to live".

Allow me to congratulate you on the excellent work you have done in publishing and distributing The News, which has maintained an important link between the General and all of its graduates.

THE NEWS

No. 84 Boston, Mass. November 1949

OBSTETRICAL SERVICE AFFAIRS

The last report of the Obstetrical Service to appear in THE NEWS was published in 1947. The comments made at that time are as valid today as they were then. Nurses are still scarce and difficult to obtain. When obtained, they are difficult to keep. Pressure by other services to overflow onto the 4th floor of the Phillips House and the 9th floor of the Baker, both supposedly sacrosanct to obstetrics, continues. The Obstetrical Service remains, as it has always been, analogous to the Swiss Navy — small, select, and sometimes overlooked. Occasionally, however, like Kipling's Tommy Atkins, it receives its due measure of thanks: as when a wife or daughter of the MGH family produces an infant in Baker or Phillips House, or when a member of the Staff helps resolve an obstetric problem incident to illness of medical or surgical nature on one of the larger and more prominent services.

Both Phillips House and Baker Memorial reached a peak of obstetric activity in 1947, with 356 births in the former, and 882 in the latter. Although there was a falling off in 1948 in both installations, 717 births occurred in the Baker —the third highest number in a decade, and 229 in the Phillips House.

While the hospital has done its utmost to keep medical and surgical cases off the two obstetrical floors, it has not always been possible to do so when, on occasion, the demand for non-obstetric beds has reached a peak coincident with a low phase of the obstetric census. No one, the writer believes, considers this an ideal arrangement, but at times it has been unavoidable in order to make the most economical use of available beds. Fortunately, the occasion is not frequent.

Adequate care for the mother and infant in the postpartum period is at least 90% a matter of proper and methodical nursing technique. When the nurses on an obstetric floor are inadequate either in skill or in number, the quality of care given to the patients declines. With the contemporary costs of hospitalization, the desire of the average patient to cut her hospital stay to the shortest possible time is a marked feature of obstetric practice in these postwar years. There is so much for the young mother to adjust to — the recovery from delivery, the attitude to the newborn infant, the establishment of a feeding routine for the baby, the new environment in prospect on her return home — that a stay of seven to ten days in the hospital is none too long to prepare her for the immediate future, unless she have nursing care adequate in quality and quantity. By and large, the nurses on the Obstetrical Service are long on quality but often acutely short on quantity. It is to be hoped that this situation will change for the better when the problem of nurse procurement is solved, for the situation as it now exists is not peculiar to the M.G.H. alone.

In its present organization, the Obstetrical Service has no formal program of investigation or research under way. It is doubtful if any such program were feasible. Limited as it is to the facilities of the Baker Memorial and Phillips House, its clinical material is composed of private patients of two physicians who hold the rank of Obstetrician, seven who are classed as Associate Obstetricians, fourteen who hold the title of Assistant Obstetrician, and a scattering few who are on the Board of Consultation or have the courtesy privileges of the Phillips House.

Could there be a program of research, investigation, and development in obstetrics at the Massachusetts General Hospital? It is the writer's belief that there could be, provided one paramount need for such a program were met — i.e., the establishment of a ward service in obstetrics in the General Hospital, with provision for prenatal study and observation in an adequate pregnancy clinic. As these lines are written, the future of the hospital vis-à-vis obstetrics is under study by a Staff Committee composed of Drs. Bartlett, Butler, Chapman, and Ulfelder, whose eventual recommendations may possibly hinge upon the opinion of this committee as to the practicability of establishing an obstetric ward service. The final decision, of course, will necessarily be incumbent upon the policy-making level of Trustees and Staff.

It is believed that the present Obstetrical Service at the Massachusetts General Hospital, even without the advantages which would accrue from the ward service, fills a definite need in the Greater Boston community. The Hospital Blood Bank has been a source of great help in handling emergency transfusion requirements. The Children's Medical Service has been of inestimable value in supervising and treating the newborn, and, with the premature nursery in the Burnham Building available for infants born before their time, offers the Obstetrical Service great help when problems of prematurity are involved. The Anesthesia Service has always covered the Baker Memorial most satisfactorily and may be called upon now for the Phillips House, as well.

This is neither the time nor place in which to discuss the services available to obstetrical patients in the Massachusetts General Hospital as compared with those offered by other hospitals in the community. Such comparisons have been made in numerous verbal and several written reports to the Director. Suffice it to say that a patient who chooses to have her baby at the Baker Memorial or Phillips House is assured of the care of the Staff second to none, and of facilities in handling emergencies which are unsurpassed.

Thomas R. Goethals, M.D.,
Obstetrician

* * *

At a meeting of the Board of Trustees, held on September 16, it was voted that all gifts made in memory of Dr. Frederic A. Washburn should be allocated for the use of the Archives.

This is a very suitable tribute to Dr. Washburn, for, as you may know, it was due to him, more than to any one other person, that we have an Archives Department and that the publication of THE NEWS was resumed in 1942. His active interest in the department was unbroken up to the hour of his death.

A few of Dr. Washburn's most valued possessions are on permanent display in the Archives Room.

* * *

Our deadline date for this issue preceded by a few days the supper party and reception for Dr. and Mrs. Faxon, which took place on the evening of October 17.

Instead of giving you now a list of the events and speakers' names, as indicated on the prepared program, we have decided to wait until the next issue and publish then a complete account of the party, written by one well qualified to give such a significant occasion in our hospital's history the kind of treatment it so rightly deserves.

* * *

Dr. Mary A. B. Brazier, Research Fellow in Psychiatry at M.G.H., was one of six invited speakers at the International Electroencephalographic Congress in Paris this past September. She traveled as representative at the request of the Office of Naval Research and was accredited to the Commander-in-Chief, U.S. Naval Forces, Eastern Atlantic and Mediterranean Base. In addition to the Congress, her tour covered visits to laboratories in Marseille, Paris, London, Geneva, and the International Research Station on the Jungfrau.

Twelve Massachusetts surgeons were recently admitted to fellowships in the International Society of Surgery "because of their distinguished record and honorable standing among surgeons of the United States". We are proud of the fact that seven of the twelve so honored have MGH associations. The list includes Drs. Bradford Cannon, Assistant Surgeon; Jacob Fine, Assistant Resident Surgeon, 1927; Varaztad H. Kazanjian, Board of Consultation; Francis D. Moore, an alumnus and former member of our active staff, now on our Board of Consultation; Marius N. Smith-Petersen, another alumnus and past member of our active staff, now on our Board of Consultation; Grantley W. Taylor, an alumnus, now Visiting Surgeon; and James C. White, an alumnus, now Chief of Neurosurgery at M.G.H.

The International Society of Surgery has its headquarters in Brussels, Belgium. The national committee of the United States includes another of our staff—Dr. Arthur W. Allen, an alumnus and Chief of our East Surgical Service until the two surgical services were combined under one head in 1948, and now on our Board of Consultation.

The Board of Trustees, at their meetings on September 16 and 30, voted:

To accept the resignation of Dr. S. Ramachandra as Intern on the Dental Service, as of August 17;

To create the position of Assistant in Biochemistry and to appoint Robert K. Crane, Ph.D., J. Delafield Gregory, Ph.D., and G. David Novelli, Ph.D. to that position;

To create the position of Assistant in Biophysics and to appoint Dr. Gordon L. Brownell to that position;

To create the position of Exchange Assistant Resident.

To appoint:

Dr. Arthur W. Culberson as Clinical and Research Fellow in Neurosurgery, to serve as Assistant Resident in Neurosurgery from September 1 to 15, until Dr. Richard W. Garrity's arrival;

Dr. Richard W. Garrity as Assistant Resident in Neurosurgery, from September 15 to December 31;

Dr. Robert G. Knapp, Jr. as Intern on the Dental Service, from September 17, 1949 to July 1, 1950;

Dr. Andries Querido as Physician pro tempore for October;

Dr. Earl G. Solomon as Assistant Resident in Psychiatry, beginning January 1, 1950;

Dr. Chiu-chen Wang as Assistant Resident in Radiology, beginning January 1, 1950;

Dr. Edwin O. Wheeler as Assistant in Medicine.

At their meetings on September 21 and 28, and October 5, the General Executive Committee voted:

To grant Dr. Richard G. Nilges, who has served as Assistant Resident in Neurosurgery from January 1, 1949 through August 31, 1949, leave of absence for one year, beginning September 1, to serve as Resident at the Cushing Veterans Administration Hospital, then to return to the Massachusetts General Hospital as Resident in Neurosurgery.

To extend for one year the appointments of:

Dr. Arlington Bensel, Jr., Clinical Fellow in Dermatology, beginning October 1;

Dr. Owen G. Miller, Clinical and Research Fellow in Dermatology, beginning July 1;

Dr. Cone J. Thompson, Clinical Fellow in Dermatology, beginning October 1;

Dr. Harold W. Trott, Clinical Fellow in Dermatology, beginning September 1.

To appoint:

Dr. Andre Duprez as Clinical and Research Fellow in Surgery, as of October 5, to work on the problem of bronchiectasis under Dr. Churchill;

Dr. Elizabeth B. Keller as Research Fellow in Medicine;

Dr. Halfdam Lefevre as Clinical and Research Fellow in Gynecology, to work with Dr. J. V. Meigs;

Dr. Stanton K. Livingston as Graduate Student Assistant in Surgery for three months, beginning October 1;

Dr. Haroldo A. Rodrigues as Graduate Student Assistant in Surgery, as of October 5, to work in the study of sudomotor activity;

Philip Siekevitz, Ph.D. as Research Fellow in Medicine;

Dr. Robert F. Tilley as Clinical Assistant in Dermatology, as of October 1;

Dr. Jerome Waldman as Clinical Fellow in Orthopedic Surgery for the month of January 1950;

Dr. Laura Walters as Clinical Fellow in Dermatology for one year, beginning October 1.

* * *

Apropos of recent newspaper comments about patients who have hiccoughs over long periods, one of the MGH staff sent a letter to Dr. Faxon, in which he detailed his experience in combating this troublesome condition. By accident he discovered, in treating a patient with a 10% solution of calcium gluconate, injected intravenously for another condition, that the hiccoughs which were troubling the patient stopped. Return of the hiccoughs on succeeding days was again controlled by injection of calcium gluconate. Similar favorable results were obtained in other patients where treatment was given directly for hiccoughs.

The staff member doubted whether this was generally known and, learning of a patient of another staff doctor who was suffering from hiccoughs, this treatment was suggested, again with favorable results.

The treatment is the injection of 10 c.c. of 10% calcium gluconate, which comes already prepared in ampules.

* * *

An article from a London paper was sent to us by both Dr. Faxon and Dr. Arthur J. Finck. It is titled "A debt repaid", and reads:

"Sir Richard Fairey, who was Mr. Lewis Douglas's host when the American Ambassador suffered his eye injury the other day—a fishing hook was embedded in his eye as he cast his line—is himself a great fisherman as well as a famous yachtsman. And he is the ideal companion for an American Ambassador, for few Englishmen know America better, or are better liked by Americans. He was long Director-General of our Air Commission in Washington, and a familiar figure on Washington's golf links.

"If Sir Richard's promptitude in driving Mr. Douglas from the riverside to hospital saves the Ambassador's eye, it will be in some sort the payment of a debt he owes to America. He was stricken in Washington with an almost fatal attack of malignant hypertension—a particularly dangerous form of increasing blood pressure—and he maintains that he owes his life to the operations and treatment he received from the specialists at Boston's Massachusetts General Hospital, where he spent three critical months."

* * *

RECTAL CLINIC

The Rectal Clinic was organized by the author as a unit of the Out-Patient Department in 1928, and is now in its twenty-second year of continuous operation as a special clinic. Prior to that time patients with complaints relating to the rectum and colon, both before and after operation, were seen in the General Surgical Clinic and examined with some difficulty due to the lack of a convenient set-up of instruments, lights, etc. for the occasional case as it appeared.

The Rectal Clinic has always been held in the large room of the Male Surgical Clinic, and I believe enjoys the distinction of being the only clinic which has never had a label over the door. Both males and females are handled by the simple expedient of reserving one end of the room for the women, who are ushered into a dressing room adjacent to a screened examining table. Two other screened tables accommodate the men.

For the first year or so the clinic was held one day a week. As the number of patients increased, and it became apparent, also, that many postoperative patients would be benefited by being seen oftener, the change to Monday and Thursday was made, and the clinic has been run on this schedule ever since.

Attendance at the Rectal Clinic has been as high as fifty, which kept two doctors busy from ten until two on more than one occasion. This was true just before the War, during which it seemed desirable to reduce the size of the clinic. This was easily done by lengthening the intervals between appointments of those patients whose ailments justified it—and there were many of these.

During the War, and since, with the marked drop in attendance at all out-patient clinics, presumably due to the advent of Blue Cross and Blue Shield, and a general increase in patients' earnings, the attendance in this clinic has dropped until it now varies from ten to twenty patients. These consist of new cases referred from other clinics, from the wards, or from outside doctors, in addition to those patients returning for postoperative treatments or observation.

Over the years a number of the members of the surgical staff have served in this clinic for periods of four to six months for one or more years. Of this group, Drs. Roy E. Mabrey and George S. Speare have maintained their interest in the clinic and have served continuously for fourteen and sixteen years, respectively, except for the period of three and one-half years when Dr. Mabrey was away in War Service.

Visiting physicians have always been welcome, and it is rarely that at least one visiting doctor is not present. Although we have never kept a registration book for visiting doctors, we can recollect having had visitors from England, Canada, France, Norway, Belgium, Portugal, Spain, Yugoslavia, Italy, Greece, Turkey, Syria, India, China, Brazil, Argentina, Paraguay, Panama, and Chile, in addition to various parts of our own country. This is not to say, however, that all of these visitors made their pilgrimages expressly to visit the Rectal Clinic.

House officers and medical students have never been assigned specifically to the Rectal Clinic, but often drop in when their time permits. They manifest interest in the minor rectal problems which they are seeing on the wards and which are likely to fall to their lot to operate upon.

Postgraduate teaching was first organized on a small scale in 1931, when one doctor enrolled. He was given a three-months' course, held two days a week and listed in the Harvard Medical School Courses for Graduates Catalogue as Course 399—"Diagnosis and treatment of diseases of the rectum". This course was given for three years, with one student enrolling each year. I can find no record of 1934, but in 1935 four doctors enrolled for one or more months and this plan was followed until 1939, when we decided to offer a concentrated one-week course to last all day for six days. This course was given twice a year—in the spring and fall. It was advertised by the Courses for Graduates Office in the J.A.M.A. and apparently filled a need, because the enrollment from the spring of 1939 until 1943 varied from a minimum of six to our established maximum of twelve men, twice a year. These men came from the South and Middle West, as well as from New England, and were quite generally pleased with the idea and the content of this concentrated course. The schedule included three mornings in the clinic and three in the operating room, with the afternoons devoted to lectures and conferences in which a number of other members of our Medical and Surgical Staff participated. In 1943, by decision of the General Executive Committee, all postgraduate teaching at the hospital was discontinued for the duration of the War, except for a few lectures given to Army and Navy officers, and our course has not been revived since the War.

With the shortage of hospital beds in the past, and the long waiting list of surgical patients needing hospital admission, it has always been important for the available beds to be reserved for the more seriously ill patients. In this regard it has been possible, by the use of the injection method of treating internal hemorrhoids, and by other therapeutic measures applicable to ambulatory patients, to diminish considerably the numbers needing admission to the wards. This drop in hospital admissions for rectal complaints was most marked during the earlier years, after which the numbers increased again to some extent.

Although the Rectal Clinic can lay no claim to original discoveries of great merit, papers based on material seen in the clinic have been written by individual members as coming from the Massachusetts General Hospital, and one book has been published. If the clinic can continue to provide accurate diagnosis and good treatment for its patients, and concentrated teaching material for its visitors, it will perhaps have justified its existence as one of the many special clinics of the hospital.

E. Parker Hayden, M.D.,
Chief of Rectal Clinic

* * *

Two members of our staff, who were sent to visit U.S. Army installations in the Far East this summer, have been good enough to give us these interesting reports of their trips. We are hoping to publish soon an account from another staff member, who was sent on a similar mission to Europe.

You ask for a report on our recent fabulous journey to the Far East to visit U.S. Army medical installations, and I am so deeply grateful to you all, as the taxpayers who paid the bills, that I must hasten to reply.

We have perhaps 100,000 occupation troops in the Far East and some 35,000 families of these soldiers. Hospitals, dispensaries, and medical officers must be provided for their care. Medical officers are scarce, and the chiefs of services in the smaller Station Hospitals are often younger men who were "educated at government expense" during the war, had short hospital appointments, and are now on their two-year tour of duty. In order to be sure that these younger men are giving really good medical care, as well as to provide an occasional boost to their morale and professional interests, the Surgeon General conceived the idea of sending out, every four to six weeks, a team of four consultants, specialists in various fields, who would swing around the circuit, make ward rounds, and talk formally and informally with all the medical officers. — Such, then, was the "mission".

The way for our visit had been carefully prepared beforehand by the S.G.O. in Washington and Colonel Blount, the Medical Consultant in Tokyo. We had been asked as to our special medical interests and the subjects upon which we would be prepared to talk. A list of these subjects had been sent to the hospitals before we appeared. This saved me much embarrassment, because no one ventured to ask me whether a given XYZ complex in an ECG was due to a Smith-Brown-Jones syndrome or just a little too much longing to be with his wife who was expecting a baby in Melrose, Massachusetts. So I set forth with a box of lantern slides weighing thirty-two pounds, and my two now famous nylon shirts, to talk about medical problems, and especially lung disease, to anyone who would listen.

The elapsed time was six weeks. Travel was almost entirely by air and the actual flying time about 120 hours. The places visited were San Francisco, Honolulu, Guam, Okinawa, the Philippines, and Japan. In Japan there was a night's train ride north from Tokyo to Sendai, and a night's train ride south to Osaka. There were many way stations. Tokyo and the famous Imperial Hotel was the headquarters for the two and a half weeks in Japan.

"Visits" (not inspections) were made to twelve U.S. Army, two U.S. Navy, and five local hospitals. I "talked" fourteen times in our hospitals, once (through an interpreter) to the Japanese Medical Society (and the Japanese Fishbein), and once to the staff of a Philippine hospital in Manila. There were four conferences with preventive medicine and other Army groups. Besides this, we had many informal ward rounds and talk fests.

The job of a medical officer in these peacetime hospitals is different from what we saw in war time. The medical staff on duty is smaller than that provided by the T of O of the fighting years. There are numberless outpatient clinics to be run, and dependent families provide obstetrical and pediatric problems galore. Chiefs of Services no longer sit behind desks initialing this and that. I was tremendously impressed by one full Colonel, C.O. of the hospital, who had practically turned over the hospital administration to his executive officer, a Medical Service Corps man, and was spending several hours a day in the dispensary caring for patients — and liking it. I can vouch for the statement that he worked from 8 A.M. to 1 P.M. in the dispensary on the Saturday we were there, so that his younger medical officers could make rounds with the "consultants". Times have changed. Of course there are varying grades of excellence in medical work, but on the whole I was very favorably impressed by the way the Medical Department is carrying on.

I'll have to admit that although my leave with Danny Holland in Egypt and Palestine during the war was truly remarkable, it did leave out certain features of the recent junket. I remember that our quarters on the Nile had a sign reading, "For General Officers Only", but if I remember correctly we were not met at the airport at 9 P.M. by a two-star General; entertained for dinner and the evening by another two-star General; assigned a car bearing the letters V.I.P.; shown the most famous sights in Japan, the Philippines, Okinawa, and Guam by Colonels who seemed to enjoy doing it; and finding even the week ends planned for us at renowned resorts. Am I dreaming, or did such things really happen?

One of my pleasantest experiences in Japan was not planned by the Army, but came about because of MGH connections. When Miss Bunker, who is working in the hospital with children's cardiac cases, heard of the proposed trip to Tokyo she asked me to be sure to look up her brother, Colonel Laurence Bunker, who is one of General MacArthur's two aides. So, when I was in Tokyo I phoned Colonel Bunker and he invited me to come to his apartment in the old embassy quarters for dinner and the evening. He said he would be late, because the General was always very late in leaving the office, and he was late, but his Japanese servants kept my glass filled until he arrived. I feel sure he did not divulge any state secrets, but it was a most enjoyable evening.

And then, besides all that, a typhoon — a real one — was put on for us at Okinawa. It's a queer feeling. We arrived at the island by air from Tokyo at 2 P.M. and found that the alert had already been given. Okinawa was in "Phase III", meaning that the typhoon, "Gloria", was 250 miles away but headed straight for us. I am told that a typhoon is like a whirling doughnut, hurtling through the air, spinning wildly in a counter-clockwise direction, and bringing with it torrents of rain. By evening we were in "Phase II" with the whirling doughnut, with the "typhoon eye" in its center, 125 miles away. Windows were then nailed shut, Lister bags filled with water, and C rations distributed to all buildings. By midmorning it was "Phase I", and the electric power was shut off and most of the furniture in the various Quonset huts stacked against the walls and covered by tarpaulins. Then at 11:30 A.M. she really started to blow — 150 and up to 175 miles an hour. The jumbo Quonsets suffered more than the small ones, and the huge metal plates which form their covering were torn off and went sailing through the air like autumn leaves. For two and a half hours she blew and then tailed off, giving an hour's intermission between halves while the eye of the typhoon passed over us. This gave us a chance to assess damage, move beds, plug leaks, and get set for another two and a half hours, with the wind (theoretically) blowing in the opposite direction. Things then quieted for the night.

The morning inspection showed much damage to hospital buildings, but no patients or hospital personnel hurt. One air officer's child had been killed and there were four cases of severe injury in the hospital. A hundred Army families were without homes and the headquarters' staff found their building flattened. The post theater, a big Quonset about three-fourths destroyed, had a sign on the front, "Now playin'. 'Gone with the wind'."

So much for the work and play. Now a summary of *impressions* of the general Far Eastern situation, knowing full well that there was no time to get the real facts.

Japan is a tight little set of islands; full of babies and children, with the population increasing at the rate of one and a half million a year; getting all sorts of U.S. preventive medicine; and already bursting at the seams. Everyone, both U.S. and native, that I talked to, expected things to go on reasonably well so long as our occupation forces *and* MacArthur remained. They would expect the "Russians" to move in as soon as we moved out, and they were definitely worried as to what will happen when the seventy-two year old MacArthur steps down. In medicine, their big problem is tuberculosis and their medical society asked me questions for three-quarters of an hour about the use of streptomycin. At this point the presiding officer called time. The Japanese hospital set-up is interesting, because each patient comes to the hospital attended by a member of his family who sleeps in the room with him and cares for him. This relative brings in the patient's food from outside and cooks it in the common kitchen.

There is still evidence of the tremendous damage of our air raids to the industrial areas outside the center of Tokyo. Usually only the chimneys remain of the once great plants. A single night's raid is said to have killed 65,000 and injured 150,000. But a Japanese staff-car driver told us that his house was burned along with those of many of his neighbors and that he was the only one to return to that area to rebuild. So now he has room for a garden and everything, and he says, "Thank you very much, B-29."

Okinawa is primarily an air base, occupied for "strategical purposes", with the air full of jet planes and other flying devices. I got the impression that it is not a good place to live. If all typhoons are like "Gloria", I am sure it is not. But I understand that "Fay", who preceded "Gloria", and "Hester", who followed her, were much less passionate ladies. However, one wondered whether the stay of officers and soldiers should not be limited to one year and their families kept in the U.S.A.

On one of our sightseeing trips we had as guide a dark young native of about five years who announced himself as "Me Number One Friendo. Me show Suicide Cliff." This cliff, at the far end of the island, is where ten thousand Japanese soldiers, caught between U.S. land forces on one side and the U.S. Navy on the other, are said to have followed the example of their General and jumped to their deaths on the rocks hundreds of feet below. I did not count the skeletons which are still there.

No one told me just what is planned for the Philippines but it looked as if the U.S. was on its way out, except perhaps for an air base. Amalgamation was thought to be going on between the Army and the Air Force. Besides the hospital run by the Army, largely for Air Force personnel, we have one other hospital near Manila — the Philippine Scouts Hospital. All the patients are Filipinos, and 610 of them were in because X-rays taken at the time of their expected separation from service in the U.S. Army showed tuberculosis. Besides our visit at this hospital, we had a very pleasant morning and lunch at the Quezon Institute, outside Manila. This is a native tuberculosis hospital and a very good one, run by an excellent thoracic medico-surgeon.

Guam was primarily a Navy base. Two billion dollars' worth of supplies were, it is said, at one time parked there. The acres of warehouses remain. I did not look inside them. The Army General Hospital was supposed to be closing its doors, looking to "amalgamation" with the Navy. But I've had word since that amalgamation is indeed a slow process.

So you see this was a marvelous trip. Dr. Charles Arnold, my traveling surgical companion from Lincoln, Nebraska, took out a spleen, a thyroid, a malignant growth in the colon, and a gallbladder. He earned his salt. I hope I earned mine. But in any case, I shall never forget the efficient planning and the extremely friendly and continued help of all the medical officers, regular and otherwise. I am deeply impressed and humbly grateful.

Donald S. King, M.D.,
Physician

And here are the impressions of another staff member, sent on a similar mission.

Here is a brief account of my recent trip to the Far East Command (F.E.C.) as a Consultant for the Surgeon General of the U.S. Army.

As the readers of The News are doubtless aware, for some time the Surgeon General has been following a policy of sending civilian consultants at regular intervals to visit the Army medical installations in the various overseas theatres. Just as the fundamental aim of all medicine is the healing of the sick, so the main purpose of the consultants is to see that the patients are receiving the best care. An additional part of their mission is to be of all possible help and service to the Army medical officers and also to review any resident training program, where such exists. As yet, not many MGH men have filled these assignments, but I am sure that more are bound to do so in the future, especially in view of the favorable experiences reported by those of us who have served in this capacity. Dr. Beecher visited Europe as an Army consultant more than a year ago, and Dr. Bland was in Europe this summer at the same time as my trip in the other direction. I was the first urologist, and so far as I know, also the first MGH man to visit the F.E.C. in this capacity. However, Dr. Donald King followed me to F.E.C. only one month later, and he is planning to relate his experiences in The News.

As Consultant, you are worked hard, chiefly at seeing patients and making ward rounds (and you can be sure that they have saved up all the knotty problems for the Consultant!), but also at holding clinics, giving both formal and informal extemporaneous lectures, and in general by being of as much assistance as possible. I operated several times.

As representatives of the Surgeon General you are everywhere treated with the greatest deference, and the friendly hospitality of the Army medical officers to their civilian consultants is outstanding — I might say at times almost overwhelming, if you partook of all that was offered to you. Although the Army works you hard on these tours during the week, they always plan, if compatible with your travel schedule, to send you somewhere nice for the week end — such as the mountain resort of Baguio in the Philippines, and the historic city of Kyoto or the luxurious Fujiya resort hotel when in Japan. All in all, I found it a most interesting, instructive, and pleasant tour.

Traveling by air, I left San Francisco one evening late in May with three other consultants — an internist from San Francisco, an orthopedist from Oklahoma City, and a neuropsychiatrist from Galveston. After a comfortable overnight flight of two thousand miles in a very large and *de luxe* plane, we four arrived in Honolulu early the next morning, and spent the next two or three days at the Army's magnificent new thirty-seven million dollar Tripler General Hospital. Since the joint staffing of military hospitals was recommended by the Hawley Board in order to economize in the use of physicians in the military establishment and to reduce the number of hospitals, the Naval Hospital in Honolulu was closed down and the Tripler also takes care of Naval personnel and has some Naval medical officers on its staff. It is a beautiful and well-run hospital and does good work. The civilians in Hawaii were beginning to be bothered a lot by the shipping strike then, and they must be desperate by now.

We then flew to Guam. This was a long flight (3,500 miles), and we stopped for an hour or so at Johnston Island, a tiny coral "island gas station" seven hundred miles from Hawaii. At Johnston, the island medical officer turned out to be Willard Dalrymple of Brookline, Mass. (HMS '46 — MGH '47). He was most cordial, and showed us his hospital — which was underground, having been built as a shelter from Jap Naval shelling (once during the war). He did not mind too much being on the small island, and seemed to be doing an important job well. After Johnston, we flew to Kwajalein in the Marshall Islands, midway between Johnston and Guam (1400 miles to each), but we stayed there only an hour or so in the middle of the night and so did not see much. Between Johnston and Kwajalein we crossed the International Date Line, and we suddenly went ahead twenty-four hours to the next day. Coming back it was the reverse, and we were set back twenty-four hours to the day before.

About 6:00 A.M. the next day we arrived at Guam. This is a green, tropical island of plateaus and hills, about twice the size of Marthas Vineyard, covered with luxuriant vegetation, including millions of coconut palms. It is bordered by many beaches, with the usual barrier reef of coral. It was hot and very humid when we were there. The native Guamanians are dusky skinned. Due to having been handsomely reimbursed by the U.S.A. for all damages to their coconut trees during the fighting, many of them are not bothering with what used to be their main economic support — the preparation and sale of copra, which is the dried meat of coconuts and is used for coconut oil.

From Guam it was another fourteen hundred miles to the green island of Luzon in the Philippines. This has many mountains covered with luxuriant tropical vegetation. Although hot and humid in the flat region of Clark Field where we landed and of Manila, sixty-five miles away, it is cooler in the hills. We visited Baguio, the summer capital, which reminds one of a good-sized town up in the White Mountains of New Hampshire. Many of the people are quite primitive, especially off in the country or in the hills, and one saw such sights as carabao (water buffalo) pulling ploughs consisting of a crooked piece of wood, or being driven round and round to thresh grain. Women nurse their babies in public, and smoke big cigars. At the present time there is violent political strife between rival factions in the Philippines. Shootings are common, and all Filipinos in and around Manila are said to carry knives, and many carry guns. Law and order are definitely not what they should be, and are reminiscent of the Western frontier days in the U.S., and from that point of view things have never been the same since the U.S. turned over the government to the Filipinos. Manila has not been much rebuilt since it was largely smashed by artillery during the war, and hulks of sunken ships still stick up out of the water in Manila Harbor. To add to the general confusion, the Huks, the guerrilla bands who harassed the Japs so effectively during the war, are now carrying on perpetual guerrilla warfare with the government authorities. It is said that the Huks are Communist-supported, and that their purpose is to keep the country constantly in a disturbed state. Huks and just plain bandits are so numerous that it is dangerous to be out in Manila at night or to drive in an automobile at night outside the city limits.

After the Philippines, we flew eight hundred miles to Okinawa — an attractive but isolated green, hilly island where the natives, a mixture of Ainu-Chinese-Japanese, are peaceful and law abiding. Okinawa is a big island—seventy-five miles long. Whether it is because the China Sea on its west side is cold, while the Pacific to the east is warm, I don't know, but at any rate Okinawa always seems to be a port of call for every typhoon in that region — and some of them are pretty rough, from what I heard.

From Okinawa we flew another eight hundred miles to Japan, where I stayed for a month. To try to give one's impressions of present-day Japan in a short letter is, of course, impossible. To begin with — everyone seems to feel that General MacArthur is doing a good job with the Japanese Occupation. The American occupation force — Army, Navy, Air Force, and civilians — seem to be doing their work well and to be well-behaved. The American dollar goes far in Japan, and many of the occupation personnel, especially the married ones, have "never had it so good before", particularly as servants are good and cheap. As in all occupations where the soldiers stay in one place for a long time, are not in combat, and have considerable free time, many of the soldiers have steady Japanese girl friends. In off duty hours, there is a good deal of alcohol consumed, and there are a good many jeep accidents, largely due to carelessness and drinking.

As for the Japanese, they are serious and extremely industrious, but often the traditions of centuries are so influential in their thought, that they fail to adopt modern views and methods. They would rather do things by hand than by machinery — just the opposite of the average U.S. citizen. For example: they won't use a lawn mower, preferring to have several people cut the lawn by hand with long knives. Mechanically they are great copiers, but do not seem to have the true mechanical ability or "know how" possessed by the average American youth. They are also liable to take absolutely literally whatever is told them, which sometimes creates difficulties. They accept the American occupation in a philosophical matter-of-fact way, as being what happens when one loses a war, are polite, and seem tolerant of our being there. The children are very friendly, and our soldiers treat them well, give them candy, play with them, etc. Having the Emperor, whom they had been brought up to believe was divine and upon whose face they dared not look, renounce his divinity and go about visiting factories, speaking to them, attending baseball games, and so on, just like an ordinary human being, must cause great perplexity and mental trauma to many of the Japanese, especially the older ones. Sometimes it seems as if they had transferred their spirit of Emperor-worship to General MacArthur.

Due to the Army's policy of evacuating to the U.S. all patients with cancer and those who will require a series of complicated surgical procedures, also all soldiers who will not surely be back to duty in one hundred twenty days, many of the more elaborate surgical operations which are commonplace at the M.G.H. are not performed in Army hospitals overseas. Therefore, the surgery is largely that of acute emergencies, such as appendixes, perforated ulcers, etc., or of traumatic emergencies caused by such things as jeep accidents, falls, shootings, etc. It is an orthopedist's paradise, as there are many fractures. Also, there are many hernia repairs, hemorrhoid operations, and so forth.

The only MGH man I met in Japan was John Isherwood, who was formerly in the X-ray Department. Now a full Colonel and Chief of the X-ray Department of the most important hospital in Japan (the 49th General, in Tokyo), he is the leading and most respected roentgenologist in the whole F.E.C. John and his wife had me out to dinner at his attractive home in the new Army development outside of Tokyo, and we had a delightful evening together discussing Boston and the M.G.H.

On the evening of July seventh, Don King and I met and had dinner together at the Hotel Imperial in Tokyo. On the morning of July eleventh, I was ten thousand miles away, having breakfast on the plane from New York to Boston.

It's a small world nowadays.

Richard Chute, M.D.,
Associate Visiting Urologist

MEDICAL HOUSE STAFF NEWS

The Medical Service welcomed back five of our ex-interns as assistant residents on October 15. They are Drs. Bill Christenson, Boy Frame, Anne Godley, Donald McCann, and John Stoeckle. Of the assistant residents leaving service, Hugh Chaplin, John Littlefield, and Morton Swartz will return as residents after a brief vacation. Dr. Warren Bennett left us for the Pratt Diagnostic Hospital, and Dr. Ronald Bishop has gone to the Veterans Administration Hospital in West Roxbury.

The house staff also lost Dr. Rita Kelley, who finished her residency on October 15. She will join the Huntington staff, so she will continue to be in the hospital, handling various problems in the treatment of malignant disease.

Her place has been taken by Dr. Morton Swartz. The Eye and Ear Infirmary and various services treating diabetics will see a lot of Dr. Swartz in the next two months.

The first Medical House Staff Conference since spring was held on September 29. Drs. Ernest Craige and Royal Schaaf explained the use of unipolar electrocardiography.

During the past few months several of the assistant residents have given a great deal of their valuable spare time to the installation of an artificial kidney. Drs. Bill Christenson, Boy Frame, Donald McCann, and Holly Smith have been responsible for this important piece of work. We are all eagerly awaiting the further developments of this project.

Charles H. DuToit, M.D.,
Chief Resident

BIOGLETS

Dr. Agnes S. Burt, Intern in Pathology—born in Portland, Oregon, January 9, 1917; B.A., Reed College, 1935; M.A., University of California at Los Angeles, 1937; Ph.D., University of Chicago, 1943; U.S. Navy: Naval Air Station, Pensacola, Florida, and Naval Hospital, Bethesda, Maryland, 1943-45; M.D., Cornell University Medical College, 1949.

Dr. George D. Ludwig, Third Assistant Resident in Surgery—born in Johnstown, Pennsylvania; B.S. in Chemistry, St. Vincent College, Latrobe, Pennsylvania, 1943; M.D., University of Pennsylvania, 1946; Intern, University of Pennsylvania Hospital, 1946-47; U.S Navy: engaged in medical research at Naval Medical Research Institute, Bethesda, Maryland, July 1947 – July 1949.

MASSACHUSETTS EYE & EAR INFIRMARY

Public announcement of Mr. Francis S. Hill's appointment as Director of the Infirmary was made by Mr. Henry Hixon Meyer, President of the Board of Managers and Corporation, at the first fall meeting of the governing boards, held on October 19 at the Infirmary. The meeting was followed with a tour of the hospital, to inspect progress on reconstruction, and a dinner in the Infirmary cafeteria for the members and their wives.

After the business meeting, a 20-minute 16 mm. color, sound motion picture was shown which explains the instruction in esophageal voice for total laryngectomy patients, and which was made at the Infirmary through a grant from the American Cancer Society. The picture is intended for interested medical groups, as Dr. LeRoy A. Schall, Chief of the Ear, Nose and Throat Service, feels that while the method is not unique at the Infirmary, Mrs. Doehler, the teacher here, has perfected it and carried it further than have esophageal voice teachers in the two or three other parts of the country where it is also taught.

The picture shows in explicit detail just how Mrs. Doehler teaches breath control and phonetics, as well as the mechanics of using the esophagus in producing sound after the larynx has been removed because of cancer. The case of a typical patient is dramatized. The action begins with the interview in the doctor's office, where the patient is told that while he must face total laryngectomy, he will not be voiceless if he will study with the classes in the esophageal voice. The picture ends with his complete rehabilitation in his home and his office, where he can not only make himself understood with his new voice but can carry on normal conversation. This patient, and the two others who are shown as returned to their previous occupations, are actual authentic cases—the parts played by the patients themselves.

The New England Ophthalmological Society and the New England Oto-Laryngological Society will hold their fall meetings on November 15 and 16, respectively. Dr. LeRoy A. Schall will preside at the Oto-Laryngological meeting, and Dr. Edwin B. Dunphy, Chief of the Eye Service, will preside at the afternoon session of the Ophthalmological meeting.

On November 16, the Alumni will be the guests of the Infirmary for the annual luncheon, to which the Residents are also invited.

At the parents' meeting of the retro-

No. 19 in a series of Staff photographs
Dr. Tracy B. Mallory — Chief of Pathology and Bacteriology

lental fibroplasia children, held at the Infirmary on September 16, announcement was made of the formation of the National Foundation for Eye Research. The parents taking part in the retrolental fibroplasia study felt the need of such a research foundation and have pioneered in its formation. Mr. George Swartz, chairman, stated that the purpose of the Foundation was: "to promote research into blinding eye diseases".

Dr. L. Gregg McAlister of Sydney, Australia, widely known for his study on the relationship of congenital blindness in babies to the pregnant mothers' exposure to German measles, lectured to the residents in Ophthalmology and Pediatrics on this subject on September 14.

New addresses:—

Dr. Harold E. Elrick (*M* 1944), Akademiska Sjukhuset, Upsala, Sweden.

Dr. Lytt I. Gardner (*CM* 1944), Dept. Biological Chemistry and Nutrition, School of Medicine, University of North Carolina, Chapel Hill, N. C.

Dr. DeForest E. Hale (*a.r.p. R* 1949), Syracuse University Bldg., Syracuse, N. Y.

Dr. Arvil J. Hinshaw (*ES* 1947), 6835 Burkett St., Houston 4, Tex.

Dr. Joseph A. Holmes (*P* 1936 & *ES* 1938), 751 Main St., Waltham 54, Mass.

Dr. Daniel F. Milam, Jr. (*S* 1949), Room 226, Sr. BOQ, Naval Air Station, Jacksonville, Fla.

Dr. Laszlo Ormandy (*Or.* 1943), 4 Park St., Concord, N. H.

Dr. Oglesby Paul (*WM* 1943), 122 South Michigan Ave., Chicago, Ill.

Dr. Edgar B. Phillips, II (*CM* 1948), 40 President Ave., Providence, R. I.

Dr. Charles G. Rand (*clin. & res. fel. CM* 1949), 4062 Union Bay Circle, Seattle, Wash.

Dr. Arthur A. Wills, Jr. (*Asst. in Psychi.* 1937), 815 Sheraton Bldg., 10 Post Office Square, Boston, Mass.

Dr. John B. Youmans, Dean, University of Illinois College of Medicine, 1853 West Polk St., Chicago 12, Ill.

Brief bits:—

Dr. Ronald C. Bishop (*M* 1945) is now working as a Resident in Medicine at the West Roxbury V.A. Hospital. His address is 16-5 Garden Lane, Waltham 54, Mass.

The Salmon Committee on Psychiatry and Mental Hygiene has announced the Seventeenth Series of the Thomas William Salmon Lectures, to be given by Dr. Stanley Cobb, Chief of our Psychiatry Service. The lectures will be given at Hosack Hall, New York Academy of Medicine, 2 East 103rd St., New York City, on the evenings of November 8-10. Dr. Cobb's subject will be "Emotions and Clinical Medicine".

Dr. Edwin M. Cole, Associate Neurologist at M.G.H., sends us this note: "Had a very interesting time at the Fourth International Congress of Neurology in Paris, September 5-10. After the meetings in Paris, I spent some time in London and Oxford, visiting the National Hospital at Queen Square and also Dr. Richie Russell's work at the Radcliffe Infirmary in Oxford, particularly visiting the Rehabilitation Unit for Aphasic Veterans outside of Oxford. The work done there is very stimulating and the visit was well worth while. The meetings in Paris were very well attended. It was nice to see several of our Boston group there. The whole occasion was a splendid one."

The Dermatology Department had a distinguished visitor recently — Dr. Gustav F. Riehl, Professor of Dermatology at the University of Vienna.

Dr. Menard M. Gertler (*clin. & res. fel. M*) has closed his office on Marlboro Street and now has his office at M.G.H.

Dr. Walter F. Lever, Assistant Dermatologist on our staff, has just published a book entitled *Histopathology of the skin*. The J. B. Lippincott Co., Philadelphia, is his publisher.

Dr. Howard B. Sprague, Associate Physician at M.G.H., is the President-elect of the American Heart Association.

Dr. Jesse E. Thompson (*ES* 1943) has gone on a Rhodes Scholarship to the Nuffield Institute for Medical Research at Oxford University, England. He will be gone for a year, and has taken his family with him. He will specialize in cardiovascular research.

Dr. Cope has passed on to us this letter from Dr. Edward V. Johnston (*WS* 1947), parts of which are of general interest. From what we have been able to gather, Dr. Johnston is headed toward the Mayo Clinic. If we are wrong about this, we hope to be set aright. The letter reads:

> Beginning in September, I shall work for my M.S. in Anatomy. This will be of help to me both in its application to clinical surgery and for my board requirements. Dr. Anson at Northwestern, an old Harvard man, has been most helpful in arranging my program, plus a part-time job in the afternoon.
>
> I have lost track of many of the fine lads in my surgical group at M.G.H. Could you pass on a part of this letter to The News, so that I might hear from them?

Dr. A. William Reggio (*WS* 1914) sent us a card announcing his change of address from Washington, D.C. to School St., Medfield, Mass. On the reverse side of the card we found this message, which we consider too good to keep to ourselves. It reads:

> Hiya, Madam Editor!
>
> A bit of news, if of interest? Am being "Retired" from the Regular Corps on November 16, with rank of Colonel. So HOME we go, as per notice herewith. Annie Dominie has snuck up on me and Uncle Sam has no more use for spavined, broken-winded old buzzards, and Emerituses you when you hit that age. Sure, plenty of steam in the old boiler yet, and I have no intention of being turned out to graze. However, that "terminal leave" is going to be kind of nice. This job has been fun, but it will be more fun to get back home and pick up again where we left off in '44 when we headed for "Bedlam on the Potomac".

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THE PARTY

It was a brau bricht nicht the nicht of October 17, when shortly after 6:30 P.M. a Hieland lad in dress tartan piped Dr. and Mrs. Faxon and their table party to the nurses' dining room. Most of the other six hundred guests were already there, filling not only the main room but the supervisors' and west dining rooms as well. Decorative motif was harvest festival, with pumpkins and fruit to brighten the tables. Gay chatter filled the air. All gave Dr. Faxon a heart-warming reception as he and a small escort visited each dining room to greet the friends mid-way through the meal. While there were no speeches in the dining room, the piper's appreciation of Dr. Means's special contribution to his comfort prompted him to drink a gracious toast with it to Dr. and Mrs. Faxon.

At almost eight the procession from the dining room reached the Moseley Rotunda, where, set up in reverse, the benches faced a speakers' platform backdropped by the hospital-seal flag. Mr. Francis C. Gray, M.C., welcomed the guests, then went on to say that the Trustees had only recently come to the full realization of how big Dr. Faxon's feet really are. An exhaustive search, and the consideration of numerous possible candidates, had been required before they succeeded in finding a man who, they felt, could fill those shoes. Dr. Clark and Mrs. Clark, introduced at this point, received an enthusiastic ovation. Dr. Clark expressed his pleasure over being here and his hope that he would prove deserving of such a distinguished honor.

Mr. Gray next introduced the speaker of the evening, Dr. C. Sidney Burwell. Dr. Burwell traced the parallel between his connection with the hospital and medical school and Dr. Faxon's with the hospital. During the time he was Dean and Dr. Faxon Director, relations between the school and the hospital were cordial and harmonious, which had not always been the case, especially at the time the school contemplated moving to its location on the riverbank adjacent to the hospital a hundred years ago. He spoke of the changes in medical practice during the past fourteen years and of the improvement of facilities of the hospital, and paid tribute to Dr. Faxon's "infinite resource and sagacity".

In closing, Dr. Burwell read a short poem about Messrs. Rand and McNally, recalling the days before the war, "When our toughest job was to sit and think shall France be purple and Britain pink?" which he then paraphrased thus:

"Remember those days," Nathaniel said,
"When the annual balance was black, not red?
When the staff was small and there wasn't any
Crockett
Putting his hand into other people's pocket?"
"Those days," said Trustee Francis Gray,
"Like dinosaurs are passed away.
We have rising costs and heavy taxin',
But thanks to Nathaniel W. Faxon,
The M.G.H. future is bright, not dark."
"You said it, brother," said Dean A. Clark.

Following this, Mr. Hatch, Poet Laureate of the Trustees, was introduced. He read a masterpiece created for the occasion (*see* below) and crowned Dr. Faxon with a chaplet of flowers, much to the latter's embarrassment and the audience's delight. As might be surmised, this classical form of acclaim gave him an appearance never approached by even his most dearly cherished Homburg.

Next, Mr. Macomber, President of the Corporation, was introduced, who expressed, for them, appreciation of Dr. Faxon's skillful handling of the complexities of the hospital, as observed by him on numerous occasions and in many situations through the years. Thus, he led up to the presentation of the gifts which had been purchased by contributions from members of the corporation, the professional staff, and the employees. The first one was a portrait of Dr. Faxon, which Mr. Macomber called upon Dr. Churchill to unveil. This was really for Mrs. Faxon, Dr. Churchill said. It was a copy of the one painted in anticipation of Dr. Faxon's retirement. During the year or more when it hung over the sideboard in the Resident Physician's House, she had become so fond of it that she often expressed her sorrow over having to leave it. This copy is the same in size, and fully equal to the original in brilliance and in fidelity to the expression and character of the subject. The second gift, Mr. Macomber explained, was only of solid silver, though given to one whose heart was of solid gold. Dr. Means, called upon to present it to Dr. Faxon, described it for those who were not near enough to see the details. It was a cigar box, or humidor, stogie size, straight as to sides, with gently rounding top on which the Bulfinch Building was engraved. On the front an inscription read, "Nathaniel Wales Faxon, from his friends at the M.G.H.". Inside was a paper bearing a poem of Kipling's — the one beginning "Open the old cigar-box". Dr. Means read only a part of this, omitting some out of deference to the ladies, but it may be said that the poem was in favor of smoking, especially cigars. (*Author's note:* While nothing was said about fishing tackle in connection with this box, we now understand it to be of convenient size for such articles.)

So came the time for "a few words" from Dr. Faxon. Slowly and with obvious emotion he began, first thanking all for their kind thoughts and beautiful gifts; next, going on with a more formal review of the high lights of his long connection with the hospital and the pleasure he had taken developing and administering it. Then, passing through the respectfully-standing audience, he and Mrs. Faxon, with Dr. and Mrs. Clark, took station in the White Building lobby, where the guests passed by to shake their hands, take leave of them, and wish them well.

C. L. C.

Soon after The Party, Dr. Faxon sent us this letter, with a request that it be published in this issue of THE NEWS:

During the last fourteen years, as Director of the M.G.H., it has been my great good fortune to have renewed many old friendships and to have established equally pleasant friendships with newer members of the Staffs. To see so many of you at the Ether Day festivities on October 17, 1949 and to receive your kind farewells and words of commendation was an experience that I shall never forget.

It is impossible to thank you all personally for those kindly words and for your contributions which made possible the gifts of the portrait to Mrs. Faxon and of the lovely silver box to me. Each present will ever remind us of our happy years at the Massachusetts General Hospital.

So we hope that every member of the medical, nursing, and administrative Staffs will accept this public expression of our gratitude as if addressed to him or her personally.

Sincerely,

NATHANIEL W. FAXON.

* * *

Photographs of the members of the Massachusetts General Hospital Staff and Alumni who gave their lives in World War II are to be placed in Treadwell Library. A simple ceremony honoring that occasion will take place in the Library at 10 o'clock, Friday morning, December 9. Members of the immediate families of the men who died, and the hospital staff have been invited to attend.

* * *

The first meeting of the newly organized New England Cardiovascular Society was held at the Massachusetts General Hospital on November 7, under the chairmanship of Dr. Edward F. Bland. This organization is replacing the New England Heart Association, which was founded twenty-eight years ago for the presentation of scientific work currently in progress in the various teaching hospitals of this and other New England cities. The change in name and organization has seemed desirable because of the assumption of new responsibilities and activities by the State society, to be known henceforth as the Massachusetts Heart Association. The latter organization is now primarily engaged in the raising of funds for the study and prevention of heart disease.

MISS SARA E. PARSONS

Miss Sara E. Parsons, who was Superintendent of Nurses at the Massachusetts General Hospital from 1910 to 1920, died at the Mt. Pleasant Home, Jamaica Plain, on October 25.

Miss Parsons was graduated from the School in 1893 and was a Head Nurse on Ward A for one year. She then went to the McLean School of Nursing for a year's postgraduate course and remained there for a year as Supervisor. While at McLean she became deeply conscious of the importance of the right kind of nursing for the mentally ill. During the subsequent years she was superintendent of nurses in four mental hospitals. She created schools of nursing in two of them: Butler Hospital, Providence, Rhode Island, and the Sheppard and Enoch Pratt Hospital, Towsen, Maryland. Between these positions Miss Parsons went abroad twice, had a year of study at Teachers College, Columbia University, and during the Spanish-American War went to Cuba to bring back sick and wounded American soldiers on the Hospital Ship *Bay State*.

It was in 1909 that Miss Parsons first returned to the Massachusetts General Hospital. She came to take the course in Hospital Administration which Dr. Washburn had established. When it was completed in the fall, she went to equip and to open the Griffin Hospital in Derby, Connecticut.

In May of 1910 Miss Parsons was appointed Superintendent of Nurses at the Massachusetts General Hospital. Her administration was far in advance of its time. A few examples of this fact are: shortening of the students' week on duty; provision for social activities; liberalization of school regulations; establishment of student government; enrichment of the curriculum; appointment of two full-time instructors to the staff; and influencing the Alumnae Association to create an Endowment Fund for the School of Nursing. While at the School she wrote her book, *Nursing problems and obligations*.

From June 1917 to March 1919, Miss Parsons was on leave to serve as Chief Nurse of Base Hospital No. 6, stationed in Bordeaux, France. Miss Parsons's personality was one of warmth and cordiality. Already, at home, the students and graduates realized her genuine and productive interest in their welfare and advancement. In Base Hospital 6, the nurses soon developed a deep and lasting affection for her. This affection was nurtured by Miss Parsons's good sportsmanship, evidenced as she shared the inconveniences and hardships of war service. But above all, they loved her for the security of her fair judgment.

After Miss Parsons resigned in 1920 her interests in nursing continued as she worked for nursing legislation, and as she made surveys of schools. The School of Nursing today takes pride in the possession of a history of the School which Miss Parsons published in 1923.

S. J.

ROBERT OLIVER HENDERSON

Mr. Robert O. Henderson died on October 17 at his home in Somerville. Although he was eighty-two years old, he had continued to be very active and was apparently in excellent health. The heart attack which caused his death came suddenly, and the end was almost immediate.

For 52 years Mr. Henderson had been a beloved and efficient member of our hospital family, serving first as male nurse and later as orderly. For several years prior to his retirement in 1946, he had held the position of Head Orderly in the Phillips House. One who was close to Mr. Henderson in his work at the hospital summed up his efficiency in these words: "He would listen in his quiet way, but we always knew that things would get done."

Mr. Henderson is survived by his widow, who is a special nurse on the Phillips House staff, two sons, two daughters, seven grandchildren, nine great-grandchildren, and a brother and sister.

The Board of Trustees, at their meeting on October 28, voted to appoint:

Dr. Alexander S. Macmillan, Jr. as Second Assistant Resident in Radiology, beginning July 1, 1950;

Dr. Isaac M. Taylor as Chief Resident on the Medical Service to succeed Dr. Berg, effective January 1, 1951.

At their meetings on October 19 and 26, and November 2, the General Executive Committee voted:

To extend the appointment of Dr. Jorge Rodriguez-Arroyo as Research Fellow in Surgery from November 1, 1949 to January 1, 1950.

To appoint:

Dr. Raymond L. Gerard as Research Fellow in Medicine, to work under Dr. Bland;

Dr. Richard R. Howard as Clinical Fellow in Medicine;

Dr. Alexander G. Matoltsy as Research Fellow in Dermatology, as of October 1;

Dr. John S. Prichard as Clinical Fellow in Neurology for the period October 1, 1949 through June 30, 1950;

Dr. John N. Swanson as Clinical and Research Fellow in Medicine, to work under Dr. Walter Bauer;

Dr. Richard D. Tonkin as Clinical and Research Fellow in Medicine, to work under Dr. Donald S. King.

* * *

The 1949 Red Feather figure set for the hospital was $12,000. As usual, we oversubscribed our quota — this year by about $500.

Here is that masterpiece, mentioned earlier in "THE PARTY":

WHAT TO DO 'TIL THE DOCTOR COMES

or

We tip our hat to Nat
and *that's that!*

By Francis W. Hatch

The moment has arrived, and here we stand
hand in hand to place the laurel crown
upon a brow deserving of renown.
Recognition from physicians,
gaiety from the laity,
and let the praise of surgeons
burgeon as they raise
their voices to acclaim the one
who's proved a loyal son of
Aesculapius—
though it doesn't follow
that Nat's a great-great-grandson
of Apollo!
(I offer here the tenderest apology
for this slight detour toward mythology)

Who is this worthy citizen I dote on?
Born in Stoughton, 1880 so the records say
And shortly after he went through
Fair Harvard with the class of nineteen-two—
he didn't fool—to medical school
he pressed ahead to graduation
thereafter taking station, interning
and learning within these very walls,
answering the calls of his superiors
pleasantly, and presently
this serious lad returns, and earns
the love and loyalty of all in Stoughton.
His patients there who, like the writer, dote on
his skill and zeal
his will to heal
his hand to feel
the skipping pulse and diagnose the ill,
prescribe the pill for all God's ailing chillen
back in the days when boons like penicillin
and sulfa drugs were merely stars to wish on
fantastic as today's atomic fission.

What next? In nineteen hundred seventeen
the Kaiser's greenclad troops were over-running
Belgium, and sunning themselves victorious
in Northern France—glorious
in the eyes of Hindenburg,
but curious how spurious
attacks on, an undefended country
seemed to Faxon!
and straightway into khaki now we see him
singing his matutinal Te Deum
to Pershing and to Foche and all the rest
who like himself joined up to purge the pest.
The war is won, and homeward bounds our Hector
and promptly finds that he is made Director,
assistant to the M.G.H.'s Chief,
his stay is brief, for Strong Memorial soon drafts him—
Rochester where patients pay their doc
with juicy blocks of Eastman Kodak stock
and every share when put to bed at night
splits ten for one before the morning light.

For thirteen years then in this bailiwick
he stood his trick at the wheel and lo
the M.G.H.'s siren starts to blow.
He hears the call and much to our relief
in nineteen thirty-five he's made our Chief.
A post he's held until this very night
with all his might, so infinitely wise
that every time his back was turned there'd rise
a brand new building adding to his woe;
nobody knows how he absorbed the Baker and the White
and got a moment's decent rest at night.

What is the measured magic of the man,
how does he plan and execute with calm
and hold in the palm of his hand

this vast detail, *and never fail?*
His energy, they say, is fortified each day
with carbohydrates in a candy bar—
(you'll find his desk abounds
with "Chocolate Coconut Mounds"
by Peter Paul and all the gaudy labels
which furnish bright romance for radio fables).
And for relief whene're a problem lingers
he twirls his glasses round and round his fingers.
Economy's the watchword and his orders
are often penciled on the dog-eared borders
of envelopes to make the needed saving
that spares the money-raisers' extra slaving.

Has he a special flavor that he savors—
a taste that may reveal by its appeal
his vaunted predilection for perfection?
He has indeed. His secret dream at night
would be an ice cream ocean all bedight
with macaroons—yet one detail I stress,
the flavor must be *chocolate, no less!*

His favorite sport is fishing from a boat,
and one revealing habit, too, we note;
when answering the telephone, instead
of fidgeting he briskly rubs his head.
Respectful of the rules, he never smokes
within his office where the passing folks
could see this lack of discipline, but lo
it pleases him on busy days to go
into the Trustees' Room where he is able
to spread his papers on the ample table
and light an Overland with carefree feeling
blowing smoke rings upward to the ceiling.

It all adds up that here we have a man
who's proved conclusively he can
  be calm under fire
  tougher than wire
  with Coolidge's gift
  for practising thrift
  who wades without fail
  through seas of detail
  who's kind in his ways
  no seeker for praise
  who proved there is fun
  in a tough job well done.

And now let the doves
in the dear Bulfinch tower
coo out their praise
all night on the hour
joining us all
who have loved your direction
  in stating you always
  will hold our affection.
  The nurses, the doctors
  the maintenance crew
  and every division
  the hospital through
  of course, not forgetting
  the least of all these
  your proper Bostonian
  Board of Trustees—
  We all press our hand
  on the M.G.H. klaxon
  and blast a salute to
  Director Nat Faxon!

So Nat,
that's that!

* * *

RHEUMATIC FEVER CLINIC

The Rheumatic Fever Clinic, which is held weekly on Thursday afternoons, is under the supervision of the Cardiac Group, headed by Dr. Edward F. Bland.

Its history is rather complicated. Although it came to be known by its present name only 10 years ago, its origin dates back to 1912. It was then that Dr. Fritz Talbot started the Children's Cardiac Clinic, and it should be noted that it was one of the first such clinics in this country. Dr. Talbot's program went much further than mere clinic care and included hospital care, supervision of bed care at home, provision for amusement and education, convalescent homes, vocational guidance, and prolonged supervision. The medical supervision of the clinic was begun by Dr. Richard S. Eustis and was later taken up by Dr. Paul D. White, with the aid of members of the Cardiac Group and many others. In 1926 an Adolescent Cardiac Clinic was found to be necessary to care for those patients who were no longer children, and included in this clinic was a follow-up program for former House of the Good Samaritan patients, under the direction of Dr. T. Duckett Jones. Almost simultaneously Dr. Eli C. Romberg, who was interested in chorea in children, started a special clinic in this field which he continued until about three years ago, at which time his cases were taken over by either the Rheumatic Fever Clinic or the Children's Cardiac Clinic. Gradually the care of rheumatic fever patients was relinquished by the Children's Cardiac Clinic, and its work was more and more limited to the problems of congenital heart disease. In 1940 the name of the Adolescent Cardiac Clinic was changed to the Rheumatic Fever Clinic for several reasons: 1st, to describe the principal interest of the clinic more accurately; 2nd, to remove the stigma which the name "Cardiac" implied —this was thought damaging to the morale of the patients, many of whom had no cardiac involvement; and 3rd, because neither the word "Children's" nor "Adolescent" could be considered suitable for a group of patients, many of whom had reached adult life under observation. In fact, some of them were beginning to bring their children in to be checked for possible rheumatic fever or heart disease. Finally, at the start of this year, the Children's Cardiac Clinic was combined with the Rheumatic Fever Clinic, and the consolidation of the several separate clinics, all of which had the same common interest, was completed.

Although the history of this clinic has been rather involved, its actual operation has been one of most satisfactory continuity and consistency. This has been due in part to the fact that it has been under the supervision, almost from the first, of the Cardiac Group of the hospital and of one or more members of the House of the Good Samaritan staff. The most important single coordinating factor, however, has been the presence, in all the separate clinics, from 1925 to the present time, of Miss Edith M. Terry of the Social Service Department. To most of our patients the name of their particular clinic was unimportant. To them, I am sure, it was and still is Miss Terry's Clinic.

One of the questions we must try to answer regarding any clinic is whether the time and money spent in its operation is worth while. To answer this question regarding the Rheumatic Fever Clinic we must consider both the medical and social contributions it has made.

The primary medical function of the clinic is the careful following of its patients, with every effort directed toward the prevention of recurrences of rheumatic fever. The early detection of such recurrences is most important, hence the patients are urged to come in frequently, especially after having had an upper respiratory infection. Much of our work is directed toward regulation of the activity of our patients, trying to protect them from overfatigue; but, equally important, making sure they are not being over-restricted, so that they may lead as normal lives as possible.

It is difficult to evaluate the strictly medical benefits which the patients have derived from the operation of these clinics, especially those patients who are rheumatic fever subjects. We would like to think that, through education of the patient as to the importance of the role which upper respiratory infections play in precipitating recurrences of rheumatic fever, the clinic has reduced the incidence of such recurrences. We would also like to think that the prescribing of penicillin prior to dental extractions for those with heart disease may have reduced the incidence of bacterial endocarditis. These benefits cannot be proved, but without the careful supervision of these patients it is perhaps reasonable to assume that their condition might now be worse. Certainly, we can state that these patients and their families have been so educated regarding heart disease and rheumatic fever that they understand the problem better, cooperate more satisfactorily, and thus are better able to adjust themselves to the restrictions which their disease may impose.

The clinic has contributed to the teaching program of the Cardiac Group and is used primarily for the instruction of postgraduate students in cardiology. Since the war, several Clinical Fellows have gained considerable knowledge by working in the clinic. In the research field, its principal contribution has been the facilitation of the work of Dr. Bland in his several surveys of the status of the First Thousand Patients treated at the House of the Good Samaritan for rheumatic fever, the most recent covering 15 years of observation.

It is undoubtedly in the Social Service field that this clinic has made its greatest contribution to the happiness and, therefore, the health of its patients. The nature of the disease is bound to cause disruption of the social development of the patient, and often of the family. Education is interrupted, social contacts are broken, long periods of bed rest induce boredom and depression and dissatisfaction, and finally cardiac damage may impose a serious handicap on the earning capacity of the older patient. All of these difficulties have been reduced to minimal importance by the superb work of Miss Terry and her associates. Hospitalization or foster home care is arranged. Home teaching is obtained, and even special tutoring has been provided in some cases. Contact between patients has been maintained through the monthly publication of the *In-Bed-Club Magazine*, a great morale builder. Craft work has been ably taught by Miss Loreen Love, so that not only does the time pass more rapidly and happily, but often a small income is derived from the sale of the things the patient makes. Finally, great help has been given to both young men and young women in the finding of suitable employment. For years the Cardiac Workshop has been of the greatest value, and more recently the U.S. Rehabilitation Service has contributed greatly. These are but a few of the problems the Social Service Department helps to solve, and perhaps the greatest contribution of all is the knowledge that patient or family will find Miss Terry or her associates available at the other end of the telephone or in person, with friendly help or advice to meet any type of problem which may come up.

In one respect, the Rheumatic Fever Clinic differs from all others in the hospital. Not only does it supply out-patient facilities, but it also provides home care for selected cases. This service includes regular visits by a doctor, as well as the social worker, and fills a great need in providing good medical care for those patients who are too well to require hospitalization and too ill to come to clinic.

It should be noted that there has been little change in the over-all program from that first outlined by Dr. Talbot over 35 years ago and that all his basic principles for the care of our patients still hold true. It must also be pointed out that the program of this clinic is not strictly a hospital program and that it could not have been successful without great help from other activities. The Children's Mission is constantly providing foster home care for our cases, the Visiting Nurses' Association gives invaluable service, and the Committee for the Home Care of Cardiac Children has made possible the home care part of the program. Indeed, the Rheumatic Fever Clinic can perhaps be best described as a community enterprise; and the young men and women, gainfully employed, happily married with growing families of their own, who are alumni of this clinic, are the best criteria of the success of its operation.

George P. Sturgis, M.D.,
Chief of Rheumatic Fever Clinic

* * *

One of our Pilgrims-to-Europe this summer has very kindly sent us this account of his visit.

During the past summer the International Refugee Organization, through the Unitarian Service Committee, again sent a medical and dental mission to give refresher courses to the DP physicians and dentists in the camps of Germany. While the medical mission got an early start in Munich, the dental group had to wait till the first of August to get its course under way. The dental clinic of the University of Hamburg was the location of the course, and its facilities were not available before then. The teaching staff consisted of Dr. Helmut Zander, chairman, and Dr. Hermann Seyfarth, both of Boston, Dr. William McIntosh of Toronto, Dr. Maurice Frey of New York, Dr. Rudolph Schlosser of Chicago, and Dr. Gilbert Parfitt of London. The courses taught included operative dentistry, periodontia, children's dentistry, X-ray technique, and prosthetic dentistry—Drs. Schlosser and Seyfarth teaching the last mentioned course.

Geographically, the dentists were mostly from the Baltic countries, with a few from Poland and the Balkans. A surprising factor was the large number of women in the course. It appears that in the Baltic states women outnumber men by far in the dental profession. The response of the students was most favorable. They were a most attentive and interested group. The process of repatriation of these people goes on and a number of them will eventually reach the United States. Most of them are of such high caliber that they should be assisted to retain their position in the dental profession after their arrival.

Since time and facilities were limited, teaching was by practical demonstration. Dentures were constructed and the principles and technique explained to the students. Several practical cases were carried through, with the students being able to observe every step in their construction.

During our stay in Hamburg, the teaching staff had a chance to observe the effectiveness of our Air Force during the recent war. Hamburg was one of the chief targets, and, by the end of the war, was over seventy percent destroyed. Whole sections of the city were laid level, and, except for the streets which are cleaned, the ruins are still in evidence. The center of the city suffered less and is rapidly being rebuilt. Talking with some of the residents of the city, one learns that since the currency reform, together with the Marshall Plan, new life is being infused into a shattered economy. Rebuilding is going on apace, and, while the people still look poor and are often ill clad, there is new hope in them. Food can be had if you have the money. It is very expensive to frequent German restaurants.

One amusing, and at times annoying, feature of our stay in Hamburg was the necessity of handling at least three kinds of money. Since Hamburg is in the British Zone, and the hotel where we stayed was managed by the British, we used British occupation money for the payment of our bills there. If we wanted to eat in a German restaurant or buy a souvenir, it required German marks, and if we wanted to purchase any items in the American PX, we needed American occupation money. In addition to all this, we had picked up a little money of the countries we had passed through on our way to Hamburg. The exchange and accounting of all this currency often led to all sorts of amusing situations.

Politically, Germany is a very unhappy country. The people do not enjoy being occupied, but prefer us by far to the communists. Over all hangs the dread of a possible renewal of the armed conflict and the knowledge that their country would be the battleground. Also, the German is afraid to enter politics actively. He fears that by affiliating himself with a political party he may be persecuted if a change in the political structure should arise.

The contact with the Displaced Persons and the opportunity to see Germany and the post-war effect were an interesting and stimulating experience.

Hermann B. F. Seyfarth, D.M.D.,
Assistant Dental Surgeon

The above article by Dr. Seyfarth is responsible for bringing out the story of an amusing and bewilderingly involved situation with which he became associated.

A few days ago, Dr. Richmond Holder paid us a visit at our office, and in the course of the conversation about some of his experiences in North Africa and Europe this past summer, we happened to mention Dr. Seyfarth's account of his work in Germany. At that, Dr. Holder started off on a story that was so ludicrous, and was told in such an engaging and utterly serious fashion, that we asked him to repeat it while our secretary took it down. Here it is. We think you will enjoy it.

Sitting on my desk for some years was a small yellow piece of governmental paper known as a Military Payment Order. It was a source of constant irritation to me, representing $99.98 of non-payable funds which reached me through a member of my family, from a German prisoner of war, in payment of a debt incurred in France. As a matter of policy, I attacked the red tape wound around this document with all the means at my disposal. The Treasury Department in Washington referred me to the Military Government in Germany. Military Government there referred me to the Embassy in Paris, insofar as the PW had been in that country for a period of time. The Embassy in Paris referred me back to Washington because, as they pointed out in three headings and five sub-paragraphs, the PW had originally been issued the money in the United States. This last referral kept the correspondence going with Washington for several pleasant months, from one sub-department to another; but before another shift in the House Officers at the M.G.H. had occurred, the matter was back with the Military Government again, at the Berlin Office in Germany. A new set of directives had come through stating that, according to Section 5, Article 23, paragraph 12-B, payment of the MPO could be effected to an individual or individuals other than the person to whom the order was drawn. This was all very well, but payment had to be made in marks, in Germany. As I was not in Germany and the mark had little value at that time, I let the matter drop. Some months later, the situation had changed in two respects: first, the mark had been revalued; and second, I was in Dr. H. B. F. Seyfarth's office chair while he ground out a section of my left lower six-year molar. Thinking to distract him from his work, I mumbled the story through the grinding of the drill. Not letting up for a moment, he mentioned the fact that he was going to Germany and would see his brother in Hamburg. An idea was born while the inlay was being fitted in place. Today, after some five years, three months, and twenty-two days, I am informed that his brother has received the marks, and I am about to receive the dollars, and Dr. Seyfarth is about to receive me in his dental chair for my annual check-up.

I am told that I have been found to be a Methuselah among the house staff, and for some reason this is thought to be News-worthy. The fact that I have grown old in a white suit is one that might better be left unpublished — it is all too painfully obvious when time for early morning rounds comes again each day.

However, if it must be revealed, there are several other facts worth recording at the same time:

1. It's been fun!
2. The Navy was not like this.
3. It has been well worth the time and energy spent.
4. I hope to continue these pleasant connections with the M.G.H. when my residency ends on January 1.

John W. Raker, M.D.,
Resident in Surgery

BIOGLET

Dr. Lee M. Cecil, Intern in Medicine — born in Duluth, Minnesota, September 4, 1925; B.S., University of Michigan, 1946; U. S. Navy: Great Lakes, Illinois; M.D., University of Michigan, 1949.

ENGLISH AUTUMN

Autumn — Time of reds and russets
Olive green changing to yellow in the trees,

The woods of autumn with their haunting colours,
Sparkle of scarlet berries in the hedgerows,
Long shadows in the clear red sun.

Morning — Spiders' webs crusted with frosty dew,
Jewelled radiance of the long night's toil
Beyond contriving of the patient spinners
Whose shining nets hang all too visible for prey.

Afternoon — Wave-beaten sand gleams wetly
From the retreating tide: across the magic sea
Two swans fly, necks long reaching, wings
Wave beating the quiet air above the water.

Evening — The cattle steaming in the fields
Knee-deep in mist: spiders at work again;
swans gone into the distant dusk.
And all the colours breathing in the darkness.
Autumn — time of reckoning and remembering
Autumn — wisest and loveliest changing of the year.

D. S. C.

December Calendar

Wednesday, the 14th, at 8 P.M. Distaff Christmas meeting at the home of Mrs. Edward Leffler, in Waban. Can you help with transportation? Can you make a dozen cookies for the party? Phone Dorothy Nielsen, CA 7-2993.

Tuesday, the 20th, at 2:30. Hospital Christmas party for ward patients. Your help in moving patients from the wards to the party and back would be appreciated. And you yourself will enjoy the party. If you are free to help, phone Jane Roe, RI 2-2287.

Christmas Day Dinner. The Christmas dinner last year was a memorable event for the single and married doctors on duty, and their families. Dinner was served at 2 in the gayly-decorated doctors' dining room, with the help of one of the hospital employees and several of the doctors and their wives. Nuts, home-made cookies, and candy were arranged on a side table. We are going to repeat this merry experience this year — so that by next year it will be an established tradition! We will need help in making posters, decorations, cookies, and candy. If your husband is going to be on duty Christmas Day, and you would enjoy helping in some way with this preparation for the dinner, please phone Alice Stoeckle, RI 2-0555 — right away!

The September meeting of the Distaff Club was held in the home of Enis Martin, whose husband, Jim, is on the X-ray Service. We were especially pleased to have with us Evelyn Garrity, whose husband is on the Neurosurgical Service, and Dorothy O'Brien, whose husband is in X-ray, who had made the long drives from South Weymouth and North Scituate to attend the meeting. It is quite an inconvenience, and often an impossibility, for the wives living outside of Boston to come in to an evening meeting, and we certainly are happy when they can give us the opportunity to become acquainted with them. Though they may be able to attend only a few meetings a year, they are warmly welcome.

The October picnic at Waverly Oaks, planned by Jean Stanbury, whose husband John is in Medicine, and her committee, seemed to be much enjoyed by the 39 adults and innumerable children present. The baseball game, in which wives took their stand with or against their husbands on the field, revealed unexpected agility and hard-hitting on the parts of some of the players. (Several "Red Soxes" confessed the following day to a slight stiffness and soreness about the joints.)

Mrs. C. Nichols Greene, donor of one of the scholarships at the Harvard Medical School, and sister-in-law of the late Dr. Richard P. Strong, tropical medicine expert, graciously invited us to her Beacon Hill home for our November meeting. Gathered round the great fireplace in the dimly lighted music room, we enjoyed a violin selection by Jean Stanbury, accompanied on the piano by Barbara Leaf, whose husband Alex, formerly on the Medical house staff, has just returned to the M.G.H. as a Fellow under Dr. Albright. We stayed long into the night.

Brief bits:—

An article entitled "Medical progress, Endoscopy", by Dr. Edward B. Benedict, Endoscopist at M.G.H., appeared in the *New England Journal of Medicine,* 241:152-154, July 28, 1949.

Dr. Earle M. Chapman, Associate Physician on our staff, gave an address before the Medical College of the State of South Carolina, at their Annual Alumni Postgraduate Seminar, on November 3. His subject was "Thyroid diseases".

The last sentence in the article which Dr. Donald S. King prepared for last month's issue had to be clipped off in order to solve the difficult monthly problem of making space available and material on hand come out even — down to one-tenth of an inch, actual measurement. To dispel any possible impression that these various missions on which members of our staff are sent are just *"veni, vidi, vici"* and "that's the end of that" sort of affairs, we give you now that final sentence from Dr. King's article: "I find that since returning I have written sixty-five letters to and about people I met on the trip, so the end is not yet."

Dr. Joe V. Meigs's department had a busy month of October. A Postgraduate Course in Gynecology was held, October 10 through 22, with forty-one members from various parts of the U. S. attending. A dinner was given at the Harvard Club on October 21 for the students and others who had participated in the course.

Dr. Leonard D. Rosenman (*ES* 1943) has announced the opening of his office at 450 Sutter St., San Francisco, California, for the practice of surgery.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. V. Everett Kinsey of the Howe Laboratory has been given a two-year grant by the Atomic Energy Commission, to investigate the effect of neutrons and other radiations on the ocular lens. Assisting Dr. Kinsey in this work will be Dr. Frederic C. Merriam and Mrs. Ethel Bowie, both of the Howe Laboratory, and a physicist to be appointed.

The program is a joint one, to be carried out by both Harvard University, through the Howe Laboratory, and the Massachusetts Institute of Technology, where Professor Robley Evans will supervise the physical aspects of the work.

The study arose out of the desire to determine the mechanism and dosage relationships of cataracts resulting in workers exposed to neutrons from cyclotrons. It is planned to investigate the broader aspects of lens opacification by studying protein synthesis in organ cultures of lenses through the usual radioactive techniques.

Dr. Jonas Friedenwald of the Wilmer Institute of Ophthalmology at Johns Hopkins Medical School will visit the Howe Laboratory December 9. Dr. Friedenwald and Dr. V. Everett Kinsey are conducting a joint study on the effect of adrenalectomy on the rate of flow of aqueous humor and the formation of intra-ocular fluids.

Dr. David G. Cogan of the Howe Laboratory and Dr. S. Forrest Martin, Assistant Surgeon in Ophthalmology, have completed their survey of individuals who were exposed to the atomic bomb in Nagasaki and Hiroshima. They returned home last month.

At the October meeting of the American Academy of Ophthalmology and Otolaryngology, held in Chicago, Dr. Edwin B. Dunphy was elected First Vice-President for 1950.

Dr. Edwin B. Dunphy gave a paper before the American College of Physicians on November 17 at the M.G.H. The subject was "Eye ground examinations with special reference to hypertension".

The first dinner meeting of the New England Ophthalmological Society to be held at the Infirmary will be on December 21. Dr. Algernon Reece of New York City and Dr. Dewey Katz of Hartford, Connecticut, will be the guest speakers, and Dr. Frederick H. Verhoeff, Consulting Chief in Ophthalmology at the Infirmary, will lecture in the afternoon session.

No. 20 in a series of Staff photographs
Dr. Laurence L. Robbins — Chief of Radiology

New addresses:—

Dr. Peter T. Brooks (*ES* 1943), 26 South Roosevelt Ave., Walla Walla, Wash.
Dr. James H. Currens (*a. M*), 1101 Beacon St., Brookline 46, Mass.
Dr. Charles H. Endee (*a. dn. s.*), 6 Marlboro St., Boston 16, Mass.
Dr. Wyland F. Leadbetter (*assoc. v. u.*), New England Center Hospital, 30 Bennet St., Boston, Mass.
Dr. Janet W. McArthur (*a.r.p.* 1944), 1 Primus Ave., Boston, Mass.
Dr. Harley C. Shands (*a. in Psychi.*), 36 Arlington St., Cambridge 40, Mass.

In response to the questionnaire which we send each month to the offices of our Chiefs of Services and Heads of Clinics, Dr. Henry R. Viets, Neurologist and Chief of the Myasthenia Gravis Clinic at M.G.H., has given us the following information regarding himself and his department:

Publications, 1948 — titles of 14 articles. The list is posted on the bulletin board near the foot of Treadwell stairs. Copies of the list will be mailed upon request to those who are not able to see it here in the hospital.

Publications, 1949

*Myasthenia Gravis — *Current Therapy,* pp. 516-518, 1949

*Cholinesterase inhibitors in treatment of Myasthenia Gravis — *J.A.M.A.* (Editorial) 139: 788-789 (March 19) 1949

Thymectomy in Myasthenia Gravis — (in press)

*Reprints

Activities within the hospital — The Myasthenia Gravis Clinic was continued during the year, meeting twice a month in the Out-Patient Department, with an average of eight to ten patients at each session. This is a follow-up clinic. Some of the patients have been under observation for as long as fifteen years. They include 36 patients who have had thymectomy, the first one in December 1941. A report on this group of patients was presented to the Fourth International Neurological Congress in Paris in September, and in addition, a statistical survey of the entire group of patients seen in the hospital or in private practice by Dr. Robert S. Schwab and myself, now numbering about 300 since 1935.

Activities outside the hospital — I attended the meeting of the Medical and Biological Abstract Conference, representing the American Medical Association, in June. The meeting was held at the headquarters of UNESCO in Paris. A report of this session was published in the *J.A.M.A.* for July 23, 1949, page 1034. Subsequently, I visited England and made some observations on the National Health Act.

In August, I again visited Europe to attend the Fourth International Neurological Congress and read the papers mentioned above. I then visited some clinics in Switzerland and went again to England where conferences were held on myasthenia gravis in London and Oxford. Some observations were made on the progress of medical care under the socialized scheme in Great Britain.

Since returning home, the program has been completed for the Clinical Session of the American Medical Association, to be held in Washington this December, and plans have been inaugurated for the Annual Meeting of the American Medical Association, to be held in San Francisco in June 1950 — the responsibility for the Scientific Session being under the Council on Scientific Assembly, of which I am Chairman.

Miscellaneous — Other activities include the annual meeting of the National Foundation for Infantile Paralysis as a member of the Medical Advisory Committee, and the annual meeting of the Honorary Consultants to the Army Medical Library as Chairman of the Committee on the History of Medicine.

This very nice letter has come from Dr. William N. Mundy, III (*M* 1944).

I am sorry I was unable to see you when I was in Boston the first part of October. However, that was to be, so I shall try to make up for it by bringing you up to date a little bit on myself.

This is the first time I have written The News since I left the M.G.H. in the fall of 1944, at which time I went to St. Louis as a metabolic fellow in Washington University Medical School, to work in the metabolic division at Barnes Hospital. I was there for fifteen months, under C. M. McBryde, Chief of the Metabolic Service, and professionally I had a good time. We had a well-equipped laboratory and did some work on insulin modifications, which have been further worked out since my departure and which probably will be released on the market soon. My stay in St. Louis was happily punctuated by the birth of our first daughter, Janet Ann, in June of 1945.

On January 1, 1946, I came to Toledo, where I undertook the practice of Internal Medicine in partnership with my father, another Internist, and where I have been ever since. My medical activities here are quite extensive. I am actively engaged in a teaching capacity in two of the large hospitals, where we have recognized residencies in medicine and other branches of the science. In addition, I have been quite active in planning postgraduate and regular scientific programs for the local Academy of Medicine.

We have been active with the usual social affairs and have managed to work out three or four weeks of vacation each year, a large part of which has been spent on Cape Cod. I fell deeply in love with that area while I was in medical school training in Boston. Spending vacations there has the added advantage of making it easy to get back to the old M.G.H. every year, to renew old friendships and acquaintances, and to allow a periodic reinoculation with the mysterious serums which emanate from that ivy-clad tower and reinvigorate intellectual curiosity

We have had a couple more additions to the family. In February 1947 a second little girl, Nancy Elizabeth, was born, and in July of this year, a little boy, Nicholas Corbett. Having broken down the run of girls, this will perhaps be our last venture in parenthood.

Perhaps some of the readers of The News should be reminded that my wife is an M.G.H. graduate, who was known there most of the time as Virginia Hussey. However, she continued to practise nursing under my name for some time after we were married, as head nurse on White 7. She has carefully kept up all her nursing affiliations, though she has been too busy with the children to do any active nursing since we left Boston.

We extend our kindest regards to all our many friends who will see this in the ever-interesting, nostalgia-producing News.

THE NEWS

No. 86 Boston, Mass. January 1950

UROLOGICAL SERVICE AFFAIRS

Activities of the Urological Service are in three parts: the care of patients, teaching, and research work. The staff is composed of four associate visiting urologists, five assistants in Urology, and the chief of the service. The house staff is made up of a resident and two assistant residents. An intern and assistant resident from the Surgical Service rotate through the Urological Service, taking an active part in the work of the ward and the Out-Patient Department. The teaching program is shared by the visiting staff. Research work has been clinical and investigative, the two chief problems being cancer and urinary calculi.

The fundamental purpose of the Urological Service is to take care of patients. This service is rendered in different parts of the hospital: the ward, Out-Patient Department, Emergency Ward, Tumor Clinic, Phillips House, and Baker Memorial. Admissions to the ward form the basis of the active work of the Service, but this must be supported and nourished by the Out-Patient Department. During 1948, there were 450 admissions to the Urological ward. For the first eleven months of 1949, there have been 476 admissions. In the Out-Patient Department during 1948, a total of 4286 patients were seen in 6035 visits. In the year 1948, on the ward service, 441 operations were performed, with a total postoperative mortality of 3.8 percent. One hundred sixty-eight of these operations on our ward service were for prostatic obstruction, with only six postoperative deaths—a mortality of 3.5 percent. During this period, ten radical perineal prostatectomies for early carcinoma of the prostate were performed, with no mortality.

After the care of patients, the most important function a service such as ours should perform is one of education. In addition to student teaching, we have to consider the teaching of our own resident staff. During his three-year tenure on the Urological Service at the Massachusetts General Hospital, how adequate a preparation has the departing resident received? In the first place and of fundamental importance, it is our feeling that two years of general surgical training is a necessary requirement before a young man should seek training in one of the surgical specialties. Otherwise, the cart is put before the horse. A five-year program seems long—two years of general surgery and three of Urology—but in most instances less than this is inadequate. Can we, at the Massachusetts General Hospital, provide adequate training for our residents? At the risk of a too statistical communication, it is well to explore this further.

The period of training on the Urological Service at the Massachusetts General Hospital is three years. With his adequate surgical background, the second assistant resident spends his first year in the Out-Patient Department and on the ward. He learns a routine of history taking, physical examination, cystoscopic and X-ray diagnosis, and assists in operations. During his second year, as first assistant resident, his time is devoted to the care of private and semi-private patients in the Phillips House and Baker Memorial. He takes the history, does a physical examination, assists at operations, and helps in postoperative care. During this year, he devotes part of his time to the Emergency Ward and ward service and does some of the ward operating. As assistant to eight or ten qualified urologists in their private work, he learns a variety of techniques from which he may develop his own. During his year as resident, the trainee is directly responsible for the ward service. With a good foundation in general surgery and two years of specialized training, he is well equipped to take over. The ward service is the resident's direct responsibility, under the guidance of the visiting staff.

At the end of his three years of experience on the Urological Service, how broad has been the graduate's training? The resident has taken part in all of the activities of the service. During the year 1948, there were eight hundred fifty-six urological operations performed at the Massachusetts General Hospital. These do not include cystoscopic examinations. Four hundred forty-one of these operations were on the ward service, four hundred fifteen were on Phillips House and Baker Memorial patients. Ninety-four percent of the ward operations were performed by the resident staff. That the resident staff performs and takes part in major surgery is shown by the fact that of the total eight hundred fifty-six urological operations performed during 1948 in all departments of the hospital, three hundred seventy-four were operations on the prostate, thirty-eight were nephrectomies (nine thoracoabdominal), there were nineteen total cystectomies with transplantations of the ureters to the sigmoid, and nineteen radical perineal prostatectomies for early carcinoma. For the first eleven months of 1949, there have been four hundred seventy-five operations on the ward service, with nineteen deaths—an over-all operative mortality of four percent. During this period, there were six total cystectomies for carcinoma of the bladder, twelve radical perineal prostatectomies for cancer of the prostate, and nine thoracoabdominal nephrectomies on our ward service.

To provide a broad training for residents in Urology, experience should be gained in not one but all of the methods of treating surgical lesions. With his training under several different experienced urologists, our residents receive such experience. An example is the surgery of the prostate as practised at this hospital. Of a total of three hundred seventy-four prostate operations during 1948, fifty-seven percent were transurethral resections, twenty-eight percent perineal prostatectomies, twelve percent were suprapubic prostatectomies, and three percent were retropubic prostatectomies. Thus, the resident staff were given experience in all of the standard methods of removing a prostate. Emphasis is put upon the type of operation best suited to the individual patient. The very valuable contributions which the interns and assistant residents from the general Surgical Service make to our service during their period with us we try to repay by teaching them the essentials of Urology. Upon finishing his training on the Urological Service the resident should be qualified to practise Urology anywhere.

The Urological Service continues its interest in the treatment of malignant disease. Through the efforts of Dr. Lamar Soutter and Dr. Richard Chute and Dr. Walter S. Kerr, Jr., the thoracoabdominal removal of renal neoplasms is becoming a recognized procedure. The development of better surgical technique to aid in the cure of cancer of the bladder and early cancer of the prostate is being studied by Dr. Kerr, with careful studies of the pathology of both conditions under a grant from the American Cancer Society. Dr. Kerr finished his residency in July 1949 and continues as a member of the Urological Staff. Problems in plastic surgery not infrequently confront the urologist. Dr. Bradford Cannon kindly consented to help in these problems, particularly in the surgery of hypospadias in collaboration with Dr. Richard Chute. Dr. Cannon's contributions already have been considerable in applying the principles of plastic surgery to lesions of the external genitalia. Compared with the indifferent results achieved by us alone in the past, Dr. Cannon's results have been spectacular. Studies on the chemical dissolution of urinary calculi are being continued by Dr. Howard I. Suby.

With four hundred fifty and five hundred yearly admissions to the Urological ward and four hundred fifty or more operations and an over-all mortality of four percent or less, the care of patients seems to be adequate. With a total of over eight hundred fifty urological operations at the Massachusetts General Hospital, the material for teaching should be ample. Since each resident performs approximately four hundred operations under the advice and direction of several visiting surgeons, the resident's experience is sufficient and varied. It is expected that the Urological Service will continue to do progressive work.

Fletcher H. Colby, M.D.,
Chief of Service

* * *

At ten o'clock on the morning of December nine, a simple but very impressive ceremony took place in the hospital. At that time our Board of Trustees, members of the visiting and house staffs, nurses who had served with the MGH unit overseas in the last war, members of the non-professional staff, and others, assembled in Treadwell Library to pay special tribute to the six members of our staff and alumni who gave their lives in World War II. Invitations to attend had been sent to the immediate families of the men who were to be honored.

After a few brief remarks concerning the significance of the occasion, Mr. Francis C. Gray, Chairman of the Board of Trustees, introduced Dr. Horatio Rogers, Visiting Surgeon on our staff, who had been chosen to represent, and speak for, the hospital. For those who were unable to be present, and for those who may wish to preserve Dr. Rogers's words and the records of those who died in the war, we give them to you here.

> It is, I suppose, a nearly universal custom of families to treasure photographs of their children, and the Massachusetts General Hospital family is no exception.
>
> For many generations this proud old mother has been jealously rearing her medical brood. She has petted and punished them according to their needs, endowed them with her own wise spirit, and finally sent them out over the world with the stamp of her training on them. Always she expected them to give their best, and she has seldom been disappointed.
>
> We are here this morning to take note of the placing of six photographs on the walls of Treadwell Library. Being a family matter the occasion is informal, but for that very reason its meaning goes extremely deep.
>
> And its importance will by no means lessen when we have left this room. Future generations of students and staff, using the library as their predecessors have so often done before them, will not fail to draw strength and personal inspiration from this impressive record of unselfish duty well and truly done.

Sidney Chase Graves, Lt. Comdr., M.C., U.S. Naval Reserve

Born in London, England, July 21, 1901
East Surgical House Officer, 1929-31
Serving aboard the *U.S.S. Iowa* in the Pacific Area on May 14, 1944, he lost his life in line of duty.

Robert Satterlee Hurlbut, Lt. Sr. Grd., M.C., U.S. Naval Reserve

Born January 1, 1912
East Surgical House Officer, 1938-39
Assistant Resident, 1940-42
Serving aboard the *U.S.S. Halligan* off the coast of Okinawa on March 26, 1945, his ship was destroyed by enemy action.

Meinolph Valen Kappius, Comdr., M.C., U.S. Naval Reserve

Born in Nebraska, 1899
Assistant Obstetrician, 1932-45
Serving as Flight Surgeon aboard the U. S. Aircraft Carrier *Kadashon Bay* in the Admiralty Islands on January 24, 1945, his plane failed to return from a routine flying mission.

Theodore Parks Robie, Capt., M.C., A. U.S.

Born at Copper Cliff, Ontario, August 15, 1917
East Surgical House Officer, 1942-43
Awarded the Silver Star decoration on September 12, 1944 for gallantry in action while serving with the 35th Infantry Division of General Patton's Third Army at the crossing of the Moselle River. Captain Robie, with a litter squad, made many trips across the river in the face of heavy enemy fire, wading in deep water and holding the litters above his head to evacuate wounded from the strongly held east bank. The citation reads in part: "His gallantry in action, his personal courage, disregard for his own safety, and devotion to duty reflect credit upon him as an officer and upon the Medical Corps of the Army.
Captain Robie was serving with the 2nd Battalion of the 137th Infantry at Cereueil, France, on September 19, 1944, when he was killed by the explosion of an enemy land mine.

Frederick James Cunningham Smith, Capt., M.C., A.U.S.

Born in 1907
Neurosurgical House Officer, 1932
East Surgical House Officer, 1935
Serving in the Australian Theatre of Operations on September 9, 1942, he was killed in action.

Edward Lorraine Young, III, Capt., M.C., A.U.S.

Born in Jamaica Plain, Mass., June 24, 1914
West Surgical House Officer, 1942
Serving with General Patton's Third Army as one of a surgical team of the 4th Auxiliary Surgical Group on March 24, 1945, he volunteered to accompany the paratroops over the Rhine to establish a forward casualty station on the enemy side of the river, and was killed by enemy action immediately on landing, together with all but one of his surgical team.

The ceremony closed with a moment of silent prayer.

* * *

Dr. and Mrs. Faxon sailed for Europe on December 28. They will spend a month in Paris, where Dr. Faxon, at the request of the Board of Directors of the American Hospital in Paris, is to make a survey of the hospital. Before returning home, they will visit Belgium, Holland, Denmark, England, Scotland, and Sweden.

* * *

We have lost Miss Marion D. Floyd, our Chief Dietitian.

Miss Floyd has directed our Dietary Department during its growing years, from an organization of 60 employees and 2 dietitians to its present size—a personnel of 300, including 20 staff dietitians and 22 dietetic interns.

Miss Floyd's resignation was accepted with sincere regrets last October, and on January 1 she took over her new duties as Chief of the Dietetic Branch of the Division of Hospitals, which functions under the U.S. Public Health Service. Her office will be in Washington, D.C.

Miss Floyd's new position carries with it the commission of Senior Dietitian in the Reserve Corps of Public Health Service officers—a rank comparable with that of Lieutenant Colonel in the Army. She will supervise the nutritional care of patients, over-all food services, and dietetic administration activities in the 24 Public Health Service Hospitals. It is an enormous job, but we know Miss Floyd is good for it.

Miss Louise Hatch has become Acting Director of the Dietary Department.

Rev. Rollin J. Fairbanks has resigned as Protestant Chaplain to the Massachusetts General Hospital. His resignation, effective December 31, was made in order that he might devote more time to teaching and writing. He has been succeeded by Chaplain James H. Burns, who has been associated with him for the past three years.

MISSING

HOSPITAL PATIENTS' REGISTER
Vol. 2, 1826-1837

containing serial numbers, names, and other registration data of patients admitted to M.G.H. during those years. The book is leather-covered, measures about 15 by 13 inches, and is 1 inch thick.

If you have any ideas as to the present location of the volume, please communicate them to Miss E. Louise Seymour, Record Librarian, at once.

* * *

At the 2nd International Electroencephalographic Congress in Paris, September 1-3, 1949, a permanent International Electroencephalographic Federation was formed. The Honorary President elected was Professor E. D. Adrian of Cambridge, England. The officers are: President—Herbert Jasper of Montreal; Vice-Presidents—W. Gray Walter of Bristol, England, Fritz Buchtal of Copenhagen, Denmark, Robert S. Schwab of Boston; Secretary—Henri Gastaut of Marseille; Treasurer—Anthony Remond of Paris.

This Federation will be incorporated in France and affiliated with UNESCO. The journal *Electroencephalography and clinical neurophysiology* will be the official organ of the Federation. Future International Congresses in this field will be held under the direction of the Federation. The 3rd EEG Congress may be held in Boston in 1952.

* * *

The annual MGH postgraduate course in "The treatment of fractures and other traumatic conditions" was given at the hospital from October 24 through November 3. This was the 15th time the course has been offered since its beginning in 1928, under the auspices of the Harvard Medical School. During that time, a total of 1,237 students, representing every State and eleven foreign countries, have taken the course. This year there were 70 physicians and surgeons from 29

States, Canada, Mexico, and the Philippines. Whereas, prior to the war, the course dealt with fractures only, now the management of other traumatic conditions is also included,. and the course is presented by a total of 40 instructors from the various services and clinics of the hospital.

In 1950, the course will be given from October 30 through November 4—the week following the Boston meeting of the American College of Surgeons.

The Board of Trustees, at their meeting on November 10, voted:

To reinstate Dr. William P. J. Peete as Third Assistant Resident in Surgery, as of November 1, 1949;

To appoint Dr. Boris Senior as Intern on the Children's Medical Service, as of November 3, replacing Dr. Leslie Corsa who has resigned because of illness.

To appoint the following Assistant Residents and Interns on the Children's Medical Service for the term July 1, 1950 through June 30, 1951:

Doris R. Bennett—Intern
Stanley Berlow—Intern
LeRoy L. Eldredge, Jr.—Asst. Resident
John F. Hogan, Jr.—Asst. Resident
Gerald A. Kerrigan—Asst. Resident
John B. Reardan—Intern
Robert T. Sceery—Intern
Iwao Uyeda—Asst. Resident

At their meetings on October 19, during November, and on December 7, the General Executive Committee voted to appoint:

Dr. Robert F. Bales as Research Fellow in Psychology, as of September 1, 1949;

Dr. John W. Irwin as Research Fellow in Medicine, assigned to Allergy, to work with Dr. Melvin H. Knisely in Charleston, South Carolina, as of October 1, 1949;

Dr. Clarence J. Kasales as Clinical Fellow on the Children's Medical Service, as of October 15, 1949;

Dr. Chi H. Lee as Clinical Fellow on the Children's Medical Service, as of October 15, 1949;

Dr. Wilfred Leith as Clinical and Research Fellow in Medicine, assigned to Allergy, as of January 1;

Dr. Jarvis D. Paschal as Clinical Fellow on the Children's Medical Service, as of October 15, 1949;

Dr. Agustin L. Roque, who has been serving as Graduate Student Assistant in Pathology, as Research Fellow in Pathology for one year, beginning December 5, 1949;

Dr. John D. Wade as Clinical and Research Fellow in Surgery.

* * *

We go to press before the Christmas celebrations at the hospital get under way. However, the list of events, as given on the attractive program folder—prepared, as usual, in the O.T. Department—indicates a full week of festivities.

But it is not the events alone that make "Christmas at M.G.H." what it always is. You who have been at the hospital during a holiday season will know what we mean when we say that to us the unbroken chain of parties for old and young, instrumental music and carols, colored lights and evergreen sprays, seem to be strung on tendrils of good will and warm greetings. And whether you participate in the program, or witness the various activities as a member of the hospital family or as a bed-ridden patient, the remembrance of Christmas week at M.G.H. will remain with you always.

* * *

SOUTH MEDICAL CLINIC

It is an interesting fact that of the first three medical patients admitted to the Massachusetts General Hospital in 1821, two had secondary syphilis. Almost a century was to pass, however, before a Syphilis Department (Skin L) was established in 1913, with Dr. C. Morton Smith as Chief. In 1935, the name was changed to South Medical.

At present, clinic sessions are held in the Out-Patient Department on Monday, Tuesday, Wednesday, and Thursday afternoons, Saturday mornings, and Thursday evenings. Patients are admitted from other clinics and wards of the Massachusetts General Hospital, the Eye and Ear Infirmary, and Vincent Memorial, as well as from various outside agencies and private physicians. The latter have the privilege of referring patients for consultation to South Medical, which functions as a cooperating clinic under the Division of Venereal Diseases of the Massachusetts Department of Health. All patients admitted to the clinics and wards of the Massachusetts General Hospital are now screened by serological test for syphilis, and those who have positive or doubtful tests are referred for evaluation.

The South Medical Clinic possesses adequate facilities for the diagnosis of infectious lesions, including dark-field examination for Treponema. Serological tests for syphilis are not performed by the hospital, but are sent to the State and City laboratories. The former, at our request, performs quantitative serological tests, which are of great aid in following the progress of therapy.

In the admission and examination of patients, every effort is made to provide privacy by the use of individual consulting rooms. Furthermore, the cooperation and confidence of the patient who has been diagnosed is secured through the medium of a clinic executive, Miss Anna Ellis, who acts as a liaison between the patient, physician, social agencies, and the Division of Venereal Diseases of the Massachusetts Department of Health. One of Miss Ellis's functions is the interviewing of patients for contact investigation and follow-up, Social Service referring, and the reporting of diagnosed cases to the State Department. Miss Ellis is also in charge of a secretarial staff which maintains a card follow-up system, and codes cases in a diagnostic file.

The clinic is extremely fortunate in numbering among its medical staff Drs. Madelaine R. Brown, neurologist, James H. Currens, cardiologist, and Dwight L. Siscoe, internist, who function as a consulting unit within the group. Without their help, the referral of patients would be very unwieldy.

A close relationship exists with the dermatological ward, to which cases are admitted for special therapeutic problems, including malaria.

Research problems have, until recently, been of a clinical nature; but Dr. Chester N. Frazier, Wigglesworth Professor of Dermatology at Harvard Medical School and Chief of the Dermatological Service at Massachusetts General Hospital, is conducting experiments in his laboratory which include metabolic, serological, and tissue studies, carried out on rabbits which have been inoculated with Treponema pallidum. We are extremely fortunate, also, in being able to call upon his broad clinical experience, obtained over a period of years in the Orient where many unusual forms of syphilis were observed. Dr. Frazier is the author of the book entitled *Racial variations in immunity to syphilis*. The co-author is H. C. Li, M.D. This book was published in 1948 by the University of Chicago Press.

Projected research includes studies on the immobilization of the Treponema, which will help in the differentiation of false positive serology and will be of great practical help to the clinician.

With the discovery of the effect of penicillin on Treponema by Mahoney in 1943, and its application to syphilis in the human, the status of syphilis has been changing rapidly. Whereas, formerly, patients required weekly treatments of heavy metals for periods ranging from 15 months to 3 years, almost our entire syphilis population at present is being treated by courses of penicillin ranging from a total of 7½ to 20 days. This, together with the fact that penicillin is also available to the general practitioner, and its administration not hampered by serious side effects, our clinic load has dropped from 80 patients a day, during the war, to an average of 15 patients a day. It is not too difficult to project the eventual extinction of this disease. Another trend that might be noted clinically is that during the first ten months of this year, 4 cases of early infectious syphilis were treated in the clinic, whereas, formerly, the clinic load was 30 to 50 patients a year. Treatment, it might be added, is carried out in one room, set aside for the purpose, under the direction of a nurse-technician.

William R. Hill, M.D.,
Chief of South Medical Clinic

DERMATOLOGY DEPARTMENT

Recent visitors in the Dermatology Department include Dr. Stefania Jablonska of Warsaw, Poland, who is visiting this country under the auspices of the World Health Organization; and Dr. Sven Hellerstrom, Professor of Dermatology, Karolinska Institute, Stockholm, Sweden.

Dr. Alexander Gedeon Matoltsy, who was appointed a Research Fellow in Dermatology, effective October 1, also has an appointment as Research Associate in Dermatology at the Harvard Medical School. Dr. Matoltsy came here from the Marine Biological Laboratory at Woods Hole, Massachusetts, where he has been working on problems of muscle metabolism with Dr. A. Szent-Gyorgyi. Prior to that he was in the Department of Experimental Histology, Karolinska Institute, Stockholm, Sweden, the Hungarian Biological Research Institute, Tihany, Hungary, and the Institute of Histology and Embryology, University of Budapest, Budapest, Hungary.

* * *

Dr. Stanley Cobb, Chief of our Psychiatry Service, has very kindly sent us this abstract of the three Thomas William Salmon Lectures which he gave in November at the New York Academy of Medicine.

EMOTIONS AND CLINICAL MEDICINE

The term "emotion" refers to something complex; it designates a multidimensional referent with three main parts: (1) The private feeling or effect that is felt by each person but must be interpreted to others by symbols. (2) The complex set of physiological changes set up in nerves, viscera, glands, and muscles. This is a stirred up internal state. (3) The patterns of behavior which overtly express the stirred up internal state, and back of that, the feeling. Since the overt expression changes the environment to some degree, there is a feed-back to the sense organs of the organism and thence to the feeling and disturbed internal state. Such a definition allows us to go ahead and discuss intelligently the pertinent data.

The first lecture was largely taken up with an exposition of the anatomy and physiology of the cerebral cortex and its phylogenetic development in the mammalian series. Emphasis was put on the work of Papez, Brodal, Yakovlev, Fulton, and MacLean which indicates that the archipallium and mesopallium are not, as is usually taught, the "rhinencephalon", but the visceral brain. The hippocampus is not an olfactory organ, but a special sort of cortex that integrates visceral and other somatic afferents with smell and taste. There is evidence that this area discharges into the hypothalamus, thence to thalamus, cingulum, and neocortex, and gives a background for emotional feeling and expression. Closely related are the sympathetic discharges of the hypothalamus to midbrain, hindbrain, and spinal cord. And most important is the hypothalamic control over the pituitary. Lesions in man were discussed; these rarely cause emotional outbursts, but in the few cases known that had localizable lesions, the locus was in the hypothalamus and archipallium.

In the second lecture Bard's work on sham-rage was described, with mention of other experimenters, leading up to the more recent experiments in which Bard and his colleagues have been able to produce profoundly placid cats by removal of neocortex, and turn these into ferocious animals by adding later a lesion in the archicortex. The first observations of excessive oral reactions in cats were described. Next, the experimental work on monkeys by Kluver and Bucy, Wilbur Smith, Bard and Fulton's group was taken up. No operation on a monkey produces sham-rage, but they show as a result of lesions in the archicortex and mesocortex, especially the amygdalar region, passivity, fearlessness, exaggerated affectionate behavior, marked oral reactions, and excessive sex expression. Lesions in man have never produced a good picture of sham-rage. A movie taken by Dr. Bojar was shown as an example of partial rage reaction. The difference in reaction between carnivora (cats and dogs) and primates was explained as a species difference. The carnivora have need for a rage reaction in their lonely hunting; they must kill to eat, whereas for a monkey rage at the time of his gregarious meal would be disorganizing.

In the third lecture anorexia nervosa was discussed as an example of a psychosomatic disorder in which emotion played a large part. Endocrine, nutritional, and gastrointestinal factors are, however, equally important. The syndrome is confined to women, and four out of the sixteen cases reported had died. It is, therefore, no simple neurosis, but a severe psychosomatic disorder of young women. Patterns of personality were discussed, and it was held that the method of making "psychological profiles" of persons with different diseases was perhaps allowable as a preliminary survey method, but faulty and overdone. More important was the question of why one person breaks down under stress with asthma, another with colitis, and a third with eczema —the question of the "choice of the organ". Wolff's theory of complex protective reaction patterns was upheld as a more satisfactory explanation than the old theory of "organ inferiority", although extraordinary bodily phenomena of any sort can be used as neurotic scapegoats. Social precipitating factors as studied by Lindemann were described.

* * *

In the November issue of THE NEWS we published an article which had appeared in a London newspaper, concerning Sir Richard Fairey's prompt action in aiding Mr. Lewis Douglas, our Embassador to England, at the time he suffered the accident to his eye. The article was titled "A debt repaid", and touched upon Sir Richard's appreciation of the services he received as a patient at the Massachusetts General Hospital.

We had made a mental note to procure the details regarding Sir Richard's case, to give to you; but before we could go forward with the idea, Dr. Paul D. White sent us this letter, which contains much more information than we could possibly have obtained.

> One of the most important individuals in the defense of Britain during World War II, and I think probably next to Winston Churchill himself the person most responsible for holding the fort before we ourselves were ready to fight, was Sir Richard Fairey. An early and daring pioneer in the field of aviation, both in flying himself and particularly in airplane construction, Sir Richard has continued to be a leader in this field ever since, and is still one of the world's most important makers of airplanes.
>
> At the beginning of the battle of Britain he served day and night in getting planes into the air against the Nazi hordes, following which he became the British Air Commissioner to the U.S.A. and was for several years in Washington. Through this official position he was able to reinforce the R.A.F., to give us valuable advice, and to cement friendly relations with our most important ally in World War II. Those years of overwork took their toll, however, and when I saw Sir Richard in Bermuda, where he was in retirement because of illness in March 1945, I found him a very sick man. It seemed to me then that if anyone deserved to be helped and to be given every opportunity to recover, in recognition of his great service to this country and to the world at large, it was he.
>
> Sir Richard entered the Phillips House as a patient that same year—1945. Dr. Reginald H. Smithwick carried out for him his lumbodorsal sympathectomy, and during the following year Sir Richard showed a remarkable recovery, with satisfactory control of his blood pressure. He has been in surprisingly good health since. He represents one of a considerable number of successful cases of my own who were so treated by Dr. Smithwick while he was an active member of our staff. I am very grateful to Dr. Smithwick for his invaluable aid in thus helping us to repay a little of our debt to Richard Fairey.

A pall has descended upon the old M.G.H. since last summer, and the Moseley Flats have assumed the quiet that follows a thunderstorm; surgical grand rounds have been reduced to a serious occasion, and the wards are once again devoted to patient care. The reason for this remarkable change was the regrettable departure of a character long to be remembered among the gallant ranks of "men in white".

He and I came to this Fruit Street address together some seven years ago and it was my hazardous lot to work, live, and play in his company during a good part of the years that followed. Many of the relevant anecdotes are unrepeatable, but it can be revealed that some of us still have nightmares from an earsplitting cannon cracker under the bed at 3 A.M., and have often wondered if we would wake up with a toe shot off by his trusty carbine. His elaborate practical jokes often started a chain of events which led to Dr. Faxon's office, but he was not easily deterred by the "tongue-in-cheek" reprimand that sometimes resulted. More than one House Officer required the soothing effect of D.T.O. after our hero had carefully collaborated with nurses, patients, and the X-ray Department to produce an apparent "complication" in the intern's first big case. On one occasion, a formal department-head proclamation caused widespread indignation and loud protest before its fictitious nature was discovered. And many a grand round presentation was accompanied by mock X-rays or some vaudeville caper.

We all miss old "D——" and have long since forgiven him his jokes, for he is an able surgeon, a generous friend, and a genial host. We wish him lots of good luck and a constant supply of firecrackers.

Anon.

BIOGLETS

Dr. Isaac V. Manly, Third Assistant Resident in Surgery—B.S. in Medicine, University of North Carolina, 1940-43; 2 years, University of North Carolina Medical School; M.D., Harvard Medical School, March 1946; M.G.H., East Surgical House Officer, April 1946—July 1, 1947; U.S. Navy: Dispensary, Submarine Base, New London, Connecticut, 1947-49; returned to M.G.H., July 1, 1949; married June 12, 1948; one daughter.

Dr. Thomas W. Moran, Second Assistant Resident in Pathology—born in Latrobe, Pennsylvania, November 23, 1923; A.B., Dartmouth College, Hanover, New Hampshire; M.D., Jefferson Medical College, Philadelphia, Pennsylvania (Navy V-12), 1947; Intern, Presbyterian Hospital, Philadelphia, 1947-48; Assistant Instructor in Anatomy, University of Pennsylvania, 1948-49.

Dr. Walter T. St. Goar, Intern in Medicine—born in San Francisco, California, September 2, 1920; U.S. Navy, 1943-45; B.A., University of California at Berkeley, 1944; M.D., University of Rochester School of Medicine, 1949.

The Ladies' Visiting Committee is holding a weekly tea in the Medical Staff Room of the Bulfinch Building for the foreign doctors and their wives. Each of you will be cordially invited to one of these teas—with your husband, if he is free to relax for a short while. In November, our Vice-President, Jane Roe, whose husband, Ben, is in Surgery, and Pat Kerrigan, whose husband is in Pediatrics, received the Distaff guests and introduced them to the hostesses, the foreign doctors and their wives, and members of the hospital staff. Our Distaff receptionists at the December teas were Filing Secretary, Jane Frame, whose husband, Boy, is on the Medical Service, and Sally Shorey, whose husband is in Surgery.

About half of the wives attending meetings this fall were new members. Some of us have had the delightful surprise of finding at the meetings friends whom we'd known in other parts of the country, overseas, or during the earlier years of our husbands' training at the M.G.H. Those of us who "nursed" the club through its first year are eagerly welcoming the enthusiastic participation of these wives.

Mickie Schaaf is receiving many requests for information on apartments available at a reasonable rent. At present there seems to be a dearth of such apartments. If you hear of one, please post the details on the Distaff corner of the bulletin board near the house Post Office. Please date this notice, and remove it after the apartment has been taken. Also, please post the name and address of any real estate agent interested in renting to medical couples—especially couples with children.

MASSACHUSETTS EYE & EAR INFIRMARY

During the last seven months Miss Ruth A. Lotspeich, R.N., from the University of California Hospital in San Francisco, has been observing clinical procedures and techniques in the Eye and Ear, Nose and Throat Clinics. Miss Lotspeich was Head Nurse in the Eye Clinic at the University of California Hospital and will return to that position when she has completed her observations. She left the Infirmary on December 12 for New York City, where she will spend a day in the Columbia University Eye Clinic and then will leave for San Francisco, stopping off in Chicago to visit the Illinois Eye and Ear Infirmary. Miss Lotspeich has spent much of her time in the Retina Service and in the Ear Clinic.

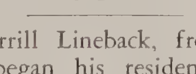
Dr. Charles S. Lane, Resident in Oto-Laryngology, completed his term of service on December 25. He will leave with his wife and child for New Orleans, where he expects to take his American Boards. The Lanes will visit relatives in Hattiesburg, Mississippi, before leaving for Fort Smith, Arkansas, where Dr. Lane will be in practice with Dr. Everett C. Moulton, a former Infirmary graduate.

Dr. Merrill Lineback, from Atlanta, Georgia, began his residency in Oto-Laryngology on December 1.

Dr. Eugene C. Hutton, Jr. has been appointed a Graduate Assistant in Oto-Laryngology.

Recent appointments in Ophthalmology are Dr. Elmer Kenneally of Bedford, Massachusetts, and Dr. Edwin B. Goodale, Jr., son of the late Dr. Edwin B. Goodale, as Residents—their terms of service to begin in January 1950.

Recent arrivals from Europe who are studying at the Infirmary are Dr. Albert Candiotti, from Paris, who is doing graduate study in Oto-Laryngology with Dr. Werner Mueller in the Mosher Laboratory, and Dr. Antonio Grignolo of Italy, who is studying with Dr. Charles L. Schepens in the Retina Service.



New addresses:—

Dr. James H. Currens (a. M)—In the December issue we published an incorrect address for Dr. Currens which had been sent to us. He is still at 226 Marlboro St., Boston, Mass.

Miss Eileen C. Glynn, R.N., 238 Wisconsin Ave., Long Beach 3, Cal.

Dr. Ward I. Gregg (*WS* 1935), 1269 Beacon St., Brookline 46, Mass.

Dr. Edward T. Smith (*Or.* 1937), 6410 Fannin St., Houston 5, Tex.

Dr. James Solomon (*r.p. N* 1944), 2331 West Third St., Los Angeles 5, Cal.

Dr. Richard Warren (*WS* 1936), 1180 Beacon St., Brookline 46, Mass.

Dr. Edward H. Wilson (*ES* 1922 & *Or.* 1923), 380 East Town St., Columbus 15, Ohio.

Brief bits:—

Dr. Edward B. Benedict, Endoscopist on our staff, attended the meeting of the Board of Governors of the American Gastroscopic Society, in Chicago, on November 3. On November 18, Dr. Benedict discussed the paper by Dr. Charles W. Flood, entitled "Benign and malignant lesions of the gastric antrum", at the meeting of the New England Roentgen Ray Society.

Dr. Richard B. Capps (*CM* 1931 & *EM* 1933) had a talk with Dr. Viets in Chicago recently. He said that his father, Dr. Joseph A. Capps (*EM* 1896) is still practising medicine, and continues to maintain a live interest in MGH affairs.

Dr. Chester M. Jones, Physician at M.G.H., was one of the guest speakers at the annual convention of the Puerto Rico Medical Association, held in Santurce, Puerto Rico, December 14-18.

Dr. J. H. Means, Chief of our Medical Services, visited the Mayo Clinic last September. On November 14, he addressed the members of the Roxbury Record Club at its meeting at the Harvard Club. He spoke on the British National Health plan.

Dr. Kenneth P. Nash's work as Assistant Resident in Psychiatry at M.G.H. has been interrupted. He has been called home because of illness in his family. His address is 1333 Winchester Ave., Glendale 1, Cal.

If you are one of those MGH-ers who have not written to THE NEWS in a long time (or ever), and you can't think of a single New Year resolution to make, here is a very worth-while suggestion: Promise yourself that before the month of January shall have disappeared down over the bottom edge of your calendar, you will find the time—somehow—to send word of your activities, through THE NEWS, to all the many friends who will be delighted to hear how things are going with you. How 'bout it?

This letter from Velma Bates Ramirez, 10 Bosque Avenue, Mayaguez, Puerto Rico, was most welcome. We are always glad to hear from the distaff side of the MGH family.

It is time I renewed my subscription to THE NEWS on my own. During the war, Lt. Alice White, Army Nurse, gave me my first copies. I had met her at the M.G.H. through my friend, Muriel McLatchie, Medical Artist. I had pencil-sketched Miss White in one of our evening drawing groups held in Dr. Paul D. White's laboratory in the Bulfinch Building. When I happened to see the name Lt. Alice M. White in front of one of the officers' housing units at Borinquen Field, Puerto Rico, I had to see if it was *the* Miss White. I received a very warm and noisy welcome. We had many visits back and forth over the space of more than a year, although Aguadilla, where Borinquen Field is located, is an hour's drive from my house. Lieutenant White was supervisor of the operating rooms.

My next copies were sent me by either Alice Dalrymple of the Allergy Clinic, or Jean McQuarrie Engborg, formerly of the Pathology Laboratory.

During my twelve years in the Children's Metabolism Laboratory, I consider myself very fortunate to have known Dr. Talbot, Dr. Harold L. Higgins, and Dr. Ramon E.

No. 21 in a series of Staff photographs
Dr. Arthur L. Watkins—Chief of Physical Medicine

Ramirez. Dr. Ramirez took one of the Harvard postgraduate courses in Pediatrics, with Dr. Higgins as his MGH professor. Dr. Ramirez and I were married in 1938.

Dr. Ramirez now owns his own 15-bed hospital, and my work in a research laboratory has helped me, as the treasurer, to fill in as accountant, secretary, technician, buyer, and administrator, until those places were refilled. Nine other doctors now bring patients to our hospital.

In the winter of 1946, when Dr. and Mrs. James Howard Means were in San Juan, Puerto Rico, my husband and I went to hear Dr. Means and had supper with him. After that, Dr. Means sent me a subscription to The News.

Since leaving the M.G.H., we have kept in touch with Dr. Stephen H. Moore, Jr., who worked in the Metabolism Laboratory while a student and then in the Children's Medical Department. He wrote us from Panama during the war, then sent us an invitation to his wedding in Texas in 1947. We learned that Terry D. Moore was born a year later. His address is 2924 Rosedale, Dallas, Texas.

My husband, who is a Lieutenant Colonel in the Medical Reserve, is working for the Army this week to complete his points for the year as a Reserve Officer. During the war, he was stationed in Puerto Rico, Washington, D. C., Clinton, Iowa, and New Caledonia, where he was with the 8th General Hospital as Chief of Communicable Diseases. Anything from mumps and pneumonia to syphilis and filaria came to his wards.

Both my husband and I enjoy The News.

A recent letter from Dr. Richard S. Cosby (*EM* 1940) would seem to indicate that the native-predicted "inevitable assimilation", mentioned in Dr. Cosby's first letter from Pasadena, has been effected. This is the first word from him since that nostalgic one, written about three years ago, and it gives the picture of a very busy life.

An opening line from southern California must necessarily state that this is the fabulous land, so it shall be reasserted only once. The Class of '38 is still surging along the "fabulous boulevard"—namely, Ed Evans, Walter MacLaren, Glenn Gummess, Stew Smith, and Bill Schuman.

My interest number one is the Cardiovascular Department at the University of Southern California, and within the department, the circuitous process of cardiac catheterization. We have been engaged with this pushing and pulling mechanism for the past two years, and are projecting it into the next twenty. As Sib Hoobler says, it is amply designed to take care of your social, athletic, and mental life for a generation. The team consists of George C. Griffith; David C. Levinson; Ray Carter, X-ray; John Dillon, anesthesia; Pat Meehan, and myself. Gene Eppinger and Lew Dexter at the Brigham have given us wonderful help. The noncatheterization time is spent in clinics and in teaching a year's course in cardiology at U.S.C. This is morning time. Afternoons are spent on private practice in Pasadena.

That's the report to date, except for the most important news: married to Miss Mary Mayo of Pasadena on May 8, 1948.

It was a little over two years ago that Dr. J. Wister Meigs (*a.r.p.* 1943) sent us a brief note and promised us a longer letter soon. However, he's written again, at last, and we are too glad to hear from him to chide him for the long delay.

Of course I'd like to keep on getting The News, but my habits haven't changed much in the past ten years and I'm slow in getting round to things.

The readers of The News might be interested to know that the Yale Institute of Occupational Medicine and Hygiene (of which I am the medical staff member) now has added an industrial hygiene engineer and an industrial nurse to the professional staff, after a year of "yours truly only" holding up the organization. Now we are a little closer to being able to fulfill the high-sounding objectives of training doctors, nurses, and engineers in Occupational Health work.

MGH house staff take note: We're trying to show the New Haven Hospital house staff that it's worth while to study conditions of employment in managing patients with peptic ulcer, as well as those with lead or benzol poisoning.

This nice letter has come from Dr. Ralph Luikart, II (*M* 1944 & *a.r.p. D* 1948). From 1525 State Street, Santa Barbara, California, he writes:

Your request for new address and information regarding my activities has been in my "must answer immediately" file for the past three months. I believe the following may adequately explain the inordinate delay.

Upon leaving the MGH Department of Dermatology and the preceptorship with Dr. G. Marshall Crawford last March, I proceeded to Los Angeles, where I worked as assistant to Dr. Samuel Ayres, Jr. (*WM* 1920) in his office, and began some work at the Los Angeles County General Hospital in the Department of Dermatology. From this base, my wife and I devoted our week ends to an examination of the beautiful countryside, up and down the coast. Santa Barbara proved to be the spot we had always dreamed of. The last of August, we moved our children, dogs, and furniture for the last time and settled at the foot of the mountains, overlooking the ocean inlet in Santa Barbara.

With the kind help of Dr. Ayres we soon became acquainted with some of the medical men in Santa Barbara. After the usual minor difficulties, we located an office and redecorated and furnished it.

In the latter part of May it rained for three days. I was told to enjoy it because that was probably the last I would see of rain until November. This proved to be amazingly correct. Santa Barbara is not troubled with the smog problem of Los Angeles, nor the heavy traffic. Since we have been here we have seen nothing but warm weather, sunshine, and an occasional light, late-afternoon fog.

The caliber of medicine in Santa Barbara seems to be exceptionally high, but I miss the ward rounds and the clinics and the friendly multiple opinions, MGH style.

I look forward to my first vacation of any length, to come back and see you all. The News seems now to be my strongest link with M.G.H. I read it completely, and enjoy it thoroughly. Best wishes to you all.

THE NEWS

No. 87 Boston, Mass. February 1950

TRENDS IN RADIOLOGY

What is Radiology and where is it going? Actually, the definition of radiology merely means the use of radiant energy in the diagnosis or treatment of disease. As the term now pertains to the work at the Massachusetts General Hospital, it applies primarily to the use of the roentgen ray in the diagnosis and treatment of abnormal conditions, and the use of radium in the treatment of certain tumors. In the future the Department of Radiology may utilize additional sources of radiant energy, applying them to either diagnosis or treatment. Instead of elaborating on future possibilities, let us look at particular points that have to do with the continuation of present practice.

Brailsford, in a recent paper (1), has outlined some of the modern trends in radiological diagnosis. Some omissions of medical practice may have an extremely important bearing on accurate diagnosis.

1. Often there is a definite failure to recognize the importance of, and to carry out, a thorough clinical examination before any radiological examination is made.

2. In the teaching of medical students, it has been a common practice to use x-ray films as a teaching medium. It is Brailsford's belief that the majority of those clinicians who are teaching have not learned the bounds and appearance of the normal x-ray film, or even the character of the artifacts produced by faulty material or careless technique.

3. More often than not, it is not understood that in many conditions the primary roentgen changes are totally indistinguishable from one another, and that only by means of serial studies is it possible to arrive at an accurate diagnosis.

4. Only a few physicians—those who have had considerable experience with Radiology—understand that the onset of a disease is not always associated with immediate changes recognizable on radiological examination: in other words, there may be a fairly long period of time between the beginning of a disease process and the time it is demonstrated on an x-ray film. (This may apply not only to such chronic conditions as tuberculosis, but equally well to some fractures. *Author*)

5. It is important to recognize, also, that the x-ray film may show very extensive changes, even though the patient is clinically normal in all respects; this x-ray abnormality may well represent the end result of previous disease. (A rather common example is collapse of a portion of the lung; this may be the result of a foreign body in a bronchus of so-called postoperative atelectasis, or of a tumor which is growing within the associated bronchus. It may, however, be only the scar of a previous pneumonia which the patient had twenty or thirty years before. *Author*)

To prevent such omissions from creeping into present day practice is a thing for which we must all work together.

Brailsford goes on to point out that mass radiography has certain disadvantages. He states that it has caused much unnecessary physical and mental pain; that it represents essentially bureaucratic regimentation—measures designed by officials and enthusiasts, who do not know of the five omissions already mentioned, or who lack the experience which qualifies them to judge the efficiency of such mass survey procedures; that it has not added anything new to our knowledge of disease of the chest; and finally, if disease is discovered and recognized, particularly tuberculosis, there is nowhere to treat these patients other than in the home. Actually, a great deal of money is being expended day by day to carry out these surveys, yet very little money is being expended to improve the home conditions of these prospective patients. Brailsford contends that when a cure for a disease is known, or when a place to treat the patient and treat him adequately is available, mass survey should be used to the fullest extent.

Whether one agrees with Brailsford or not, it must be pointed out that those of us who reside in Boston can testify that some of these stipulations which he has made are already in effect. We have recently been through a survey of the metropolitan area by the United States Public Health Service, in which many persons have been studied by means of survey films. The Boston survey has revealed some unknown cases of active tuberculosis, numerous silent chest tumors, and certain unsuspected heart lesions, as well as many other abnormalities of the chest. That some benefit has resulted from these studies is therefore apparent, and it is sincerely hoped that this benefit will outweigh any of the associated mental suffering. On the other hand, certain isolated personal hardships must undoubtedly result if a large group is to benefit. In other words, a certain amount of time is required after the patient has been called back for the large film before a definite recognition of the process can be established. During this time the patient may be under the suspense of a possible diagnosis of cancer of the lung or tuberculosis, whereas in many instances it may be a totally benign process such as scars of previous injury. The close cooperative effort of the entire staff of the Massachusetts General Hospital will be necessary to make certain that all patients who come here as the result of the survey findings receive the exceptional care which this Hospital can give.

Brailsford brings out another point of interest—that there is a definite trend today for members of various specialties to seclude radiographs illustrating conditions with which they deal. This means that the x-ray departments of hospitals no longer have access to these films, are hampered in their attempt at accurate study, and, therefore, in the care of the patient and in research work. If this practice were to become widespread, clinical research in the field of Radiology would be almost impossible. It seems to us that the greatest benefit to everyone concerned can come only from total cooperation between the Department of Radiology and the other clinical services. Unquestionably, if Radiology is to maintain its proper position, the radiologist must continue to be trained in all branches of medicine, and he must be in a position to cooperatively assist his colleagues in an intelligent manner. It may be assumed that the thoughts expressed above and originally contributed by an Englishman apply only to England. The fact is, however, that they are almost equally applicable in this country, and we must see to it that we sift the good points from the bad and benefit from those that meet our own need.

During recent months certain developments have come about in the Department of Radiology which, perhaps, should be noted. Certain steps forward have been attempted; some have succeeded, some have failed. It is regrettable that all our hoped-for progress has not been attained, but for that which has, we are grateful. In the past months, forecast of a two-million-volt x-ray generator for the treatment of cancer has been made. Today we can say we are on the verge of having this an actuality. The process of securing and installing this machine has been long and painful to many people. It is one of the first two-million-volt therapy generators available for treatment of patients with malignant disease. In consequence, the Massachusetts General Hospital is now in the unique position of being able to treat patients with supervoltage therapy ranging from one million to two million volts.

Perhaps some of the pitfalls and the

difficulties encountered in planning for the new generator might be of interest. First of all, it was noted that the great success of the long-used one-million-volt machine of the Van de Graaff type, built by Dr. John G. Trump and his associates at Massachusetts Institute of Technology, was due largely to its location on the same floor on which other x-ray treatment was carried out. In consequence, after much thought, much discussion, and much planning, it was decided that it would be best to install the two-million-volt machine in the same area. Because the major cost of installation was borne by an anonymous donor, it was possible to obtain satisfactory construction procedures which allowed such installation. It was found that a room which had previously been used for superficial therapy could be structurally altered so that it could bear the weight of the lead necessary for adequate protection. This involved numerous structural changes, with additional steel work above and below. The acquisition of the lead (20 tons) at a time of great scarcity is a story in itself, but it was finally achieved. All of this took the usual drawn-out amount of time, but few difficulties were encountered by our Department until it came time to install a suitable door. This door was one which should work automatically under electric power, it weighed approximately 2600 pounds, and it was necessary that a nurse should be able to open it should there be a failure in the electric power. The first attempt was totally unsatisfactory, as no nurse nor even one of the present day television wrestlers could open the door manually. After many months of delay, a suitable track on which the door travels was obtained. At last the room was ready, and in the summer of 1949 came the installation of the machine. This seemed a big step ahead, and we were all delighted. However, there were certain mechanical problems which had to be overcome after the installation of the equipment and these were, or are, gradually being taken care of. It was found that certain additional protective measures had to be installed, and these are being added as rapidly as possible. In view of these difficulties, the machine has not yet been used to its fullest extent. However, the first patient was treated in September 1949, and a limited number have been treated since. Within the next few weeks it is hoped that the machine will be available for full use in the treatment of all sorts of deep-seated malignant lesions. Above all, it should be noted that the development of the two-million-volt machine is due to a combined effort of the Massachusetts General Hospital and the Massachusetts Institute of Technology, furthered by Dr. John G. Trump and the High Voltage Engineering Corporation. I am sure that all of those involved have benefited by this combined effort. The Department of Radiology is deeply grateful to the anonymous donor who has made this therapeutic advance possible.

THE NEWS has already carried the information that Dr. Paul D. White was one of the major instigators in the planning and securing of a Research Room for the Radiology Department. This room is already available on a scheduled basis to all departments and services of the Hospital for research which involves x-ray. It may seem as if we have been remiss in not equipping it more adequately, but the developments of radiological equipment have made it imperative that no decision regarding new equipment be made until such development becomes somewhat stabilized. As soon as the latest equipment seems more or less available it will be purchased with funds which have been obtained, and full-scale utilization will be possible. Studies by means of cardiac catheterization, angiocardiography, and studies of the cerebral circulation are expected to be the first major investigative problems. Other groups whose research studies involve the use of x-ray are invited to share in the use of this room.

This has been an attempt to summarize some of the trends in Radiology at the Massachusetts General Hospital and elsewhere in the world. It is our wish at this time to express our sincere appreciation of the extreme cooperation which we have received from all of the services and departments of the Hospital.

Laurence L. Robbins, M.D.,
Chief of Service

(1) Brailsford, J. F.: "Modern trends in radiology", *British Medical Journal,* Oct. 1, 1949, pp. 724-728

The Board of Trustees, at their meetings on November 25, and December 9 and 23, 1949, voted:

That the resignation of Dr. Jacob E. Finesinger become effective as of January 31, 1950 rather than December 31, 1949;

To promote Dr. Thomas J. Quinn to Resident in Anesthesia, effective January 1;

To establish the title of "Chief Resident" for the single Chief Resident now serving the Medical Service.

To appoint:

Dr. Louis Bakay as Assistant Resident in Neurosurgery, from January 1 through June 30;

Dr. LeRoy L. Eldredge as Assistant Resident on the Children's Medical Service, to become effective October 1 rather than July 1;

Dr. John G. Freymann as Assistant Resident in Medicine for one year, beginning October 15;

Dr. Edgar J. Schoen as Intern on the Children's Medical Service for one year, beginning July 1;

Dr. William D. Sohier, Jr. as Resident on the Medical Service for one year, beginning July 1;

Dr. Lyman C. Wynne as Assistant Resident in Psychiatry, beginning January 1, 1951.

To appoint the following Medical and Surgical Interns for one year, beginning July 1:

Medical

Irving P. Ackerman
Leonard W. Cronkhite, Jr.
James J. Ferguson, Jr.
Richard A. Field
Amasa B. Ford
Arthur Haut
Kurt J. Isselbacher
Leonard Laster
Federico Moro-Castaneda
Stuart Ragland, Jr.
J. Max Rukes
Edwin C. Wood

Surgical

Richard C. Austin
Robert C. Coe
Frank W. Garran, Jr.
John M. Head
David B. Sheldon
Eji Suyama

The Trustees also voted to appoint:

Mrs. Henry Bigelow, Mrs. G. Tappan Francis, Miss Sally Johnson, and Mrs. John R. Post as Honorary Members of the Advisory Committee, School of Nursing;

Mrs. Charles Kerby-Miller a member of the Advisory Committee, School of Nursing.

At their meetings on December 14, 21 and 28, and January 4, the General Executive Committee voted:

To accept the resignation of Dr. David Fisher from the position of Clinical Fellow in Surgery, as of December 17, 1949;

To grant Dr. William R. Waddell, First Assistant Resident in Surgery, leave of absence for one year, beginning January 1.

To promote:

Dr. Agnes Burt from the position of Intern to that of Second Assistant Resident in Pathology, beginning July 1;

Dr. Ernest S. Crawford from the position of Third Assistant Resident in Surgery to that of Second Assistant Resident, beginning January 1;

Dr. Richard Garrity to the position of Senior Resident on the Neurosurgical Service for the period January 1 through August 31;

Dr. George H. Lawrence from Third to Second Assistant Resident in Surgery, beginning January 1;

Dr. Isaac V. Manly from Third to Second Assistant Resident in Surgery, beginning January 1;

Dr. Winfield S. Morgan to the position of Resident Pathologist, beginning July 1;

Dr. Grant V. Rodkey from Second Assistant Resident in Surgery to First Assistant Resident for six months, beginning January 1;

Dr. Benson B. Roe to the position of Resident in Surgery for one year, beginning January 1.

To appoint:

Dr. Guillermo Balz a Graduate Student Assistant in Surgery for the period November 1, 1949 through January 31, 1950;

Dr. Charles H. DuToit a Clinical and Research Fellow in Medicine for six months, beginning January 1;

Dr. Raoul Groulx a Graduate Student Assistant in Surgery for the period November 1, 1949 through July 31, 1950;

Dr. Bernard J. Harries a Clinical and Research Fellow in Neurosurgery from January 1 through May 31;

Dr. Thomas F. Hines a Clinical Fellow in Physical Medicine, effective January 4 through March 31;

Dr. Milton C. Hoffman a Clinical and Research Fellow in Surgery for the period March 1, 1950 through August 31, 1951;

Dr. Keh-Wei Huang a Research Fellow in Neuropathology for six months, beginning January 1;

Dr. William R. Merrington a Clinical and Research Fellow in Surgery from February 1 through September 30;

Dr. Edward C. Porter a Clinical Fellow in Radiology for the period July 1, 1950 through June 30, 1951;

Dr. Albert E. Smith a Clinical Fellow in Psychiatry, as of December 14, 1949;

Dr. Bernard G. Stall, III a Clinical Fellow in Medicine for the month of January, to work in the Staff Clinic;

Dr. Ruth Stauffer a Clinical Fellow in Neuropathology for six months, beginning January 1.

OFFICIAL NOTICE

At the meeting of the General Executive Committee held on December 28, 1949, the Committee approved the report of the Pharmacy Committee, listing the following drugs which should *not* be administered parenterally by nurses:

Acetyl-beta-methylcholine (Mecholyl) chloride and bromide
Carbaminylcholine chloride (Doryl)
Digitoxin
Furmethide
Histamine and compounds
Mercuzanthin
Metrazol
Paraldehyde (except on Psychiatric Service)
Penicillin in oil and wax
Picrotoxin
Protoveratrine
Quinine salts
Salyrgan-theophyllin
Sulfonamide salts
Tetra-ethyl ammonium chloride (Etamon)
Urecholine
Any preparation which has not been issued by the M.G.H. Pharmacy

No limit has been set as to the volume of solution or suspension which may be administered. If the volume is believed by the nurse to be excessive for a given patient, the doctor writing the order should be consulted.

Dean A. Clark, M.D.,
General Director

Research workers at the Massachusetts General Hospital are well acquainted with the shortage of laboratory space. Every time a department head has had expansive ideas, he has been pulled up short by the impossibility of squeezing another man, woman, mouse, or guinea pig into his existing quarters, and demands for more room have been met at the Director's Office with shrugged shoulders. The squeeze has become increasingly acute with the growth of research activities of the hospital in the past three decades.

In 1896, the present Pathology Building was completed, which seemed to solve the problem at that time. But, as early as 1917, the administration had to agree to new laboratories in the east wing of the Bulfinch Building. Again, in the early 20's, a great hue and cry was raised for more room, and consequently the surgeons were given research space in the west wing in 1922, and a large addition to the Bulfinch, providing more medical laboratories, was built in 1925. With the opening of the White Building in 1939, an entire floor was devoted to research laboratories and offices; and in 1942, with the transfer of the Huntington Memorial to the M.G.H., two floors of the Domestic Building were taken over.

As a result of the reorganization of the Children's Medical Services and the extension of the teaching and research activities in this area, the Bradlee Ward soon proved to be inadequate—not only for the housing of patients for this service, but also for the rapidly-expanding research program. However, the opening of the Burnham Memorial early in 1948 provided new quarters for research, as well as modern clinical facilities for the Children's Medical Service.

At the end of World War II, there was a general feeling that something had to be done immediately about the overcrowding in the Bulfinch, the Huntington, and the Pathology Building. A committee of the staff was appointed by the Trustees to investigate the whole problem, and in the summer of 1946 their report convinced the Trustees of the necessity of a new Medical Research Building. The Trustees and staff Building Committee agreed to a plan which involved the demolition of the Pathology Laboratory and the Allen Street Building, as well as the old Power Plant, and the construction of a new building on this site.

On August 1, 1946, this plan was announced in the press and the search for building funds was begun. The goal, based on estimates of the architects, was set at $2,000,000. A few thousand dollars were contributed to the fund that autumn, but no formal drive was planned until 1948. January of 1947 found the hospital faced with a precarious situation concerning fluid capital funds, caused by increased operating costs. Consequently, the Trustees felt that they should devote all their efforts for the year to raising unrestricted capital to replace the amount spent on operating deficits for the period since the war. Thus, it was not until the spring of 1948 that the plans for the Research Building were taken out of the closet, dusted off, and put once again on the Trustees' table.

In January of that year the Committee on Research completed a detailed study entitled "A Cancer Hospital within the framework of a General Hospital", which showed in detail—department by department—what was being done about cancer research, teaching, and control at the M.G.H. This was made the basis of an application to the National Cancer Institute of the U.S. Public Health Service for a construction grant, and in June 1948 a grant of $700,000 for the building of new cancer laboratories was approved by Congress on the recommendation of the National Cancer Advisory Council and the Surgeon General. At about the same time, the Hyams Fund of Boston made a very generous grant of $100,000 for the construction of permanent laboratories on the fifth and sixth floors of the Domestic Building, which were to connect with the new building on Allen Street.

In the autumn of 1948, the plans for the new building were reviewed again, with attention being paid particularly to the need for reconnecting the electric and steam conduits and for erecting new shipping and service platforms for the stores of the hospital, as a result of the dislocation which would be caused by the new building. Revised estimates presented to the Building Committee indicated that the new Research Building, at the prevailing building prices, would cost at least $2,750,000. With this as a goal, a public drive was initiated in December for the required balance of $1,950,000.

At the same time, another application was prepared for the National Heart Institute of the U.S. Public Health Service, and in September of last year, on the recommendation of the National Heart Advisory Council and the Surgeon General, a grant of $485,000 for the construction of cardiovascular and gerontology laboratories was made available to us by the 81st Congress.

Meanwhile, the public response to our drive was rather discouraging, and the architects and engineers kept presenting more and more complications to a building on the Allen Street site. In order to accommodate all of Pathology, the Huntington, and the routine laboratories, as well as to provide new space for expansion in the basic sciences and for new quarters for cardiovascular and arthritis research the Trustees saw a bill for more than $3,000,000 coming their way. At the same time, there was some urgency to start construction in order to take advantage of the money already appropriated by Congress. So, after considerable thought and discussion by the Trustees, the General Executive Committee, the Research Committee, and the Building Committee, it was decided to change the building site. The location finally decided upon extends from the corner of Allen and Blossom Streets, where the Resident Physician's House has stood, south to the Gate Lodge. The Resident Physician's House is not to be torn down, as was previously reported. Instead, it is being moved to another location, just south of the Lodge.

The Trustees authorized the preparation of plans for this new building in July, and the tempo of the public drive was stepped up in December of 1949. On January 1, 1950, we had in pledges and cash on hand a total of $1,185,000 from two grants of the U.S. Public Health Service and $923,000 from the local drive, making a total of $2,108,000. Ground was broken on December 30, even though the fund was still short of the total which the Trustees had hoped to raise.

In accordance with the policy recently adopted with respect to 1950 for all Red Feather Agencies, we shall not conduct a fund-raising campaign this year, but we have faith that some people within the Community Fund area, and many outside, will wish to be sure that this Research Building is adequately equipped and hence that funds for this purpose will be forthcoming.

When finished, this building will provide 30,000 square feet of new laboratory space. One floor will be devoted to cardiac research, two floors for the cancer laboratories of Huntington, one floor for the basic sciences—particularly enzymology, and one for arthritis research. Animal farms will occupy the sixth floor, and the basement will be occupied by supply rooms, hot laboratories, and special heavy equipment.

Recognizing, as we must, the current importance of degenerative disease as a community problem, the hospital—with this building—should be in a position to make an aggressive attack in the second half of the 20th century upon diseases that fall within this general area. At the same time, more space will be available in the existing plant for routine laboratories of the hospital.

D. C. C.

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On December 15, 1949, M.G.H. inaugurated a Credit and Collection Department, under Miss Frances M. Hernan as Credit Manager.

In general, the duties of the Credit and Collection Department are to take over and to follow the accounts of patients who leave the hospital with unpaid balances. Miss Hernan will interview such patients at the time of their departure, make arrangements with them as to the amounts and times of payments on account, and follow the accounts with such statements and correspondence as may be necessary. Her office, for the time being, is a room opening from the main corridor of the White Building, opposite the Cashier's Office.

While we were talking with Miss Hernan about her new duties the other day, she outlined briefly the developments in the Accounting Office which have taken place during her tenure as Chief of the Department, and for which she was largely, if not entirely, responsible. She said that when she first came to the hospital, all accounts were kept by hand, in cashiers' ledgers. It was under her direction that the machine system was installed, to be followed by the present IBM (International Business Machines, if you need to have those letters deciphered—as we did). Miss Hernan also instituted the GI program here at the hospital, and is responsible for setting up and carrying out the High School program of "earn while you learn" for senior high school honor pupils, who may come to the hospital Accounting Department for two hours' instruction a day.

Miss Hernan is particularly well fitted for her new position, due to her highly specialized training and experience with all branches of accounting, and to her complete familiarity with MGH policies and procedures gained during her several years as Chief of our Accounting Department. In addition, she tells us this new work is something she thoroughly enjoys.

Outside the hospital, Miss Hernan has been a Director-at-Large of the American Association of Hospital Accountants, Vice-President of the Boston Chapter of the National Retail Credit Men's Association, and was the first woman to be elected Chairman of the International Consumer Credit Convention.

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On January 5, Dr. Dean A. Clark sent the following letter to all members of the MGH Staff:

The attached letter is being sent to all Town and City Boards of Public Welfare in Massachusetts in order to clarify the Hospital's policy with regard to payment of cost for Public Assistance recipients.

Since 1946, our published charges for services in both wards and Out-Patient Department have been set as nearly as possible at true cost. The Trustees feel that Public Welfare agencies should be expected to meet these charges for their legally accepted clients just as they do the costs of food, clothing, and shelter for these clients. Charitable funds of the Hospital, it is felt, should be used principally to assist persons who are not clients of any Public Welfare agency but who are nevertheless unable to pay the cost of the hospital care they require.

It is of great importance that all members of the Staff keep these policies in mind in recommending patients for admission either to the Out-Patient Department or to the Hospital Wards. In the past, misunderstandings have arisen because Staff Members have informed patients that they would be admitted to the Hospital or Out-Patient Department, without realizing that they might be refused because of general admitting policies. This has caused embarrassment which we hope to avoid by making these policies clear to all Staff Members.

If any questions occur to you after reading the letter, I should be glad to give you further information.

This is a copy of the enclosed letter:

To Boards of Public Welfare
Gentlemen:

This is in further reference to Dr. N. W. Faxon's letter of August 23, 1949, in which the general policy of the Massachusetts General Hospital with respect to charges for patients who are clients of Public Welfare Agencies was outlined. At the request of State Commissioner of Welfare Tompkins, the Hospital wishes further to clarify this policy.

The Hospital desires to make certain that its unusual range of facilities and services is available to all whose medical problems require the special types of care it is equipped to provide. We wish to make it unmistakably clear that no person will be refused admission whose medical problem is such as to require treatment here. As stated in our letter of August 23, emergency cases arriving here as a result of accident or of illness so sudden and severe that time does not permit arrangements in advance will always be admitted without regard to financial circumstances. Consideration will also be given to such cases by advance arrangement when they are in danger of death or serious impairment and require special treatment of a type that this Hospital is qualified to render.

Our general policy also allows for consideration of patients who have previously been in the Hospital for the same condition or who have been under treatment in our Out-Patient Department for a considerable period of time, who in effect no longer have any family physician other than our Out-Patient Department, and for whom hospitalization as an in-patient is an incidental part of the long-term management of the case.

While payment of full cost will be expected in all such cases, emergency or otherwise. under all circumstances the medical needs of the patient will continue to be our first concern.

Welfare Board clients who are not emergency cases or whose conditions can be treated equally well at another hospital or clinic, however, cannot be admitted either as in-patients or out-patients unless the agency agrees to pay the full cost of their care.

It is our hope that this clarification of our policy will assist Boards of Public Welfare in counselling physicians as to the type of patient for whom the Boards will authorize payment for care at this Hospital.

I should welcome suggestions from Welfare Officers and others interested as to the most effective methods for the application of our general policy and would be glad to discuss this entire matter personally with any of you who might wish a conference.

Sincerely yours,
Dean A. Clark, M.D.,
General Director

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The Medical Art Department, in planning the Christmas card display, discovered so much hidden talent in the hospital that we decided to have a series of one-man shows in the Brick Corridor during the winter and spring.

It is impossible to include in this first showing all the members of the hospital family who have creative ability along artistic lines. However, if this year's exhibits are successful, we shall plan a second series for next year.

Here is the schedule for the first shows. We hope you will enjoy them.

Jan. 14-27	Simeon Gagne, Maintenance Dept.
Feb. 1-10	Dr. Ernest Craige
Feb. 20-28	Dr. Robert J. Joplin
Mar. 1-18	Dr. J. Dellinger Barney
Mar. 18-31	J. Jones, Housekeeping Dept. - Photography
Apr. 1-15	Dr. Grantley W. Taylor
Apr. 15-29	Dr. Somers H. Sturgis
May 6-12	Dr. Armin Klein
May 6-20	Miss Anna M. Viden, Nursing Dept.
May 20-30	Dr. James Howard Means
June 3-17	Dr. Richard C. Webster, Jr.
June 19-30	Miss Gabrielle Bouvier, Photographic Lab.

⁂

Alumni of all departments of the hospital will realize the loss occasioned by the resignation of Miss Edith E. Parris on December first, to accept an editorial position at the National Institute of Health.

Miss Parris started as stenographic assistant to Miss Florence Painter when the latter edited the Case Records under Dr. Richard Cabot's direction. She transferred to the Pathology Laboratory a few years later, learned histologic technique under Miss Lillian Leavitt at the Mallory Institute of the Boston City Hospital and became chief technician and administrative secretary of the laboratory. Many generations of interns and residents will remember her as the person who always knew the answers to any laboratory problem, who was never too busy to find a mislaid report, to check a possible error, or to correct misunderstandings. Throughout the years she continued to devote a significant portion of her time to the Case Records, gradually assuming more and more of the editorial responsibility and eventually becoming their Assistant Editor. Much of their success is due to the liveliness and spontaneity of the recorded discussions which she fought unremittingly to preserve, in the face of an often discouragingly inappreciative editorial policy in the Journal's office.

Recognition of her editorial ability directly led to the offer—too good to be refused—of the Managing Editorship of the *Journal of the National Cancer Institute* at Bethesda, Maryland. The best wishes of her innumerable friends in the Massachusetts General Hospital population follow her to her new position.

T. B. M.

Brief bits:—

Dr. Henry K. Beecher, Chief of our Anesthesia Service, is to give the E. Starr Judd Lecture in Minneapolis on February 16. His subject will be "Research and growth in the field of Anesthesia".

An article by Dr. Edward B. Benedict, Endoscopist on our staff, entitled "The differential diagnosis of benign and malignant lesions of the stomach by means of the flexible operating gastroscope" will be published in the February issue of *Gastroenterology*. Dr. Benedict and Dr. I. R. Jankelson discussed the paper entitled "Gastritis, with special reference to complicating hemorrhage" by Drs. N. Zamcheck (*P* 1943) and T. C. Chalmers, at the Dowling Amphitheatre Discussion at Boston City Hospital on December 9.

Dr. Benjamin Castleman, Pathologist at M.G.H., was one of the guest speakers and conducted a Clinico-pathological Conference at the Annual Fall Conference of the Medical Society of the Seventh Congressional District of Louisiana, held at Lake Charles. Dr. Castleman says, "It is always gratifying to realize how popular the Cabot Case Records of the M.G.H. are, all over the country." As Chairman of the Northeastern Section of the College of American Pathologists, Dr. Castleman presided at the recent meeting of the organization, held in New York City.

A new textbook, *Essential Urology,* by Dr. Fletcher H. Colby, Chief of our Urology Service, has just been published by the Williams and Wilkins Company.

The Dermatology Department announces a recent visitor—Dr. Margaret H. Hardy, from the Strangeways Laboratory in Cambridge, England. Dr. Hardy gave a lecture to members of the Department of Medicine and the Department of Dermatology on "The histochemistry of the hair follicle". Dr. Hardy also participated in a seminar on the same subject in the Department of Anatomy at the Harvard Medical School.

Dr. Francis R. Dieuaide, Scientific Director of the Life Insurance Medical Research Fund, New York City, was a visitor in the Dermatology Department in December. While here, he discussed with members of the house staff and graduate students in the department, the place of research in the training of a clinician. Dr. Dieuaide was formerly Clinical Professor of Medicine in the Harvard Medical School and Physician at M.G.H. At one time he was Chief of our South Medical Clinic.

The office of the Gynecology Service has been moved from White 3A to Vincent 2. It now occupies the former Visitors' Room on that floor.

Dr. Tracy B. Mallory, Chief of our Pathology and Bacteriology Department, was one of the guest speakers at the Joint Meeting of the Southwestern Region of the College of American Pathologists and the California Society of Pathologists, held in San Francisco on December 3 and 4. He also conducted a Slide Conference under the auspices of the California Cancer Commission.

Dr. Arthur A. Thibodeau (*res. fel. Or. S*) announces the removal of his office for the practice of Orthopedic Surgery to the New England Center Hospital, 30 Bennet St., Boston, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

Just before he left for Europe, Dr. Faxon asked your editor to publish this letter of thanks from him to the Eye and Ear Infirmary for their gifts. He said he knew of no other way to reach everybody he wanted to thank. Here is his letter:

> The clock strikes "Eight Bells" and each stroke brings grateful memories of the friendship and generosity of the Staff and Employees of the Eye and Ear Infirmary. Words are but empty thanks, and yet it is only in this way that I can convey to you my gratitude for your gifts.
>
> The Infirmary has always radiated a friendly atmosphere, and all who have come within its influence forever retain an affection for it and those connected with it.
>
> During many years we have learned to do without much that we desired and yet to do the day's work well. It is comforting to know as I leave the Infirmary that, thanks to the energy of the Managers and Staff, the new operating rooms and private floors will soon be completed, to fill a long-felt need.
>
> With Dr. Osler, I hope that I can learn "to bear the affection of my friends without pride", and yet each "bell" of your clock will remind me, through the years to come, of what the Eye and Ear has meant and will always mean to me.
>
> Thank you, one and all, for the clock and the other gifts.
>
> Sincerely,
>
> **Nathaniel W. Faxon**

The Aniseikonic Clinic, founded at the Infirmary in February 1942 for the study and treatment of unequal image and under the direction of Dr. Mahlon T. Easton, will be discontinued for the present and all patients will be referred to Dr. Easton's offices where he will continue his study.

Dr. David G. Cogan, Director of the Howe Laboratory, announced that current investigations in the Laboratory include an Atomic Energy Commission Contract to study "The determination of the cataract togenic and morphology of cataracts".

On recommendation of the Board of Surgeons and the Executive Committee, the Board of Managers announced the following promotions on the Oto-Laryngological Staff: Dr. Josiah E. Quincy and Dr. J. Charles Drooker from Assistant Surgeons to Associate Surgeons; Dr. Frank R. Shlossberg, Dr. Aram Roopenian, and Dr. Calvin M. Cerrato from Clinical Assistants to Assistant Surgeons.

Dr. William L. Smith completed his residency in Ophthalmology on January 31, and will take up his duties at the U.S. Naval Hospital at St. Albans, Long Island, where he will be in charge of Ophthalmology. Dr. Smith holds the rank of Lieutenant Commander, USN, in the Medical Corps.

Dr. Joao Cruz Guimaraes (*Oto-Lar.* 1946) of Rio, Brazil, was a recent visitor at the Infirmary. Dr. Guimaraes plans to study in New York City under Dr. Julius Lempert.

BIOGLET

Dr. Chiu-chen Wang, Assistant Resident in Radiology—born in Canton, China, 1922; Lingnan University, 1940-41; M.B. and B.S., National Kwei-yang Medical College, 1941-47; Intern, Canton Hospital, Canton, China, 1947-48; Medical Resident, Canton Hospital, 1948—June 1949; Medical Intern, University Hospital of the Good Shepherd, Syracuse, N. Y., July 1949—December 1949; brother—Chiu-an Wang (*WS* 1944).

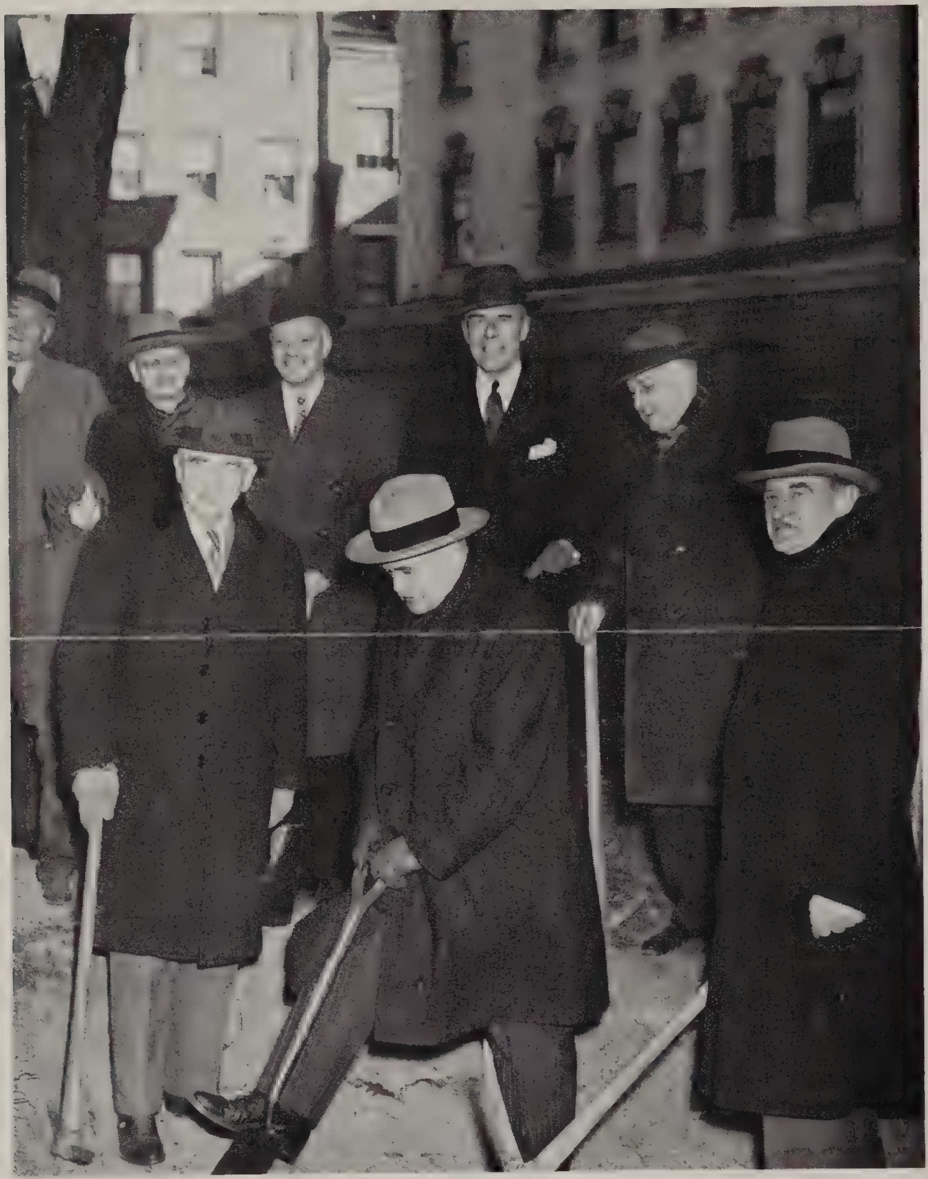
To all newly-arrived House Staff and Fellows:

If you have a wife, and she has not yet received an invitation to the Distaff Club (an organization made up of the wives of MGH and E&E House Staff and Fellows), please ask her to phone Enis Martin, our File Secretary—TR 6-6593, or drop her a card—250 Brattle St., Cambridge, Mass., giving name, address, telephone number, and your service. Your wife will be cordially welcomed to our group.

The Distaff Club held its January meeting in the Nursing Supervisors' dining room at the hospital. New officers elected for 1950 are: President—Sue Davis, whose husband Jim is in Surgery (Sue is out-of-town; we hope she'll accept the office); Vice-President—Dorothy Nielsen, whose husband Tam is in Surgery; Filing Secretary—Enis Martin, whose husband Jim is in Anesthesia; Treasurer—Pearl West, whose husband Don is in Surgery. Kitty Morgan, Corresponding Secretary, will continue in office until June 1950.

Several Distaff members, representing different localities, will function as a Housing Committee, under the chairmanship of Rita Barnes, whose husband is in Surgery. Please notify Rita—126 Myrtle St., Boston, or telephone LA 3-7573—about housing needs and vacancies.

The Ladies' Visiting Committee has graciously invited all Distaff members and their husbands who have already been guests at one of the Monday teas in the



Breaking ground for the new Research Building, December 30, 1949, with some of the Trustees and Staff, the Architect, and a Construction Representative taking part

Front row: Mr. Phillips Ketchum, Mr. Ralph Lowell, and Mr. Henry R. Shepley
Back row: Mr. William H. Nye, Dr. Charles L. Clay, Dr. Dean A. Clark, Mr. Francis C. Gray, and Mr. John R. Macomber, with Dr. Clark's son as an interested spectator

Medical Staff Room in the Bulfinch Building to feel free to drop in for a cup of tea any Monday between 4:30 and 6:15, without specific invitation. And *do* ask your husbands to bring a couple of unmarried doctors along with them.

The February meeting will be held Wednesday, the 8th, at 7:30, in the Nursing Supervisors' dining room. Chairman of the Hostess Committee is Mary Sweet, whose husband Paul is a dentist. For information regarding the meeting, phone Mary at RI 2-0693.

We take no pleasure in publishing this letter from Mrs. William M. Horner, for it announces her resignation as Health Supervisor of Staff and Personnel. Mrs. Horner has been a real friend to countless numbers of our hospital family, and her departure is regretted by all of us. Her note says:

> At long last I have found it necessary to send Miss Sleeper my resignation from the Staff Clinic. As I had expected to work for the "duration", only, it is really time for me to become a "full-time domestic" again. My family are delighted with the decision.
>
> I miss all my associates at the General more than I can say. All my relationships there seemed so personal that my leaving has resulted in a really big hole. However, my daughter is now home from college and is very happy doing chemistry for H.M.S. at the Thorndike Laboratory.
>
> I shall look forward to seeing you all when I drop in to call.

We always experience a special degree of appreciation when we receive a "first" letter from any of our MGH family. This one, from Dr. Walter S. McClellan (*WM* 1925), is a good illustration of a most engaging letter from one who felt he had nothing of interest to say. We wish we might look forward to equally "uninteresting" ones from many more of our alumni.

Dr. McClellan writes:

> I have been receiving The News during the war and since, and it has given me pleasure to read the interesting letters which have come to you from all parts of the world. I, personally, am unable to write you any interesting travel letter, as I have been located in the same place for nearly twenty years. The only variation on that, with reference to world-wide conditions, was service in the Medical Emergency Program of Civilian Defense. The seriousness with which this program was carried through during the early war years indicated without question the tenor and thought of the people, particularly on the eastern seaboard. Many of your readers will recall tense days when it was thought possible for enemy craft to actually attack the seaboard. In attempting to practise the art of Civilian Defense it was necessary to travel under dangerous conditions at night, and some of the incidents which were established for the training of medical and other emergency personnel now actually appear really dangerous. There is no question but that this great movement had its place and rendered a great deal of reassurance to the inhabitants. It is possible that more of this program should be developed at the present time.
>
> As I mentioned above, I have been in my present position since 1931, when I came to Saratoga Springs to assume the medical direction of the development of the Saratoga Spa. This has been an interesting period, associated at times with disappointment because of lack of progress, and at other times with pleasure because of apparent progress. The spas of our country can provide an important medical service, particularly for patients suffering from chronic medical conditions. They will, no doubt, play a greater part in the whole field of general rehabilitation as the years go on.
>
> I realize this is no particular news note for publication, but I send it for what it may be worth to you.

* * *

New addresses:—

Dr. Mahlon T. Easton (*Oph.* 1936), 1180 Beacon St., Brookline 46, Mass.

Dr. Champ Lyons (*WS* 1933), Department of Surgery, Medical College of Alabama, 620 South 20th St., Birmingham 5, Ala.

* * *

A party, honoring Mrs. Grace W. Myers, Librarian Emeritus of Treadwell Library and of the Medical Records at M.G.H., took place on November 14. It was the occasion of Mrs. Myers's ninetieth birthday, and her hostess, Mrs. Anthony, very kindly arranged for an "At Home" for her. Dr. and Mrs. Chester M. Jones, Dr. and Mrs. T. Stewart Hamilton, Miss Sally Johnson, Miss Alvira B. Stevens, Miss Ida M. Cannon, Miss Isobel V. Duguid, and others came to pay their respects to this remarkable little lady. Birthday letters arrived from Drs. W. Jason Mixter, Elliott P. Joslin, F. Gorham Brigham, and Henry R. Viets. There were many telephone messages and flowers, and the birthday cake was in evidence, with ice cream to keep it company. Altogether, it was a very festive occasion, and Mrs. Myers was delighted that so many of her old friends remembered her.

Along with our own belated but sincere congratulations to Mrs. Myers, we wish to recommend to you all her delightful *Autobiography,* recently published. It is a small volume, but it contains accounts of many interesting and amusing experiences from her long and active life. If you have not known Mrs. Myers personally, you will understand why we called her a "remarkable little lady" when you have finished reading her latest book.

THE NEWS

No. 88 Boston, Mass March 1950

OTO-LARYNGOLOGY DEPARTMENT AFFAIRS

This department was probably the most seriously displaced of all, this year, by the beginnings of the much-needed reconstruction of the Infirmary. However, in spite of having to face temporary operating rooms in the Out-Patient Department, as well as the placing of children in the Burnham Building and private patients on the fifth floor of Baker, there were but few complaints and the workings of the department, although handicapped, ran smoothly.

Expanding laboratory facilities—On the credit side for 1949 may be listed, first, the Bacteriological Laboratory. The great advance of the sulfonamides and the antibiotics made good bacteriology a *must*. With Miss Mangiaracine as Bacteriologist, our laboratory is our pride and the envy of the associated hospitals. More than ever, the past year has demonstrated many times the importance of determining the sensitivity of organisms in the selection of the proper antibiotic.

For the past year, all chemical and tissue work has been done in our own Mosher Laboratory, with consultation service being rendered by the Massachusetts General Hospital. The Laboratory Resident spends three months in the laboratory. His duties are to be present at the operation, obtain the specimen, and follow it through to the final diagnosis. It is his duty, also, to see that the laboratory report reaches the patient's record. In addition, he attends the lectures and the afternoon classes at the Medical School during the postgraduate course.

Dr. Werner Mueller has made the laboratory function smoothly, while Miss Dorothy Linden, whose work continues to be of the highest quality, is now Laboratory Technician and devotes part of her time to research problems. For example, one of the causes of congenital deafness is German measles in the early months of pregnancy; two embryos from mothers with German measles have been sectioned and the internal ears studied.

Dr. George Keleman, continuing his study of the nasal cavities of laboratory animals, completed his work on rats and guinea pigs and will soon start on rabbits. Dr. Moses H. Lurie, in his study of deafness, is working on an evaluation of the effect of streptomycin on the organ of hearing.

Effectiveness of combined clinic—The wisdom of combining the Ear and Nose and Throat Clinics is yearly becoming more and more self-evident. The problems involving the ear are inseparable from those of the nose and throat. Delays encountered in referring an ear case from the Nose and Throat Clinic to the Ear Clinic and *vice versa* are avoided, while the patient is saved the time and cost of another referral. One physician handles the entire problem, just as he is expected to do in private practice.

As far as possible, the attending Oto-Laryngologist sees his own patients at each visit, so that he can more accurately judge the effectiveness of his treatment and follow the progress of the patient.

The Winthrop Foundation and the Clinic for the Deaf—The work of rehabilitation for the hard-of-hearing patient, begun as far back as 1940 and today financed in part through the generous interest of Mr. Frederic Winthrop, continued under the direction of Dr. Philip E. Meltzer, who has been relieved of his other duties and assigned as Surgeon in charge of the Winthrop Foundation and the Clinic for the Deaf since 1945. Dr. Bernard Zonderman is the newest member of the medical staff, working with Dr. Meltzer. In addition to the careful selection of cases for the fenestration operation and the exact evaluation of results, the education of preschool deaf children has been the biggest challenge in this work.

With all handicapped children there has always been an attempt to overcome the handicap by education. This, perhaps, is even more true with the deaf child, because it is essential for him to have certain types of training in order for him to be able to communicate with others. He, therefore, is apt to experience formal teaching much earlier than some other handicapped children, starting with speech and lip reading at age 3 and entering schools for the deaf at 4.

The present facilities for service to the deaf are: a) Diagnostic and treatment service geared to the deaf child; b) Psychometric testing, adapted to the handicap of deafness; c) Rehabilitation.

Speech and auditory training, which is given on an individual basis in the afternoon by three speech teachers trained in schools for the deaf, take individual children by special appointment. Until this year, this was the only speech training service offered to the hard-of-hearing child in Massachusetts outside of schools for the deaf.

Cancer rehabilitation — The loss of the larynx used to be considered a major tragedy, but today the surgeon's duty to the patient does not end with his surgery. For the past ten years, we have endeavored to rehabilitate the patient by teaching him to talk again, and for some years we have taught the so-called esophageal voice method of sound production. Our first instructor, Mr. Willard White, himself a laryngectomized patient, is now with the National Hospital for Speech Disorders in New York.

Five years ago, Mrs. Mary E. Doehler was unfortunate in having to undergo a laryngectomy for cancer of the larynx. Aided by her experience as a teacher, she soon became proficient in speaking again. Through a grant from the Massachusetts Division of the American Cancer Society, she devoted all her time this past year to teaching esophageal voice classes. Her pupils numbered 51, and came from all over the United States. Most of these patients do learn to talk again and are able to return to their former jobs.

LeRoy A. Schall, M.D.,
Chief of Oto-Laryngology

This is the time of year when the newest member of the MGH family starts preening herself for her annual theatre party. This will be the 58th year that The Vincent Club has put on a show to raise funds for the Vincent Memorial Hospital.

The Show, "Tonight at 8:30", will be held at New England Mutual Hall, where tickets will go on public sale March 13. You will find ticket applications and posters strategically located round the M.G.H. Prices range from $1.20 to $3.60, tax included. The Show opens Tuesday evening, March 28, and runs through Saturday evening, April 1. There will be a matinee on Saturday at 2:30.

Do plan to save one evening during the last week of March for the Vincent Show. You will be helping out a member of the hospital family and, incidentally, will have a lot of fun doing it.

The Board of Trustees, at their meetings on January 6 and 20, voted:

To accept with regret the resignation of Dr. Carl S. Sawyer from the position of Assistant in Dermatology;

To award Dr. Charles H. DuToit a Dalton Scholarship of $1,000 for the period Jan-

uary 1 through June 30, to do original investigation in the Thyroid Clinic;
To establish a new position, to be known as Assistant in Physical Medicine, and to appoint Dr. Thomas L. DeLorme to that position immediately;
That Dr. Earl G. Solomon's appointment on the Psychiatric Service shall be that of Resident rather than Assistant Resident, as of January 1.

To appoint:

Dr. Benjamin R. Clanton as Exchange Assistant Resident on the Children's Medical Service for the month of January;
Miss Dorothea B. Jones as Administrative Intern, beginning January 16;
Dr. David Kahn as First Assistant Resident in Pathology, beginning January 1;
Dr. Paul M. G. St. Aubin as Assistant Resident in Radiology, as of January 1, 1951;
Dr. Wilbur A. Thomas as First Assistant Resident in Pathology, beginning July 1;
Dr. Robert H. Walker as Second Assistant Resident in Pathology for one year, beginning July 1.

At their meetings on November 16 and 30, and January 11, 18, and 25, the General Executive Committee voted to appoint:

Dr. Bernard Bandler a Research Fellow in Psychiatry for six months, beginning February 1;
Dr. Joseph A. Boyd a Clinical Fellow in Radiology, beginning February 1;
Dr. Raymond Daley a Clinical and Research Fellow in Medicine for one year, beginning November 22, 1949;
Dr. John Dawson a Research and Clinical Fellow in Medicine, to work with Dr. Albright;
Dr. William Hander a Resident in Anesthesia for the month of March;
Dr. Rita M. Kelley a Clinical and Research Fellow in Medicine, as of November 1, 1949, to work with Dr. Aub;
Dr. Marie Lorenz a Clinical and Research Fellow in Psychiatry for one year, beginning July 1;
Dr. Arthur F. O'Keeffe a Clinical and Research Fellow in Surgery, from February 1 through June 30;
Dr. Richard J. Palmer a Clinical Assistant, assigned to Physical Medicine, from January 5 through April 30;
Dr. Gardner C. Quarton a Clinical and Research Fellow in Psychiatry, from July 1, 1950 through June 30, 1951;
Dr. David Stafford-Clark a Clinical Fellow in Psychiatry for six months, beginning January 1;
Dr. Eero H. Valanne a Clinical Fellow in Psychiatry, from February 1 through July 31.

The General Executive Committee also voted that Dr. Thornton Brown be authorized to act as Dr. Joseph S. Barr's assistant in the care of his Baker Memorial and Phillips House patients.

* * *

As is our custom when persons who are not subscribers are mentioned in THE NEWS, copies of the two issues containing the accounts of Sir Richard Fairey's visit as a patient at M.G.H. were sent to him. Immediately, by air mail, came his letter of thanks, with this final paragraph:

> I have always in mind not only the great skill that was brought to bear in my treatment at the Massachusetts General Hospital, but the unstinted kindness I received from all concerned.

* * *

PSYCHIATRIC OUT-PATIENT CLINIC

The Psychiatric Clinic was started in 1930 as a child guidance unit and part of the Neurological Clinic. It was staffed by members of the McLean Hospital Staff. Miss Sarah Evarts was the psychiatric social worker.

In 1934, when Dr. Cobb organized the Psychiatric Service, the clinic graduated from infancy and became an adult with its own name plate. Instead of being a part of the Neurological Clinic, having appointments in the morning, it became an important part of the Psychiatric Service to which patients came in the afternoon. The first chief was Dr. Frank Fremont-Smith. When he left to work for the Josiah Macy Foundation he was succeeded by Dr. Maurice Fremont-Smith. Miss Evarts was the chief psychiatric social worker until her death in 1939. Miss Dorothy Clark has been the clinic secretary since 1933. In 1938 Dr. Erich Lindemann became the chief and remained in this capacity until 1949 when he was succeeded by Dr. Henry H. Brewster.

While these changes in personnel have occurred, the number of staff psychiatrists working in the clinic has increased to about ten. Among the elders one thinks of Dr. Marianna Taylor and Dr. Vernon P. Williams. Many of the house staff do special work in the Out-Patient.

Child Psychiatry has been an activity of the clinic from the start. In 1934 Dr. Eleanor Pavenstedt was in charge of the Children's Division. The child psychiatrists who have worked in the clinic are Drs. Robert A. Young, Margaret R. Anthonisen, Florence Clothier, Lydia Dawes, Lucie J. Jessner, Marian Putnam, Gregory Rochlin, and Dorothy Macnaughton. In 1947 Child Psychiatry became a separate section of the Psychiatric Out-Patient Service under the leadership of Dr. Jessner, assisted by Dr. Samuel Kaplan and a group of clinical fellows.

Psychiatric Social Service has grown, under the successive leadership of Mrs. Louise Bandler, Mrs. Eunice F. Allan, and Miss Sylvia Perry, into a group of six full-time social workers, of whom half spend most of their time with the child psychiatry patients. This number has been gradually augmented by psychiatric social work graduate students who come for a year of training from Simmons College and Smith College School of Social Work.

The main function of the Psychiatric Clinic is service to the hospital. Since there is an endless number of patients with neurosis who might be referred from outside agencies and physicians, we have to make it a policy that the problems that arise in the wards of the hospital and in other departments of the Out-Patient Department are the first to receive our attention. We therefore have to be quite restricted in the number of outside references we are able to accept. We do not accept problems concerning feeble-mindedness, nor do we take in any patients with severe mental disorders who have behavior problems. These have to be looked after in the regular mental hospitals and cannot be treated on the Psychiatric Ward, because we have no license for the care of the so-called insane.

The patients we are most interested in treating are the psychosomatic problems, the anxiety states, hysteria, and reactive depressions.

Of late, the Psychiatric Clinic has received about 800 referrals a year, and there have been annually between 2,000 and 3,000 clinic visits made by the patients.

A further service to the hospital has been rendered by the participation of a member of the clinic staff in other clinics of the hospital. Dr. Lindemann worked for some time with Dr. Chester M. Jones in the Gastro-Intestinal Clinic, and from this activity developed his special interest in the subject of ulcerative colitis. Dr. Lindemann has also worked in the Adolescent Endocrine Clinic, where he has participated in a study of factors involving growth of nutritionally deficient children. Dr. Herbert Barry has worked in the Dermatology Clinic. Dr. Henry H. W. Miles works with patients with hypertension, and Dr. Cecil Mushatt has been a member of the Gastro-Intestinal Clinic. Dr. Harley C. Shands has worked with cancer patients.

The teaching function of the Psychiatric Clinic has always been a prominent one. Already mentioned are the students of psychiatric social work. In addition, there are the three four-year medical students who rotate through the clinic each month during the academic year and who receive instruction in the management of the neurotic patient, under the supervision of a senior staff psychiatrist. There are also clinical fellows, representing doctors and obtaining postgraduate psychiatric training, who treat patients in the clinic and receive individual instruction from a staff psychiatrist. The instruction of the psychiatric social workers is principally the function of the chief social worker and partly the function of the special conferences conducted by a staff psychiatrist.

In 1947 the teaching activity of the clinic was expanded to include students in clinical psychology from the Department of Social Relations at Harvard University. These students come for the purpose of observing and contributing to the methods of clinical diagnosis and clinical psychotherapeutic aims.

The final activity of the Psychiatric Clinic has been in the field of research. A constant subject of study for both psychiatrists and psychiatric social workers has been our methods of teaching. We are continually trying to better them and make them more intimate. The central idea is to give instruction in therapy, with close supervision. One of the results of Dr. Lindemann's work in the Gastro-Intestinal Clinic was his exposition of the psychiatric factors involved in ulcerative colitis, which followed on the heels of his investigation of normal and abnormal reactions to grief. Later, he participated in the study of emotional factors in nutritionally retarded children.

A survey was made by Dr. Avery D. Weisman of psychiatric factors in peptic ulcer. Dr. Miles has carefully examined patients with essential hypertension. Dr. Brewster's work on separation reaction has been the result of treatment of patients in the Psychiatric Clinic.

Henry H. Brewster, M.D.,
Head of Psychiatric Clinic

BIOGLET

Dr. Robert B. Dodd, Assistant Resident in Anesthesia — born in Fairbury, Nebraska, April 12, 1921; University of Chicago, 1939-40; University of Nebraska, 1941; M.D., University of Nebraska, 1945; Intern, Research and Educational Hospitals (University of Illinois), Chicago; U. S. Army: Fitzsimons General Hospital, Denver, Colorado, 1946-48; Anesthetist, Columbia Hospital, Milwaukee, Wisconsin, 1948-49; married, 1949.

An absence from the medical house staff for three or four years gives the returning resident a perspective that promotes an almost anthropological interest in the recent professional recruits.

The habitus of the race has not changed appreciably: they are still white-suited, pockets bulge with pretty old-fashioned paraphernalia, neckties of variegated description (the violent character of some is not a local phenomenon) still hold in approximation the gaping, unironed ends of hospital shirts that must have originated many generations ago, faces are still clean-shaven (save for the occasional adornment of the upper lip) — and yet there is a difference in general appearance due to the remarkable effect of the war in reducing the age of medical school graduates. In general, the present intern is no more than 24, and his resident (in the third year of his training) may be the same age. How can such immaturity be consonant with good medical practice? It's hard to explain, but the fact is that the practice of medicine on the wards is of a very high level. This youthful complexion won't continue, of course, for the oncoming group of fourth year students is made up of many men already in their 30's. Thus, the entertaining situation will soon appear in which an intern will be supervised almost entirely by men many years his junior.

The language of medicine has not changed, either, in its essential respects, but there has been a considerable shift in the particulars of it. Patients are no longer given digitalis, they are *digitalized.* That's not such a new expression, either, but patients are also *dicoumaralized, phlebotomized, dialyzed* (on the artificial kidney), *I-V'd, threaded* (proctoscoped), and *digitalized* (given a rectal exam).

The day-to-day behavior of these people presents no major innovations. They are usually to be found in the Nurses' Dining Room (the Doctors' Dining Room is open only at noon now) from 7:30 A.M. on. There is a small overlap with the surgeons, most of whom have fled prior to this hour. There is then a good deal of blood-letting in the half hour before the business rounds begin at 8:30. These early rounds represent a concentrate of quick reviews of individual patients, student teaching, and physical diagnosis in some instances. The last threatens to be reduced to such an extent that clinicians trained in the classical tradition would be shocked and dismayed. This decline of the stethoscope can be traced partly to Sosmanian influences which are responsible for a readiness to lean too heavily on laboratory procedures.

Following these rounds, and in the 1½ hour interim before the visit arrives, the laboratory has its field day. One of the house staff must be armed for an expedition to the X-ray Department, where he will pick up the previous day's films, have them interpreted, and hope to return in time for the visit. The rest of the staff (including one to three fourth year students) will busy themselves with urines and stools (which continue to be regarded with interest) and with blood counts and gastric analyses. In spite of such a catholic range of laboratory activities, all others dwindle in significance compared to the *eosinophile count.* The latter has a holy aura about it, and the gleam that comes into the enthusiast's eye can be compared only with his reaction to the blood *potassium.* Indeed, one finds that whatever morbid processes cannot be explained by an elevated serum potassium, can be explained by a depressed serum potassium. Or, in regard to the eosinophile count, whatever illness is not due to too much ACTH is due to too little ACTH. This great simplification in pathological physiology has superseded that in vogue four or five years ago which dealt largely with relations between the psyche and soma.

When the visit arrives at 11 A.M., chances are he will take up the new cases in some place remote from the ward (such as the lab), and that his actual physical presence on the ward will be of short duration. The informality of rounds results in a much easier give-and-take among students, house staff, and visit, but it also makes for a loss in the enforced orderliness of thought and presentation that came with the formality of the traditional type of ward rounds. One day a week the visit is partly given over to a conference with the social service worker responsible for the ward, and it is not uncommon to have a dietitian on rounds.

The spectrum of diseases represented by the patients on the ward is a very different one from that found even a few years ago. The average patient age is well-advanced, and there are astonishing numbers of patients with malignant disease or myocardial infection. The flurry of barbiturate poisonings of the war years has decreased to an occasional mild intoxication. The neurosurgical methods for solving general medical problems (i.e., sympathectomy for hypertension, vagectomy for duodenal ulcer) have been very much curtailed. On the other hand, the glorious choice of antibiotics now available has made medical men a little heady, but one hopes they will not often stoop to the shotgun tactics still practised here and there.

While the rounds are in progress, an aliquot of the house staff is assigned to the Out-Patient Department. With the expansion of the house and visiting staffs following the end of the war, and with the increase in clinic fees, the ratio of doctors to patients has been greatly increased, so that the hectic days when the desk resident saw 30 to 60 patients have quite vanished. It is a real loss, for now nowhere in the hospital is the house staff pushed so inexorably that they must make rapid, decisive judgments.

What happens to the house staff in the part of the day after the visit's rounds cannot have changed much in recent years, but there is a significant difference in their off-duty life. Many of them now have families, and even the attractions of the Savoy are not enough to tempt them from the hearth of home.

Robert L. Berg, M.D.,
Chief Resident in Medicine

The Distaff Club will meet in the Nursing Supervisors' Dining Room on Wednesday, March 8, at 8 P.M. If there are any new interns' or residents' wives whom we have not yet reached, we want them to know they will be heartily welcomed. Hazel Craige and Jean Stanbury will be hostesses, and the program is to be a surprise.

Revised election results have given the Distaff Club the following Executive Committee for the year: President, Pearl West; Vice-President, Dorothy Nielsen; Corresponding Secretary, Ena Stiff; File Secretary, Enis Martin; Treasurer, Ethel Wyngaarden.

* * *

New addresses:—

Dr. Arlington Bensel (*clin. fel. D*), 8 Bunny Circle, Newton, Mass.
Capt. William E. Eaton, MC, USN (*D* 1907), 1407 37th St. NW., Washington 7, D. C.
Dr. John S. Harter (*WS* 1935), 1010 Heyburn Bldg., Louisville, Ky.
Comdr. William J. James, MC, USN (*r. NS* 1949), U. S. Naval Hospital, St. Albans, N. Y.
Dr. Agustin L. Roque (*res. fel. P*), 14 Buswell St., Boston 15, Mass.
Dr. Carl S. Sawyer (*r.p. D* 1943), 41 Plymouth Road, East Providence 14, R. I.
Dr. Donald N. Sweeny, Jr. (*WS* 1941), Riverside Clinic, 8445 East Jefferson Ave., Detroit 14, Mich.
Dr. William J. Turtle (*assoc. p. CM*), 1180 Beacon St., Brookline 46, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

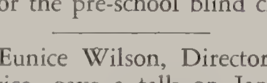
The Annual Meeting of the New England Oto-Laryngological Society was held at the Infirmary on February 15. The morning Clinical Meeting was presided over by Dr. LeRoy A. Schall, Chief of Oto-Laryngology; and Dr. Lyman G. Richards, Surgeon in Oto-Laryngology on the Infirmary staff and President of the Society, presided over the afternoon meeting, which included the following papers: "Arterio-venous aneurysm in the cavernous sinus", by Dr. Louis M. Freedman; "Cyst of the esophagus — Report of a case", by Dr. Morris Swartz; "Thyroglossal duct cysts", by Dr. N. Edward Nachlas; "Evaluation of surgery in the treatment of Ménière's syndrome", by Dr. Frank D. Lathrop; "Winthrop Foundation activities — Management of the pre-school deaf child", by Dr. Philip E. Meltzer, Dr. Donald K. Lewis, Miss Helen Patton, and Miss Madelaine Shipsey; "Resection of an unusually large tumor of the mandible and repair of the deformity", by Dr. Varaztad H. Kazanjian.

Dr. Frederic C. Merriam of the Howe Laboratory read a paper, "Synthesis of glutathione in the normal and cataractous lens", before the Association for Research in Ophthalmology at the Lenox Hill Hospital, New York City, on January 28. The paper was prepared by Dr. Merriam and Dr. V. Everett Kinsey.

Miss Pauline Moore, pre-school teacher in the Retrolental Fibroplasia Project, talked to the Harvard Class at Perkins Institution, February 18, on "Educational service for the pre-school blind child".

Mrs. Eunice Wilson, Director of Social Service, gave a talk on January 23 at the Monday Lunch Club. Her subject was "Casework services for pre-school children and their parents who have either a hearing or visual loss".

Dr. Donald Chickering, Fellow in Ophthalmic Pathology, has accepted a residency in Ophthalmology, to begin April 1 at the Lakeside Hospital, Cleveland, Ohio



Brief bits:—

Dr. Erwin C. Miller (*EM* 1926) has been elected Chief of the Medical Services at the Memorial Hospital of Worcester, Mass. Dr. Miller says they now have 300 beds at the Memorial, and several of the active staff are MGH alumni.

Dr. Judson A. Smith, Obstetrician on our staff, has returned from spending an annual vacation in Peru. He says he finds that Obstetrics in South America is vastly different from that in Boston.

Here is one of the most interesting letters we have ever published — that long-promised one from Dr. Russell T. Congdon (*WS* 1909). In his accompanying note Dr. Congdon says, "I am submitting this letter with the feeling that in my enthusiasm I have made it much too long." It seems to us that, far from having written too much, nothing could be more exciting than to sit down with Dr. Congdon and let him talk for an entire evening. What stories he could unfold! But here is his letter:

At the suggestion of the Editor of The News, I will tell you a little about the interesting things which have caught up with me since I left the Massachusetts General Hospital in 1909. To many of you that seems a long time ago, but the events and associations of those fruitful hospital years remain ever fresh in my memory. What a privilege it was to serve under such men as S. J. Mixter, Maurice Richardson, Franklin Balch, G. W. W. Brewster, Hugh Cabot, and others of that period! Neither do I forget Dr. Holmes in the X-ray Department, nor the brave Walter Dodd.

Coming west, I arrived in Seattle and found temporary work with the State Board of Health, which kept me busy until the time arrived for taking the state board examinations for license to practise. This work—investigating the causes of typhoid prevalence in irrigated districts — brought me to Wenatchee in October. My first impression was that it was a rather raw western town, but after a short stay I was so impressed with its prospects for development and the fine spirit of its citizens, that I decided to make it my home.

My first year's experiences were typically those of the horse and buggy period, with long drives to neighboring settlements, and emergency operations done in the home, on the kitchen or dining room table. There being no hospital in the town, arrangements were made to rent a suitably located room and to have a nurse made ready when occasion arose. The circumstances of our first operation in this room reminded me of the story of Ephraim McDowell. I had driven a team of western ponies twenty miles up river to see a rancher's wife. The husband, coming to town to summon me, said, "She is swollen up like a nine-months' pregnancy." Arriving at the home, it was apparent that she was suffering with an ovarian cyst with twisted pedicle. The husband would not give his consent for operation, but finally agreed to her coming to town for observation. She was brought down by river steamer and "hospitalized". Soon after arrival she made it plain that "she was the sufferer, not her man" and that she wished us to proceed with the operation without awaiting his consent. Next morning, just as the darkly cyanotic cyst was being delivered from the abdomen, the door opened and the husband entered the room! His words were, "Well, I guess she needed the operation."

One of the more distant emergencies took me down into the deep gorge of the Columbia, where the river is hemmed in by towering walls of basalt. The local doctor met me at the railroad station with his model T and we drove to the edge of the plateau above the river. From here we hiked down the trail to the lone settler's cabin on the bar. The patient, a young lad, had empyema, and since there was no way to move him, a rib resection was done in the little cabin room. This accomplished and the boy's condition satisfactory, I became interested in an array of stone-age implements, mortars, pestles, and other relics of early Indian habitation which the family had gathered. The Columbia is an ancient highway of the aboriginal races. Indian tribes had had their villages along its margins, and traces of these settlements remained. My interest in these early races was aroused and, as time passed, many week-end exploring trips were made along the great river. My older son, Russell, became an enthusiastic "archeologist" and companion on these explorations. We excavated many ancient burials, and the skeletons, well preserved in the dry sandy soil, began to tell us of the diseases and traumata which the braves and squaws endured. There were fractures of the skull and arm and leg bones, osteomyelitis, tuberculosis of the spine, and many cases of osteo-arthritis of the spine.

Most interesting to us was the occasional finding of a lumbar vertebra with a separated posterior arch, usually the fifth L. This condition had been described in orthopedic literature as fracture of the lamina (Russell Hibbs). In some of these spines with the separation of the arch, there was a definite spondylolisthesis. We collected quite a group of these defective spines and then, one day, discovery! Excavating a burial, we uncovered a beautiful specimen with not only the fifth lumbar presenting this separation of the posterior arch, but the two upper sacral segments also showed this defect! There before our eyes was perfect evidence that this defect was not a fracture, as was commonly accepted, but a congenital defect. Careful examination and comparison with our previously discovered specimens confirmed this view. That this same opinion had been reached by Willis of Western Reserve did not detract from our thrill of discovery, for we had overlooked his article. Thus, our interest in back lesions was stimulated. This early contact with bone lesions in tangible form made a strong impression on my sons, which carried through student days and has resulted in their having a special interest in orthopedic and fracture surgery.

As the increasing need for hospitals became apparent, public-spirited citizens got behind a movement initiated by the local profession, and hospital construction has kept pace with the growth of the community.

The variety of conditions and the number of unusual cases one is presented with, in a relatively small center, has been surprising. This has had a stimulating influence that has resulted in an enduring enthusiasm for the work. To illustrate, I will mention briefly a very few of the unusual cases. A boy of three years had complete absence of both tibia, with resulting inversion of the feet. The talipes was corrected by inserting grafts from the femora. Following this, there was some development of bone in the region of the tibial cartilages, but progressive increase in length of the leg did not occur. Following this boy to full manhood was a most interesting experience.

One year there was an "epidemic" of coin swallowing by infants — the coin, usually a penny or nickel, lodging in the esophagus near the level of the sternal notch. In one of these, the coin had become so imbedded after five days, that the throat specialist was unable to remove it with an esophagoscope operation was resorted to and the coin successfully removed. Dr. Cheever, in a very old report of the Boston City Hospital, describes a similar case. He states that the monetary recompense he received was the coin he removed. In that respect our case was an identical one. Many of these charity cases, however, pay big returns in interest and satisfaction. Since the war, my sons have been working with me, which, of course, is an added joy.

It has been a great pleasure to meet men from H.M.S. and M.G.H. from time to time. Attendance at medical meetings and an occasional trip back to Boston have made this possible. One summer, after lecturing at our Pacific Northwest Medical Association meeting in Spokane, Dr. Walter Cannon and Mrs. Cannon spent a week with us and we all enjoyed cruising Lake Chelan in our yawl, *Holiday*. The steering cable parted while we were sailing in a stiff wind, but that did not bother Mrs. Cannon in the least. She even made the helpful suggestion that we fasten the loose end of the cable to the boathook for leverage in steering, which we did with beneficial results.

A year ago last October, I attended the meeting of the American College of Surgeons in Los Angeles. With Dr. Allen presiding, Henry Marble delivering the fracture oration, and Dr. Meigs and Dr. Goss on the program, it was almost like a visit to the M.G.H. Enjoyable visits with Henry Marble, a friend of hospital days, brought me up to date on the fellows of our period. At the Harvard Club dinner, I had the good fortune to have Joe Meigs as a dinner companion. He was the speaker of the evening and gave us an interesting report on developments in Boston hospitals.

Time and distance have not lessened the high regard in which I hold our hospital, and I always experience a thrill when, on visiting surgeries in Seattle and California hospitals, the operator calls for a "Richardson retractor" or a "Mixter forcep".

In closing I would like to extend greetings to all, with a hearty hello to Byam [Hollings], Oliver [Lothrop], the two Georges [Sheahan and Smith], and the rest of the family who dwelt in the Flat and did "rotating" service.

This note holds special interest for many who served with the 6th General Hospital during the war. It is from Jacob Schiffman, who was the MAC officer with the 6th General for over two years in Italy. The note was sent to Dr. T. Stewart Hamilton, who passed it on to us. It bears the address: c/o Nelson, Via Monte Faraone #7, Rome, Italy.

It seems strange to me, too; but I decided to come back here to study music.

Have been out to Buon Pastore. It looks awfully dismal these days, with half of it occupied by severe cases of tuberculosis (males) and the other half, at the left on entering, barred up again with nuns in charge of wayward girls (as originally).

Think of you folks often. Hope all is well with you and our mutual friends.

Dr. Robbins has very kindly passed on to us this letter from Dr. Frank Y. Leaver (*clin. fel. R* 1948).

I think it is about time I made a report on my activities since leaving Boston. I shall always feel indebted to you and your staff for the year's training at Massachusetts General which has meant so much to me, not only in training and experience, but assignment and prestige, as well. Yes, the Massachusetts General Hospital is a good place to be from, and I thank you again.

Since December 1, 1948 I have been Chief of the Radiology Department here at Fitzsimons General Hospital, without any help except nine residents (3 first year, 4 second year, and 2 third year men). The following will give you an idea of the work load:

Diagnostic procedures		58,329
Radiographic	56,005	
Fluoroscopic	2,324	
Therapy treatments		5,096
Superficial	1,331	
Deep	3,352	
Radium	413	

The training schedule for residents is quite strenuous. All the residents are registered at the University of Colorado Medical School and are working for Masters degrees. I have been appointed Assistant Professor of Clinical Radiology at the University and given the following scheduled classes as part of the hospital and school training program: Monday, 1 – 3 and 7 – 9 P.M.; Tuesday, 1 – 2 P.M.; Thursday, 7 – 9 P.M.

In addition, there are classes of some kind or another going on at all hours of the day, in many of which I am called up to represent the Radiology Department. Also, each service (GI, Neurology, ENT, Cardiology, Chest, Orthopedics, Medicine, etc.) requires a course in Radiology for its particular specialty. I also personally present all cases to the tumor board which lasts from 1 to 5 on Fridays. The rest of the time I spend running back and forth between the diagnostic and therapy sections.

We now have two Sholz spot film devices which are really kept busy. The equipment is practically all General Electric and consists of: 5 diagnostic machines, 500 M.A., rotating anode; 2 cystoscopic tables; 1 Keiffer Laminagraph (Kelley Koett); 2 fluoroscopes; 3 bedside units; 1 deep therapy unit, G.E., Maximar 250 KV; 2 superficial therapy units (1 G.E. KX 10 140 KV and 1 Picker Zephyr 120 KV).

The radium now consists of 312.5 mgms in the form of 1 cm cells in the following strength: 0.5 mg, 0.75 mg, 3.33 mg, 5 mg, 10 mg. The cells can be inserted or removed from the needles which are of varying lengths to hold 1 to 4 cells. We have a number of Colpostats and prefer the Earnst. The radium is inserted by the Radiology Department and not by the surgeon or gynecologist, and we do have quite a few cases.

I understand we are the only institution in Denver approved for therapy (roentgen and radium), therefore I am training some civilian residents to help the University and the Veterans Bureau. So you can see that the nights I do not have classes I spend preparing teaching material and lectures. The courses on Radiation Physics, fortunately, are given by a physics professor at the School.

For angiocardiography we have a Fairchild camera (obtained from the Air Corps) mounted on a Phillips Pedestal Bucky frame, which will take 12 exposures in 10 seconds and works all right until we can get a regular Fairchild set-up.

The hospital patients number between 1700 and 2400, with an active Out-Patient Service. The clinical material is abundant and varied. We are short on pediatrics and neurology, but the University Hospital and the Veterans Bureau help us in these fields.

We have four Civilian Consultants who help in the training program — Drs. Kenneth Allen, John Bouslog, Paul Weeks, and Morris Levine. I understand that Dr. Bouslog is the new President-elect of the Radiological Society of North America. The hospital staff is represented by many of my old friends from previous assignments and there is excellent cooperation between services, which makes the work really enjoyable.

We have very nice quarters on the Post, within short walking distance from the hospital. Bob finishes high school this year and plans on starting a premedical course at the University of Colorado next year.

Haven't heard a word from Vinson or Isherwood. Talked to Alexander Hoff on the telephone a few months ago as he was passing through Denver *en route* to Washington. He feels that nowhere can compare with Boston and vicinity, but did admit that Tripler General and Honolulu were pretty nice.

We appreciated your Christmas card. We also received cards from the Wymans, Hanlens, McCorts, Eylers, and Muellers. The new addition to the McCort family came as quite a surprise.

Please give my regards to all the Staff.

The last time we heard from Dr. William J. Tobin (*Or.* 1939) he was just back from an inspection of the U.S. Army hospitals in Germany and Austria. This letter, recently received, tells us of a fascinating survey which Dr. Tobin is now carrying on.

All is well in Washington. The Interim Session of the American Medical Association was held here in December, and I had the opportunity of seeing a number of my old friends from Boston.

For some time I have been interested in a study of the bone diseases that existed in the early civilizations. Through the cooperation of the Smithsonian Institute, I have had the opportunity to study specimens found among the ruins of the early American groups of people. There are many fascinating aspects to this study and it will take me years to complete the survey. I am hoping, as time goes on, to gather together sufficient material to justify a report on the findings.

I always enjoy reading THE NEWS. In this way I can keep in touch with so many of my friends of years ago.

Here is one instance when going into the red paid off — it brought this "first" from Dr. Walter R. MacLaren (*CM* 1939). The letter, headed 1025 North Madison Avenue, Pasadena 6, California, is such a nice chatty one — just the kind we are delighted to receive.

The postscript in red at the bottom of your kind letter requesting some biographical material has had the effect we hope similar notes will have on our delinquent clients. The contrast is striking enough to produce some activity.

Both Mrs. MacLaren and I read each issue of THE NEWS with interest; and though most of the reporting is personal, one gains a real feeling of the physical continuity and expanding activity of the hospital. We search first for new addresses, which may mean old friends are in this area unknown to us. Then, I suppose I scan the appointments, which announce the stages in the careers of friends, and by which even the course of whole departments can be followed! The number of people attached to the Children's Department has grown astonishingly, to mention only one instance. Then, the letters, the department reports, and other material.

We have become completely acclimated Californians, of the Pasadena variety, which are peculiar mainly for lingering Republicanism, objection to taxation, and distress at the pressure for socialism. Having been here since 1943 practically entitles us to the status of Old Settlers, and we find ourselves complaining about the way these new settlers are spoiling the place. Of our five children, four are native Californians, and the first missed it by only a little.

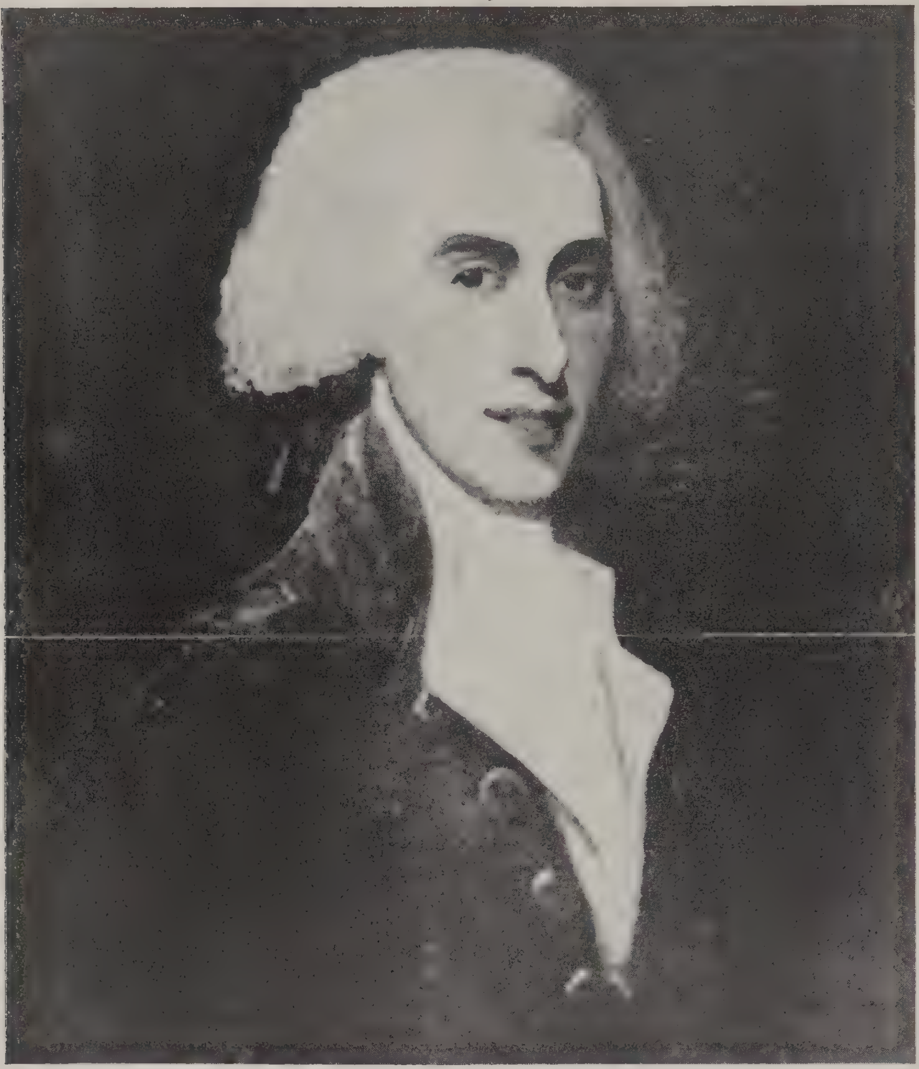
Of war experience I have little to relate, having spent the time at Lockheed in "aeromedical research". There I struggled with an altitude chamber and busy engineers who did not believe in physiology. I think it safe to say that not one single nut or bolt was ever altered in Mr. Grosse's aircraft as the result of my four-years' battle for the human factor in aircraft design. Something of a record in futility, I imagine. However, I believe everyone, and particularly those of us who have lived rather sheltered academic lives, should be exposed for a while to a mass production industry. This is the really distinctive social organism of our time.

Acquaintance with industrial medicine led to a short experience with a medical group taking care of airline pilots just after the war, but this did not last long because, as you may recall, the major airlines overexpanded and lost vast sums of money. Medical Service was the first thing curtailed. This was enough of a lesson.

Previously I had been impressed with the number of asthmatic individuals in Southern California — and so many of them children. The results of routine treatment were scarcely satisfactory and I felt it would do no harm to learn something of this condition. Accordingly, I arranged locally for postgraduate work in allergy and in 1947 opened an office in Pasadena. My colleagues have been very helpful and the office is now a going concern.

Among the MGH alumni whom I encounter frequently are Bob Gentry [*ES* 1943], who has established himself well here in general and thoracic surgery, and Dick Cosby [*EM* 1940], cardiologist and teacher. Theodore Erler and Ed Evans, H.M.S., are also here.

Last year Henry N. Russell, Jr. [*CM* 1939]



Charles Bulfinch, Architect, 1763-1844
from a portrait by Mather Brown, painted in 1786

spent a week with us while he was on vacation from the medical group with which he works in Greely, Colorado. And last fall we had a very pleasant visit from Bill Chapman, who was making a west coast tour scouting for talent. It would not do to omit mentioning Dr. Chester Jones's trip here for the California Medical Association Meeting. He discussed gastro-intestinal allergy, and I think hit the mark with his statement that most cases of ulcerative colitis are "allergic" only to life's problems.

One could go on at great length about the local scene — personal, political, medical— for it is an expanding society, with much of the spirit of adventure still in evidence. Both *Life* and *Holiday* magazines have given Los Angeles a whirl in the past year, and they were not far off in the picture they presented.

More than three years had passed since we were treated to the last real letter from Dr. R. Earle Glendy (*r.p.* 1934). This one, just received, makes interesting reading for all of us.

We have just finished our fourth year in Roanoke, and though we are happy to be in The Old Dominion we still miss the many pleasant associations in Boston — especially at the M.G.H.

I am enjoying a busy practice in Internal Medicine — the greatest part of which is in the field of cardiovascular disease, and find to my surprise that the incidence of rheumatic heart disease is much greater in this climate than we have been led to believe. One reason for this, I believe, has been lack of adequate studies of the relative and absolute incidence of heart disease in this locality, which I hope to make some day when sufficient material is available.

We have a 2000-bed Veterans' Hospital in the vicinity of Roanoke, and I find my work there as Consultant in Internal Medicine stimulating and worth while. Hospital facilities here are crowded, as they seem to be everywhere, and we are now engaged in a fund-raising campaign to enlarge them. The chief problem we have in making our medical community complete is in obtaining the services of a well-trained pathologist. Most of them seem to prefer the academic life at medical schools and large medical centers, and yet there is a great opportunity in the smaller centers of population for such men, not only to improve the general over-all quality of medical care through accurate clinical-pathological correlation but to earn better than average "academic" incomes. If any young pathologist with good credentials should by chance read these lines and have any interest in settling in Southwestern Virginia, in the best year-round climate in the U. S. (free from hurricanes, floods, tornadoes, and other violent catastrophes of nature), please let me hear from him.

Margaret (Moriarty) Glendy is not engaged in private practice, but continues an active interest in medicine and is currently in charge of two rheumatic fever clinics in Roanoke and Radford, Virginia, which are part of a state program to expand the facilities for the care of rheumatic fever and rheumatic heart disease. She has also been active during the polio seasons, through an association with the health department — especially two summers ago when the large epidemic occurred in North Carolina and to a less extent in Virginia. In her spare time she mothers our three children — two boys and a girl, now fifteen, thirteen, and eight; is engaged in numerous civic and non-civic enterprises; and is the proud nurserywoman of four outdoor camellia plants, despite advices to the effect that they just won't blossom in the dead of winter in this mountainous region. She will not like it when I tell you that last winter one of her cherished blossoms which was finally allowed to see the light of day, so that it might burst forth in all its glory for exhibition at her garden club, was torn to shreds by five small cocker spaniel puppies it happened to be our misfortune to have on our hands at the time. The mere mention of it is still painful to her.

In traveling south, a number of our friends from Boston have stopped off to see us. We sincerely hope that more of them will come this way, and we extend a cordial invitation to them to visit us at 116 Mountain Avenue, SE., Orchard Hill, Virginia.

A family sort of letter—the kind we all like best—has come from Dr. Sedgwick Mead (*EM* 1940, *P* 1941, & *a.r.p. N* 1942). He writes:

The Meads came to St. Louis two years ago, departing from Massachusetts in that historic blizzard and driving through New York City amid scenes of appalling desolation. With many a pang we said good-by to the hospital we both had known for so many years. By now we have made many new associations and friends, and have bought a home which we love very much.

At the time of my coming to Washington University on a full-time basis as Assistant Professor of Physical Medicine, a new division was created in the School of Medicine called the Division of Physical Medicine, of which I am the head. The growth of this division in two short years has been quite remarkable. Besides the Physical Medicine Clinic, which services both in- and out-patients in the Medical Center, we have a School of Physical and Occupational Therapy. Each requires two years of college preparation for admission and each confers a degree. In October our staff was joined by Dr. Alex Harell, who is both a physiatrist and orthopedist, and starting January 1 we have had a resident. We have an active research program, and opened a laboratory of clinical electromyography in January. We have exhibited at several meetings of the American Medical Association in the scientific exhibit section, and at other medical conventions, as well. Our list of scientific publications is growing rapidly. The reception by the staff members of Barnes Hospital and neighboring hospitals of the Medical Center, and by the officials of the medical faculty, has been most encouraging.

St. Louis is a very friendly city and one with many intellectual groups. Its symphony, art museum, and zoo are justly famous. I am a member of the central civic planning body, called the Social Planning Council, which has a very broad influence in all activities concerning health, the hospital's welfare, etc.

Our Medical Center enjoys the advantage of having the medical school buildings and clinical facilities all closely juxtaposed. The case method of teaching is preferred to a formal series of lectures. A group of enthusiastic young men, under Barry Wood, do a first-rate job on the medical service. Our C. P. C.'s are published monthly in the *American Journal of Medicine.*

A few weeks ago we had as dinner guests Dr. and Mrs. Comte of Casablanca. Dr. Comte will be remembered by members of the 6th General Hospital as a frequent and cordial host during our stay in Casablanca. I frequently see Bob O'Brien [*Or.* 1941] who has recently been made Professor of Orthopedics at St. Louis University and is doing a very fine job.

My family consists of Mrs. Mead, two boys —Sedgwick, age 7, and Marshall, age 3, and myself. We plan to visit M.G.H. late next summer on the occasion of the American Congress of Physical Medicine meeting at the Statler Hotel.

I hope that any MGH friends who pass through St. Louis will stop with us. Addresses are: office, 600 South Kingshighway, St. Louis 10; and home, 690 North Forest Avenue, Webster Groves 19, Missouri.

THE NEWS

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McLEAN HOSPITAL

We of McLean Hospital are proud of this opportunity to tell a little about the hospital which, though more or less of a country cousin, is nevertheless a full-fledged department of the general hospital. In fact, though many people do not even realize that McLean is a part of the Massachusetts General Hospital, it is interesting to note that patients were admitted to the McLean Asylum in Somerville several years before the first patients were admitted to the general hospital.

At this time we would like to extend our welcome to Dr. Dean A. Clark who has joined the hospital family. His interest in Mental Disease will do much to bring McLean and the General Hospital even closer together.

The policy of the founders and the Board of Trustees of McLean Hospital has always been never to refuse the admission of patients because of race, creed, or color, nor has any patient ever been refused admission or been discharged because of lack of funds.

The hospital is approved by the American Medical Association for resident training, and is also approved by the American College of Surgeons and the American Psychiatric Association.

During the year 1949, 283 patients were admitted and 291 were discharged. Of the number discharged, 51 were without psychosis and 187 were recovered or improved.

McLean is fortunate in having many assets which allow its patients to be given personalized dynamic hospital treatment. Thus, by meeting the personality needs of each maladjusted person, by treating him through the day and night of a hospital community, and preparing him to re-enter his social community, the hospital is able to go even beyond the dramatic results achieved by physiological, medical, and nutritional treatment, or by electric shock, lobotomy, and insulin.

The majority of patients admitted to McLean can be rehabilitated to their regular life situations. Most of them have entered voluntarily and almost all can stay a sufficient length of time to be helped.

The hospital is most fortunate in its small patient load per physician and in the splendid support of the nursing staff and the various therapeutic departments. Excellent physical facilities are afforded, providing individual rooms and adequate opportunities for a variety of occupations in the way of sports and social activities. Seasonal sports are encouraged by the attractive grounds of the hospital—golf and tennis in the summer; skating, skiing, and sleigh-riding during the winter. The social activities include weekly musicals and open house in the Women's Occupational Therapy Department on holidays and Saturday afternoons, as well as weekly teas and bridge parties in the Library. During the winter the social program also includes moving pictures and dances.

The music department, under its able director, has brought much happiness to the patients through individual instruction, as well as through varied musical programs offered during the year.

Two other very important departments, contributing greatly to the social life of the patients and offering their facilities to the personnel as well, are the Beauty Salon and the Coffee Shop.

The amount of individual care allows expression of each patient's preferences and interests, precluding any feeling of being completely dominated by the regimentation of an institution. Individual freedom and responsibility are offered as soon as a patient is ready, starting with freedom of the hospital grounds and progressing to visiting, and even working, outside the hospital.

Psychotherapy is one of the main functions of the hospital. Generally, it involves prolonged listening to rational as well as to very ill patients, sensitive appreciation of the patient's feelings, development of patient-physician relationship, evaluation of the situation, proper timing of comments and advice, and the intelligent use of imagination and common sense.

McLean is most fortunate in having a Staff well-steeped in the tradition of recognizing the patient as an individual. Thus, the process of self-expression and growth go on throughout the day. Nurses, occupational therapy and physical therapy workers, and other personnel are guided by an attitude of kindness and recognition for the patient. Thus, there is a strong and endless intra-staff communication about the patient which is very vital.

The medical and physical care of the patients is carefully handled by physical examinations, routine medical consultations as well as surgical and other specialty consultations, clinical laboratory tests, X-rays, electrocardiograms, electroencephalograms, basal metabolism tests, Dental Clinic, Pharmacy, Diet Kitchen for supplementary vitamins and nutrition, and by the use of electric shock, insulin treatments, and hormones. During 1949, 16 major operations and 14 minor operations were performed in the operating room. One of the most important factors in the physical health of the patients is the careful and general nursing they receive, almost entirely without the use of special nurses and the additional expense to the patients.

The physical health of the employees is carefully followed in the clinic, on the wards, and at the general hospital.

Teaching activities along various lines are carried on. Resident physicians are trained. There are biweekly staff conferences, triweekly conferences in psychotherapy, and four to five weekly conferences in practical problems of administration. Opportunity is afforded to attend postgraduate seminars in Neurology and Psychiatry given by the Department of Mental Health, and to obtain training in Psychoanalysis at the Boston Psychoanalytic Society and Institute. Monthly lectures are given from the McLean Scientific Research Laboratory on biochemical problems, and from the Laboratory of Clinical Physiology on the physiological elements in Mental Disease. Lectures on Psychology have been started, as well as a course in Neuro-anatomy and Pathology for residents and seniors.

We are deeply indebted to Dr. Stanley Cobb for his guidance and consultations, and for the opportunity afforded our residents to work in the Psychiatric Out-Patient Department at the Massachusetts General Hospital and to attend the staff conferences of the Psychiatric Department.

Attendance at meetings of psychiatric societies is encouraged; and courses, clinics, and conferences are given for students of the McLean School of Nursing, as well as instruction for some of the Harvard Medical students who come for a month's residence in Psychiatry.

Several members of the Staff and Nursing Department are active in state and national organizations; and the Director has been an active participant in various medical and hospital association affairs, as well as in community and welfare organizations.

Research activities have centered in the Scientific Research Laboratory and the Laboratory of Clinical Physiology. Continuation of this basic research is vital to the ability of the hospital to care for present and future patients.

From this brief outline of the aims and activities of McLean Hospital we hope we have presented a picture of what we are trying to do for patients with mental illness at this century-old institution.

W. Franklin Wood, M.D.,
Director of McLean Hospital

Dr. and Mrs. Faxon have returned from Europe. We hope to have something about their trip from Dr. Faxon soon.

A Flower Shop, sponsored by the School of Nursing and located in the corridor near the General Store, was opened on March 7. If you haven't yet visited it, you should, if for no other reason than to see how a rather cold and barren spot has been transformed into an oasis of sheer beauty.

But there is a more important reason why all of us who can should patronize the shop. You see, nurses know very well the value of flower therapy (as do all of us who have been cheered by flowers when we've been ill), and they decided that something should be done to make it possible for visitors to ward patients to buy flowers. Also, there are many ward patients who never have visitors and never have flowers. The hospital has not been able to supply flowers for these lonely ones, but the nurses believed that their Flower Shop idea could remedy that regrettable situation. They knew they would not be competing with outside florists, for these particular patients never have had flowers purchased for them, anyway. And so—with a derring-do and for this sole humanitarian purpose—the nurses launched their commendable project.

To begin with, they secured the services of an experienced buyer, who brings fresh flowers and potted plants from the wholesale market every day. The nurses stipulated that the mark-up in price should be only enough to cover operating expenses and allow for a very small profit. These low prices enable visitors to ward patients to buy flowers, and any net profit is to be used for flowers for the lonely patients mentioned above. Should a balance still remain, it will be used for some benefit for the School of Nursing.

Ever since the opening hour the shop has been doing a lively business. Receipts for the first day amounted to over $100. Wondering if that surprising figure might have been due to the fact that everybody in the hospital was attracted to the shop on opening day, we recently made inquiries as to the amount of business done since then and learned that $100 is a fair average for each day's sales.

The prices of the beautiful things on display will amaze you! The buyer chooses each day only those flowers which are in greater abundance and are therefore less expensive. While a slight seasonal fluctuation in prices is to be expected, here are the almost incredible values which have prevailed during the pre-Easter season: daffodils—35¢ for 6; sweet peas—35¢ a bunch; tulips—50¢ for 4; violets—75¢ a bunch; roses 95¢ for 8; gardenias—25¢ apiece; bouquets of mixed spring flowers—75¢; many kinds of potted plants, including begonias, tulips, violets, etc.—50¢ to $2.

The shop will feature a corsage special for Easter—a rose or gardenia corsage for $1.25, and an orchid corsage for $1.25 to $2. Advance orders for these Easter specials would be of great accommodation to the buyer. There will also be plenty of bulb plants and Easter lilies, of course.

The shop is open weekdays from noon until 7 P.M., and on Saturdays, Sundays, and holidays during visiting hours. Student nurses are on hand to wait upon you.

The nurses do not need our best wishes for success in their new venture. Success is already assured. But we hope that once in a while they will take a second from a busy hour to realize that, thanks to them, flowers on a previously bare bedside table somewhere in the hospital may at that very moment be giving hope and comfort to a discouraged sufferer.

* * *

The annual clinical meeting of the Hall-Mercer Hospital was held on February 10 at the Philadelphia branch in the Pennsylvania Hospital. Dr. Lauren H. Smith and Dr. Earl D. Bond presided.

Papers were presented by the Pennsylvania group on the effects of insulin, adrenalin, and acetylcholine on the autonomic nervous system; and on the effect of mephesin, malononitrile, and dibenamine. These were all considered in relation to clinical expressions of anxiety, especially in schizophrenia and in the neuroses. Professor Therman reported on the physiology of nerve in relation to carbon dioxide and oxygen. In the next hour and a half, Dr. Henry H. W. Miles, Assistant in Psychiatry at the Massachusetts General Hospital, gave a paper on the follow-up of a group of 76 patients with anxiety neuroses. After this, Dr. Stanley Cobb talked about his cases of anorexia nervosa studied at the Massachusetts General Hospital in the last fifteen years, reported on some work done by Dr. Samuel H. Waldfogel and Dr. Jacob E. Finesinger on the psychological effects of reduced oxygen, and told about Dr. Erich Lindemann's work on social relations of psychiatry.

The Hall-Mercer Hospital is a joint project, under the management of the Pennsylvania Hospital and the Massachusetts General Hospital. Here at M.G.H. it consists of the clinical and research work being carried on in Ward B7. At the Pennsylvania Hospital the work is done at the Mental Hygiene Institute of the Pennsylvania Hospital. The main subject for investigation at present is anxiety.

Stanley Cobb, M.D.,
Chief of Psychiatry Service

* * *

HISTORY OF THE VETERANS LANGUAGE CLINIC

During the spring of 1945, the Assistant Director at Massachusetts General Hospital who was in charge of the Out-Patient Department was approached by the Chief Medical Officer of the Boston Regional Office of the Veterans Administration requesting that the Language Clinic in the Out-Patient Department provide care for aphasic veteran patients. At that time this hospital did not feel that such a program, uncertain as it was, should be undertaken, and during the next year aphasic veteran patients were cared for privately outside of the hospital. I was in charge of this work, and it seemed to me a great pity that the excellent facilities of the M.G.H. could not be used to provide the complete kind of care which I believed the cases warranted. Consequently, during the summer of 1946, the whole matter was reopened with the Head of the Neurological Staff and with Dr. Faxon, then the Director of M.G.H.; and it was agreed that, provided appropriate arrangements could be made with the Veterans Administration, aphasic veteran patients could be cared for on a contract basis in the Out-Patient Department. This work was actually started on October 1, 1946, and the Veterans Language Clinic has been in continuous operation ever since that time.

Since the Clinic was opened it has remained a private contract clinic. It has actually been a part of the Veterans Administration national program for the treatment of aphasic veterans and has been integrated with this program, of which I, as National Consultant in Aphasia, have been in charge, so far as the eastern part of the country is concerned. The Clinic here at M.G.H. has served as the treatment center for ambulatory veteran patients in the greater Boston area.

There were no published accounts of experiences from other clinics to indicate how a treatment clinic for aphasic patients should be organized and what was required. Our Clinic, therefore, has served as a pilot clinic and we have learned much from the experience gained here. The Clinic was organized with recognition of the fact that aphasic patients are fundamentally neurological patients suffering from brain injury, one symptom of which is their aphasia. The rehabilitation of the patients, which was the desired aim, would require careful neurological supervision and the use of a great many ancillary services, many of which were available at the M.G.H. Our aim of treatment then was to keep the patient under close neuropsychiatric supervision, with a neuropsychiatrist in charge of the Clinic. All new patients were first given careful neurological work-ups. In many cases data were available from Veterans Administration records, so that some procedures—such as X-rays, pneumoencephalograms, and even electroencephalograms—did not need to be repeated. In other cases, where data were not available, we knew we had the facilities for obtaining such information here in the hospital. As associated neurological symptoms—that is, symptoms associated with the brain injury—were recognized, appropriate treatment could be arranged for. This was true, for instance, in the control of convulsive seizures and in the relief of hemiparesis, to name only two of the most generally associated disorders.

In rehabilitating the aphasic veteran it is necessary to know a good deal about his previous level of performance. This involves family background, general language facility, education, and job experience before injury. To aid in collecting these data, as well as to help develop other aspects of the program, it was apparent that active social work participation would be necessary. Miss Josephine C. Barbour, Chief of Social Service at the M.G.H., kindly consented to advise us in carrying out this part of the program, and through her good offices we have been supplied with trained social workers to help us.

Part of the evaluation of the veteran involves the evaluation of mental abilities retained. Clinical psychology has made many contributions in this direction and we are fortunate that, in the Cortical Function Laboratory at the M.G.H., work with the language-handicapped had progressed to such an extent that experienced personnel was available to aid in an extensive testing program with veteran patients.

When information and plans had been completed through the joint activities of the neuropsychiatrist, social worker, and clinical psychologist, working as a team, it became apparent that intensive language therapy was needed in a great many cases. The aphasic is always handicapped in the use of language. Sometimes his handicap is very profound; sometimes, fortunately, only partial. Our problem was to restore as much useful language as was possible in young adults who had been injured and whose injuries were in no way progressive. Such rehabilitation required the work of trained language therapists over a long period of time. This form of therapy has been the chief function of the work of the Veterans Language Clinic.

We were fortunate, in the beginning, in having a few trained and experienced language therapists available to start the operation of the Clinic. Much could be said about the personality, training, and experience required to create a good language therapist. Teaching experience is valuable. Experience with all types of speech handicaps is essential. Teaching experience at the stage of language acquisition is helpful. Some knowledge of the integrative action of the nervous system, particularly with respect to language, seems desirable. In addition to these factors, a personality and attitude able to work with a severely handicapped patient over a long period of time is a necessity.

We rapidly outgrew the small number of trained personnel, and one of the important functions of the Veterans Language Clinic at the hospital has been the training of language therapists for use in our Clinic and in other clinics. To carry out this training program, courses of lectures were organized, covering the general subject of language problems and designed for language therapists. The lectures also covered such subjects as the anatomy and physiology of the central nervous system and of the organs of speech; a review of speech defects of various kinds; talks on the anatomy and physiology of the eye and ear; psychological attitudes in therapy; psychological testing and its value; various specific language disorders, such as stuttering and reading disability and aphasia. The lectures were largely attended. Sometimes as many as 200 visitors attended a single lecture. Not all of those who attended became language therapists; but we attracted, through the lectures, a great many therapists who went on in our clinical course of instruction, which eventually prepared them to work with aphasic patients here, at the Cushing Veterans Administration Hospital, and in other aphasia centers. It is a source of satisfaction to all of us to know that therapists trained in our Clinic are working over a wide area at the present time.

The following statistics will give you some idea as to the number of veteran patients seen, the diagnoses, and the total amount of therapy given, from 1946 to the present time:

1. Total number of patients seen in Clinic since October 1946: 93
2. Diagnoses:
    a) Aphasics 33
    b) Stutterers 47
    c) Others 13
    (High voice, husky voice, cancer of larynx, injury to tongue, cleft palate, reading disability, infantile speech, articulatory defect, etc.)
3. Number of active patients, November 1 and May 1 of each year:

Month	No. of patients
Nov. 1946	9
May 1947	26
Nov. 1947	25
May 1948	33
Nov. 1948	23
May 1949	27
Nov. 1949	22
(Mar. 1, 1950	26)

4. Hours of therapy each month, based on November 1 and May 1 of each year:

Month	No. of hours
Nov. 1946	58
May 1947	195
Nov. 1947	193
May 1948	284
Nov. 1948	212
May 1949	204
Nov. 1949	113

It is interesting to note that this Clinic, which was opened for the treatment of aphasic veterans, received over 60% of its patients on the basis of other types of language disorders—largely stuttering. The connection is, of course, that other adequate facilities have not been available and therefore these closely related language disorders have been cared for in the Veterans Language Clinic. This is in accord with the experience we have already had in the operation of the Language Clinic, first opened in 1934 in the Out-Patient Department.

Needless to say, such a load of patients has made every demand upon the hospital for space. The various Out-Patient Supervisors with whom we have worked have been most generous in creating space where there really was none to be had. That has been one of our greatest problems here— that no cohesive therapeutic unit was available. We have had to work in rooms on different floors, separated from our secretary. All this militated against the organization of a well-integrated clinic. Though these are great disadvantages, we feel they have been outweighed by the advantages at the M.G.H., with its teaching facilities and varied professional staff.

There is no question that all the members of the staff of the Veterans Language Clinic have gained much valuable experience as a result of the work here. We have learned what things are necessary and some of the things that are unnecessary in order to handle the aphasic patient adequately.

It has always seemed to me a pity that the facilities of the Clinic were available to only one group of patients—namely, aphasic veterans. There are, of course, a great many non-veteran patients who are aphasic. I refer not only to the more or less aged who are suffering from vascular accidents and others with progressive lesions such as brain tumors, but also to the large group of patients who, in this mechanical age, sustain head injuries and become aphasic. I believe they should have the advantage of clinic resources comparable to the ones I have discussed. I hope that sometime in the near future the M.G.H. will be able to provide such a clinic for rich and poor alike. There is no question that such a clinic, besides providing necessary care for patients, would teach us more and more about the handling of language-handicapped patients and provide necessary teaching material for medical students and other hospital personnel.

I believe the M.G.H. is unique in the diversity of the language problems that have been handled in the Out-Patient Department; and I do not know of another clinic in which, under careful medical supervision, patients can receive treatment combining so many medical and other associated disciplines.

Edwin M. Cole, M.D.,
Head of Veterans Language Clinic

The Board of Trustees, at their meetings on February 1 and 17, voted:

To accept with regret the resignation of Dr. W. Philip Giddings, effective June 1;

To create the post of Assistant Resident in Children's Medicine for the Out-Patient Department, and to appoint Dr. Charles A. Leach, Jr. to this position, as of April 1.

To appoint:

Dr. William B. Bacon as Second Assistant Resident in Pathology, as of July 1;
Dr. Frank R. L. Egloff as Assistant Resident in Psychiatry for one year, beginning July 1;
Dr. Paul M. Howard as Associate Psychiatrist;
Dr. Jane C. MacMillan as Assistant in Pathology, beginning July 1;
Dr. William C. Quinby as Assistant in Surgery;
Dr. John W. Raker as Assistant in Surgery;
Dr. William McL. Wallace as Assistant Physician to the Children's Medical Service.

At their meetings on February 8 and 15, the General Executive Committee voted:

To reactivate the appointment of Dr. William V. McDermott, Jr. as Resident on the West Surgical Service, beginning March 1;
To change the appointment of Dr. Laura Walters from that of Clinical Fellow to Research Fellow in Dermatology;
To reactivate the appointment of Dr. Weldon W. West as Third Assistant Resident in Surgery, as of March 1.

To appoint:

Dr. Willard Dalrymple as Clinical and Research Fellow in Medicine, beginning July 1;
Dr. Chaskiel Grossman as Research Fellow in Neurology for one year, beginning March 1;
Dr. Mark Horwitz as Clinical and Research Fellow in Medicine, as of February 1;
Dr. Albert B. Houssay as Clinical and Research Fellow in Medicine, beginning February 1;
Dr. Albert J. D. Michel as Clinical and Research Fellow in Surgery for eight months, beginning March 1;
Dr. Ferdo Petrovcic as Graduate Student As-

sistant in Radiology for three months, beginning February 1;
Dr. William B. Thompson as Clinical Fellow in Medicine, beginning July 1.

At the meeting of the General Executive Committee held on March 8, it was reported that the Pharmacy Committee had approved the request that nurses be allowed to give Protoveratrine intramuscularly to patients on Ward 4. The parenteral administration of Iso-propyl-epinephrine by nurses was also approved.

Recent gifts to the Archives Department:—

From Dr. Arthur W. Allen—a facsimile of the famous letter from John Hunter to Edward Jenner, written August 2, 1775, containing the much-quoted sentence, "Why think—why not try the experiment." Lord Webb-Johnson, President of the Royal College of Surgeons of England, had copies made to give to the initiates of the American College of Surgeons on October 21, 1949, in Chicago.

From Mrs. Harrison F. Lyman—a letter from Dr. J. Collins Warren to "Mrs. Bliss", written January 6, 1913.

From Mr. Henry Minot—2 pocket-knives which had belonged to Dr. James Jackson, the first Physician at M.G.H. Dr. Jackson was Mr. Minot's great-grandfather.

From the estate of Mr. James B. Noyes—an oil portrait of the Reverend John Bartlett, painted by Osgood of Salem, about 1830.

From Dr. Hugh Grant Rowell (*WS* 1921)—an 8-page printed leaflet which we believe to be a very rare document. Dr. Rowell is the Director of Sunnyside Restoration in Irvington, N. Y., and among some items recently submitted to him for restoration was this document concerning the Massachusetts General Hospital. Dr. Rowell wrote Dr. Churchill, asking if we had a copy of the leaflet. Upon being told we had not, Dr. Rowell purchased the leaflet for us. Although the document is undated, it is reasonable to assume that it was published in December or thereabouts, in the year 1810. It gives the report of a committee of both Houses of the Massachusetts Legislature, to whom had been referred a petition of James Bowdoin and others, "praying for the aid of the Government in the establishment of a General Hospital". An examination of the Massachusetts *House Journal* for May 1810–March 1811, revealed that this petition for our charter was read and "sent up for concurrence" on January 30, 1811. The charter was obtained February 25, 1811. Bowditch, in his detailed account of the beginning and early years of the hospital, makes no reference to this document, nor have we found it mentioned anywhere else. Therefore, every MGH-er will be most grateful to Dr. Rowell for furnishing us with this very important link in our chain of events.

From Dr. Channing C. Simmons— a papier-mâché replica of a gold medal awarded Dr. Simmons by the American Cancer Society for "distinguished service in cancer control". Also, a letter from King George V of England, with an accompanying medal, sent to each member of the Harvard University Hospital Unit after World War I.

From Dr. Eugene R. Sullivan—a German gas mask, captured in Italy during World War II and sent to Dr. Means.

From Dr. Washburn's family — 5 medals: Distinguished Service Medal, U.S.A.; Medal of the Order of St. Michael and St. George, Great Britain; Service Medal, War with Spain, U.S.A.; Philippine Insurrection Medal, 1899, U.S.A., "for patriotism, fortitude, and loyalty"; World War I Medal, U.S.A.

* * *

New addresses:—

Dr. Ernest Craige (*M* 1943), 70 Francis Ave., Cambridge 38, Mass.
Dr. Harold E. Elrick (*M* 1944), c/o Prof. Waldenström, Malmö Allmänna Sjukhuset, Malmö, Sweden.
Dr. Jacob E. Finesinger, University Hospital, Baltimore, Md.
Lt. M. Patricia Hart, ANC (*MGH* 1944), Station Hospital, Aberdeen Proving Grounds, Md.
Dr. Harold N. Segall (*a. in M* 1923-24), 4100 Cote des Neiges Road #19, Montreal 25, Quebec, Canada.

Brief bits:—

Dr. Joseph S. Barr, Chief of Orthopedic Surgery at M.G.H., was made President-elect of the American Academy of Orthopedic Surgeons at their Annual Convention, held recently in New York.

Dr. Edwin F. Cave, Visiting Orthopedic Surgeon on our staff, was one of the lecturers at the Postgraduate Fracture Course, given in New York City by Sir Reginald Watson-Jones of London, February 17–20.

At the Annual Convention of the American Academy of Orthopedic Surgeons in New York, an exhibit by Dr. Robert J. Joplin, Assistant Orthopedic Surgeon at M.G.H., on "Sling procedure to correct splayfoot deformities, hallux valgus, and metatarsus primus varus deformities" received the Gold Medal Award "for a scientific exhibit representing clinical value".

Dr. Robert R. Linton, Visiting Surgeon at M.G.H., sent us this interesting note: "Mrs. Linton and I have been in Europe for three and a half weeks, visiting on the Continent—Switzerland, Austria, and southern Germany—and also England and Scotland. The Continental part of the trip was primarily for skiing and we found that Switzerland is all that it is cracked up to be, especially Davos, St. Moritz, and Zermatt. A week was spent in the British Isles, which included visiting a number of hospitals in London and giving a lecture, at the famous Guy's Hospital, on the surgical treatment of chronic ulcers of the lower extremity and the surgical treatment of aneurysms. At the Royal Infirmary in Edinburgh, Sir James Learnmonth and his anesthetist, Dr. John Gillies, put on an operative clinic for me, to demonstrate the new type of anesthesia they are using, which permits a bloodless type of surgery. The trip was both enjoyable and profitable, and it was also of great interest to investigate personally the national British Health Act—many points of which are most disturbing, in case we come to the same end in this country. No one with whom I talked about it, either in the profession or out of it, was in favor of it. It seems likely that it is there to stay, but everyone I talked with hopes that changes can be made in the present plan of administering it."

MASSACHUSETTS EYE & EAR INFIRMARY

The purposes of the Howe Laboratory of Ophthalmology have been the advancement of eye research and the teaching of Opthalmology. In line with these dual purposes is the new color stereoscopic camera technique developed by Dr. David Donaldson, Fellow in Ophthalmic Research, which enables ophthalmologists to make more accurate diagnoses, particularly in recording the position of any lesions, and also to preserve interesting conditions for study. Progress of conditions in any particular eye may be recorded by weekly or monthly photographs.

As in any photography, the purpose is to reproduce actual conditions as exactly as possible. The various transparent media of the anterior segment of the eye offer multiple depths at which abnormalities can be visualized, and photography in the third dimension is required to demonstrate these locations.

Features of the camera which have not previously been utilized in stereoscopic photography and which enable Dr. Donaldson to obtain his unusual results are: 1) wide-range focussing for variable magnification, 2) adjustment of interlens distances for producing variable depth effects, and 3) correction for parallax without distortion.

The equipment consists of two Leica cameras, facing each other, which are connected to their respective lenses by bellows. The lenses in turn face into right-angle prisms, and the other surface of each prism faces the object being photographed. Magnification is made possible by moving the cameras equally in opposite directions. The interlens distance is varied by moving the prisms away from each other.

The source of light is an electronic flash tube which is operated by a foot switch. This foot switch also energizes two electromagnetic tripping devices which control the action of the two shutters.

The range of focussing of this camera makes it versatile enough to allow the photographing of the entire face or the limiting of the picture to a part of the cornea. Magnification up to seven times the actual size is possible, and focussing can be at infinity.

The significance of Dr. Donaldson's photography is two-fold, as we said above. Eye diseases are more readily diagnosed, particularly in relation to the location of abnormalities, and the progress of eye conditions may be observed more accurately by weekly or monthly photographs. Secondly, the teaching possibilities are expanded. Where formerly abnormalities were studied on actual patients by the slit lamp, it is now possible for up to ten people to view the eye through stereoscopic viewers or for a larger number to see the photograph thrown on a screen by a stereoscopic projector. Thus, students may observe unusual cases of the past instead of relying on patients available at the moment.

The extreme realism of the photographs was emphasized by an incident which occurred recently in the Howe Laboratory. One of the eminent surgeons on the Infirmary Eye Staff was looking into one of Dr. Donaldson's stereoscopic viewers at a photographed diseased eye and, completely absorbed in his study, remarked absent-mindedly, "Look down, please."

(*Excerpts from an article by Dr. Donaldson to be published next July in* Archives of Ophthalmology.)

Dr. Albert E. Sloane of the Ophthalmic Staff will give four lectures to the postgraduate students at the University of Michigan Medical School on April 24 and 25. He will discuss "Methods of determining axis and degree of astigmatism", "Criteria for prescription of prisms", and "Advances in refraction".

Dr. Edwin B. Dunphy, Chief of Ophthalmology, attended the Pan-American Congress of Ophthalmology in Miami, March 26–29.

Dr. Dunphy and Dr. Paul A. Chandler will go to the Wilmer Institute of Ophthalmology at Johns Hopkins Hospital for the annual invitation Course for Residents to be held April 19 and 20.

Recent visitors at the Infirmary include Dr. D. Ram, Professor of Oto-Laryngology at the University of Patna, India, and Dr. Jose Rivas, from Caracas, Venezuela. From nearer home were Dr. Marvin J. Jones, Surgical Director of the Manhattan Eye and Ear Hospital, and Dr. Francis C. Edmonds, Jr., also from the Manhattan Eye and Ear.

A year away from the daily duties of the surgical house staff has been indulged in by quite a few of the men on my service. Such a year is usually devoted to the study of some particular facet of science at a basic and fundamental level. Since my "wanderjahre" was a bit unorthodox in this respect, a summary of my activities may be of some interest.

In July 1948 I traveled to England aboard the *Queen Elizabeth*. A week in London left me with the impression of excellent surgical technique, poor food, and the possession of a Burberry coat which would have cost less in this country.

From there I went by air to Copenhagen, where a delightful week was spent with Dr. Erik Andersen (formerly of our Anesthesia staff). I was much impressed with Dr. Husveldt and his thoracic surgery at the Rigshospitalet. Pleasant evenings were spent at Dr. Husveldt's summer home on the Baltic, in the shadow of Hamlet's castle, discussing medicine, philosophy, and economics over our glasses of schnapps. It was interesting to see the wide use of American medical texts and hear the fluent use of English by the young Danish surgical residents.

After many pleasant and humorous experiences I arrived in Stockholm, where I found Dr. Crafoord extremely gracious and his hospital and operating room very impressive. Several hours were spent trying to get in touch with Dr. Robert L. Berg (now Chief Resident in Medicine here at M.G.H.) who was working at the Karolinska Institute; but because of language difficulties this reunion did not materialize, and the rest of the day was spent purchasing some surgical instruments, at ridiculously low prices, from the Stille showrooms.

Then down to Paris where, for reasons I do not now recall, I saw surprisingly little medicine (even letting a letter of introduction to Dr. Leriche go to waste). I did meet Dr. Gilbert Horrax in one of the cafes, however. I shall always remember the night of departure from Paris. While having a farewell party with several old and new acquaintances, and with the effects of the party and large doses of codeine, aspirin, and bismuth I had been taking for FUO, we had not noticed the approach of traintime. Suddenly I realized the hour, snatched up my odds and ends (some prints I had acquired on the Left Bank and some instruments I had picked up in little shops about the medical school), and raced for a cab. It took an exorbitant bribe (which wiped out all my black market earnings) to prevail upon a striking taxi-driver to get me aboard the Simplon Orient Express bound for Italy.

I was much impressed with the widespread need for doctors in Italy and, paradoxically, the great number of medical students being trained in the face of great obstacles. I was told there were 12,000 medical students at the University of Naples. There were no cadavers for dissection and no facilities for experimental physiology or pharmacology. Competition was great among the students to obtain posts as assistants to practising physicians, in order to obtain some clinical instruction. There is much tuberculosis in Italy, and the doctors there seemed to be much more impressed with the effectiveness of streptomycin than we are. Surgery was rapid, rough, and deft. Local anesthesia was widely used. I saw several gastrectomies done in 30 to 45 minutes, under local infiltration with novocaine. Several pleasant days were spent with Professor Posteli, who recently worked here with Dr. Paul D. White. He is now Chief of Cardiology at the Polyclinic in Bologna. Excellent orthopedic work continues at the Instituto Rizzoli, despite Professor Putti's recent death. It was a wonderful experience to browse through his library and personal collection of rare medical books.

By mid-August I was at the University of California in Berkeley, to begin work with Dr. John Lawrence at the Radiation Laboratory. I was assigned the project of following the fate of C14 in the organism. Since this element can be synthesized into almost any biological compound for tracer work, it was of fundamental importance to determine its rate of excretion and points of localization before it could be tried in any human biological work. Some earlier work had suggested that radiocarbon localizes in bone. This had been a deterrent to its use in humans. The results of our experiments over the ensuing 7 months showed that there was an even distribution and a rapid excretion. In the course of this work I was exposed to many new techniques and had the opportunity to see the applications of physics in many phases of biological investigation. Much work is being done in the fields of fundamental basic sciences, as well as in clinical cancer research. There is a very active clinic following and treating various blood dyscrasias with P32 and radioactive colloids. The life process of the red cell was being studied with radioiron, body water with radioactive gases, and the metabolism of cancerous tissues with radioactive substrates. The investigation of the process of photosynthesis, starting with radioactive CO_2, occupies an entire building. The laboratory at Berkeley was an inspiring place to work in, with a cooperative and harmonious group of physicians (who usually seemed to be in the way), physiologists, physicists, and chemists.

My last 4 months were spent at the Memorial Hospital and Sloan-Kettering Institute in New York. There I saw Dr. Rulon Rawson (*assoc. phys.* 1947-48), who is heading an active medical service and carrying on an extensive research program with the help of many transplanted MGH-ers, including Dr. Henry Koch (*clin. & res. fel. M* 1948). I met Dr. Allen Whipple and had the pleasure of scrubbing with him every Thursday on some experimental pancreatic surgery. Since Dr. Brunschwig had been one of my teachers in medical school at the University of Chicago, he had suggested I come to his lab in New York to work on an old pet idea of mine—finding some way of visualizing the pancreas roentgenologically. Drs. Ike Taylor and Ben Landing, while students at the M.G.H., had told me of an alkaloid which seemed to localize in the pancreas and could be traced by its fluorescence under ultraviolet light. With the help of Dr. Oscar Bodansky, various texts on organic chemistry, and a German dictionary, the cauldrons were set bubbling and a batch of the alkaloid was prepared. It was a jubilant day when we injected some rats and mice and found a beautiful fluorescent glow limited to the pancreases of these animals. Our excitement was short-lived, however, for the pancreas failed to glow in every other experimental animal tried.

My "wanderjahare" had come to an

No. 22 in a series of Staff photographs
Dr. W. Franklin Wood—Director of McLean Hospital

end. The data books were placed upon the shelf to collect dust until some brighter day, and the white suit was donned again.

George L. Nardi, M.D.,
1st Assistant Resident in Surgery

* * *

Dr. Means received this interesting letter from Dr. Frederick C. Goetz (*M* 1947). It is dated February 23, and bears the address KMAG Dispensary, APO 404, c/o Postmaster, San Francisco.

My Army career has become such a busy one there is much to tell you about but not much time for writing. However, I thought a few comments on what has happened to me here in Korea might be of interest.

I arrived here in Seoul last June, knowing that I was to be the only doctor for a 500-man Army Advisory Group in Korea—and fearing the worst. Absolutely everything I had ever heard about the country, and particularly about the lot of the American forces here, had been depressing and discouraging. And, for the first two or three months, depressed and discouraged I was, as Dr. King and others of my correspondents can testify. Without knowing anything about Army dispensaries, I found myself obliged to set one up, and then found two days later that our dispensary—still largely hypothetical—had just become the sole source of medical care for the Army people here. There followed a couple of months of uncertainty, during which I hardly knew which end was up. The logical step, it seemed to me, was to join forces with a dispensary already set up for the civilians working here for the State Department and the ECA. Though the rapport between American civilian and Army groups is actually very good here, there was no rapport at all on the question of a dispensary. The matter became a sort of football, kicked back and forth but never allowed to rest. The resulting uncertainty made medical practice more difficult than it needed to be, but the bickering has finally died down, and we remain two separate dispensaries. Waste and duplication of effort seem to me to be the result of mixing government and medicine; and while the affair was a teapot tempest, to me it was a very striking example of what can happen when laymen are given power to make decisions within the medical province.

Aside from these administrative problems, my relationship with KMAG (as the United States Military Advisory Group to the Republic of Korea is called) has been a very pleasant one. I am very much an LMD, with several hundred wives and children to make my practice truly general. It runs mainly to colds and athlete's foot, of course, but it helps restore one's sense of balance. It is refreshing, actually, to deal for a time with people who are all nearly well, in contrast to those I used to see in the Bulfinch who so often were very seriously ill.

More exciting medical experiences have come through contacts with Korean medicine—or, rather, with Korean disease, of which there is a great deal; of medicine, in our sense, there is not very much. The Japanese, in their medical schools here, sponsored an academic sort of medicine, patterned after the German model. It was impersonal, but apparently of a fairly high quality. When the Japanese withdrew in 1945, the Koreans strove to use their new-found independence to the fullest. In medicine this meant outdoing the academic arrogance of the Japanese professors, with considerably less justification. In the university hospitals most of the staffs spend their time mainly on "research". Most of this, I gather, is of dubious quality and a lot of it is downright absurd. Patients are treated, if at all, from the armchair rather than at the bedside. Nursing as we know it does not exist. Nurses are on hand mainly to boil syringes and to be attentive to the doctor on his infrequent ward visits. Most of the care of the patient, such as it is, is furnished by his family. As in other Oriental countries, the family moves in with the patient—charcoal burners, kimchee pots, and all. (Kimchee is the national dish of Korea—a sort of peppered salad, fermented like our sauerkraut, but nearly to the point of rottenness.) The net result of all this, of course, is pretty awful.

We Americans tend brashly to think that a few words from us will very promptly show the Koreans that our way is much better than theirs. The error of this thought is very soon apparent to one attempting to advise them in medicine or in many other fields. Getting a Korean to adopt the Western way of doing a thing is a discouraging job: he will smile and agree with you to your face, and then, over and over again, fall back into the old methods as soon as your back is turned. Likely as not, the old way will be the Japanese way, despite the undeniable resentment against the Japanese which the Koreans officially profess. Patiently repeated, practical demonstration seems to be the only way to get our ideas across. I was much impressed by what some have accomplished by this method—notably such missionary doctors as Dr. Paul Crane, a young Hopkins graduate who spent several years with Blalock and then returned to Korea to reopen a mission hospital in one of the southern provinces. He is carrying on his surgery with great enthusiasm and skill, and is gradually building up a sort of teaching center. This kind of effort seems to have real promise of bearing fruit in this wilderness.

Whenever I have the opportunity I see what I can in the Korean hospitals, where such diseases as relapsing fever, typhus, cholera, and clonorchiasis are routine. Last fall there was a serious outbreak of encephalitis in Seoul which, with the help of the Army lab in Tokyo, was proved to be Japanese B. No Americans were involved. This was a fascinating experience. The prospect of founding a modern research hospital—particularly one devoted to communicable diseases—would be very intriguing.

The political situation has been in the news and is of great interest here, since a very solid portion of the Iron Curtain is only about thirty miles away from us and there is a good deal of very vicious guerrilla warfare in the provinces south of Seoul. Our Congress's recent change of heart on economic aid to (South) Korea was of crucial importance here, where the whole economy rests heavily upon American generosity. The Korean Army, almost wholly US-equipped and -trained, is more impressive than one might expect. We cannot abruptly stop our aid here without laying ourselves open to charges of bad faith, and there is certainly some advantage to us in having a fairly strong Korean Army in existence. However, there is no one optimistic enough to believe that Korea can stand by itself economically for many years yet, and sooner or later our aid will have to stop. These views are my own, and unofficial, of course.

So—there seems to be much more of interest here in Korea than I dared expect. I shall be leaving in April or May, but before then I hope to complete two projects: a series of medical clinics at Severance Union Hospital, the oldest and once the best in Korea, now fallen on evil days; the other is musical—the playing of the Brahms piano quintet with a group of Korean musicians in a chamber music series. Boredom has not been a problem.

THE NEWS

No. 90 Boston, Mass. May 1950

REORIENTATION OF DERMATOLOGY — CONTINUED

A year and a half ago, under the title of "A reorientation of dermatology", the problem of redirection in this area of medicine was discussed. Thereupon a new goal was set and a beginning made to reach it. It is with this new objective and the means of its achievement that the subject of reorientation is continued. Brave words must bear fruit, otherwise they are without meaning.

The physical appearance of the department has been greatly changed and improved. From an ancient and dismal ward of the past, the in-patient service moved to the eighth floor of the White Building where there is spacious order, light, and air. This was good for the service. The patients benefited, for recovery is easier in pleasant surroundings. And the staff reacted to the fresh environment with vigor and enthusiasm. There has been improvement in the study and care of the patient. Disease of the skin is coming to have a more significant meaning. This is especially apparent at grand rounds on Wednesday mornings.

Teaching ward rounds are held on two mornings of the week for third year medical students. At these emphasis is placed upon the integration of the cutaneous phenomena of disease with those of other organs of the body, and the underlying mechanism of cutaneous reaction is related to the general processes of disease.

Because of the limitations of time, teaching in the out-patient clinic has been more restricted to familiarizing the student with the surface patterns of disease, yet even there all have been mindful of the need for better study of the patient. Unfortunately, the student's part still remains too passive. He himself should be given an opportunity to examine completely the patient. The habits of examination he acquires in the clinic will be those he carries into practice later.

Graduate students and members of the house staff actively participate in the teaching rounds for undergraduates. Assignments are made so that all may present patients with whom they have had personal contact for discussion with the undergraduate students. There are at present four residents on the service and one intern assigned for a period of two months from the medical service. It is anticipated that in time residents from other services in this and in other hospitals may come to the dermatological service for a period of training. It is not our purpose to train only those interested in the special field of skin diseases. The student of medicine needs to understand the participation of the skin in the body's reaction to injury if he would know medicine completely.

There has been an increasing concern with the emotional problems of the patient with skin disease. For the second year the department of psychiatry has participated in the study of the emotional components underlying cutaneous reactions and has provided instruction in the methods of interviewing the patient and in establishing better relations between physician and patient. This has increased the interest of the department in the psychosomatic aspects of disease as it is met on this service. It has resulted in a more thorough and rational treatment of many patients whose emotional problems were contributory to their somatic disease. In such cases salves are not enough.

The department has two out-patient clinics, one for diseases of the skin and the other, the South Medical Clinic, for syphilis. The latter functions in the program for the control of venereal disease supported by the Department of Public Health of the Commonwealth of Massachusetts. In this clinic special attention is given to the prevention of disease and to the problems of the public health as they relate to syphilis. It serves also as an important means for carrying the idea of the unity of the patient in the varieties of response to a single cause of disease, an attitude of mind to be encouraged in dermatology.

Progress in dermatology can come only from a renewed interest in the acquisition of new knowledge of the skin. All too little is known of the biochemical structure of the skin and the dynamics of its behavior or of the distortion of this structure in disease. Fundamental knowledge is yet to be gained. No longer is it sufficient to dwell upon the morphology of the past. That has been well cultivated and it should continue to have expert attention, but that is not sufficient for the times. New tools are needed, and new minds and hands are required for their employment. These essentials have not been overlooked.

The laboratories of the department, with two exceptions, are located at the Massachusetts General Hospital. These were constructed by the hospital in the Bradlee Building, once a surgical amphitheater and ward, later to become the pediatric ward. The laboratories were ready for occupancy in January 1949. They provide facilities for work in biochemistry, cytology, microbiology, and serology. There are two temperature-controlled rooms, an animal surgery, and an air-conditioned animal farm with a capacity of 180 rabbits. These, together with the offices of the department and a seminar room, occupy approximately 2,800 square feet of space. The laboratories have been equipped from funds secured through grants in aid of research.

In addition to the laboratories in the hospital, space was allocated at the Harvard Medical School, near the department of physical chemistry, for a laboratory designed for the study of plasma proteins; and at the Biological Laboratories in Cambridge, for the study of the biology of pathogenic fungi.

In these laboratories work is now in progress. During the past year the laboratory at the Medical School has been engaged in the development of a small-scale fractionation method for plasma proteins. This is now ready for clinical application. That part of the project relating to the study of plasma proteins in pemphigus and lupus erythematosus has been transferred to the laboratory at the Massachusetts General Hospital, while that part of the work relating to the development of analytical methods remains at the Medical School laboratory. At the Biological Laboratories in Cambridge the cultivation of pathogenic fungi on chick embryos is in progress, and a search is being made for an antibiotic active against a pathogenic fungus.

In the laboratory at the Massachusetts General Hospital the control of bacterial populations on the skin has been studied, and a new method for surgical scrubbing has been devised. Studies on the respiratory metabolism of the normal skin are in progress, initiating an investigation of the biochemistry of vesiculation and related phenomena. Work has been completed on the action of histamine on vascular endothelium and its antagonism by antihistaminic agents. A beginning has been made in the study of the chemistry of epithelial keratinization. There are other interests here also in the biology of syphilis in the experimental animal in relation to the localization of disease in the vascular system. The duration of infectivity of the blood in syphilis of the rabbit has been studied with respect to the tissue localization of *Treponema pallidum* and the mechanism of fetal infection.

For the future extension of research into these fields, two research fellows are now in training, one in histochemistry and the other in enzyme chemistry. The first is working in the department of anatomy at the Harvard Medical School, and the other in the department of biology at the Massachusetts Institute of Technology.

Chester N. Frazier, M.D.,
Chief of Dermatology Service

Storrow House can handle patients in the bed and chair stage of convalescence, with meals in the room and necessary nursing care. Others, who do not really need tray service but who enjoy the feeling of luxury and relaxation, may have breakfasts in bed. Call the MGH Admitting Office for arrangements for admission.

* * *

The American College of Surgeons will meet in Boston, October 23 to 27, 1950. Once again, it will include "A forum on fundamental surgical problems". These presentations are limited to 10 minutes each, without prepared discussion. They afford excellent opportunities for brief, original communications on advances in surgery, the surgical specialties, and allied fields—both clinical and experimental.

The date for the submission of titles and abstracts is now past, but any which may be sent within the next several weeks will undoubtedly receive consideration. If you have material which would be suitable for this part of the program, please send the title and abstract immediately to Dr. Howard Ulfelder, Secretaries' Office, Massachusetts General Hospital. If anyone known to you has such material, please urge that the title and abstract be sent immediately.

The Board of Trustees, at their meetings on March 3, 17, and 31, voted:

To appoint Dr. Nathaniel W. Faxon as Director Emeritus;
To accept the resignation of Dr. Benedict F. Boland from the Urological Staff;
To extend the appointment of Dr. Donald W. S. Stiff as Resident on the Radiological Service from June 30, 1950 to February 1, 1951.

To appoint:

Dr. Raymond A. Adams as Resident in Neurology for one year, beginning July 1;
Mary A. B. Brazier, Ph.D., as Neurophysiologist in the Psychiatric Department;
Dr. Ivan D. Frantz, Jr. as Assistant Physician;
Dr. William W. Hander as Exchange Assistant Resident in Anesthesiology for the month of March;
Dr. John L. McClung as Assistant Resident in Anesthesia, beginning January 1, 1951;
Dr. Harry Stokholm as Assistant Resident in Psychiatry from March 22 to June 30.

The Trustees also voted to appoint the following to the Social Service Advisory Committee:

Mrs. Edward F. Bland, replacing Mrs. Paul D. White;
Dr. Henry H. Brewster, replacing Dr. Jacob E. Finesinger;
Dr. Leo B. Burgin, replacing Dr. Joseph Garland;
Rev. James H. Burns, replacing Rev. Rollin J. Fairbanks;
Dr. Oliver Cope, replacing Dr. Henry C. Marble.

At their meetings on March 8, 15 and 29, and April 5, the General Executive Committee voted to appoint:

Dr. David B. Carmichael, Jr. as Clinical Fellow in Medicine for the period March 15 to October 1;
Dr. August Christensen as Clinical and Research Fellow in Surgery, assigned to Gynecology for four months;
Dr. Leslie Corsa as Clinical Fellow in Pediatrics, as of April 1;
Dr. Norman Gold as Research Fellow in Surgery, assigned to Gynecology for one year;
Dr. James F. Patterson as Clinical Fellow in Dermatology, effective March 1;
Dr. Joseph Rogers as Clinical and Research Fellow in Surgery, assigned to Gynecology for the year 1950.

The following letter from Dr. Dean A. Clark was sent to all members of the MGH Staff on April 10:

Enclosed are two Statements of Policy adopted by the Board of Trustees at its meeting on March 31, 1950. These policies relate principally to staff members holding joint appointments from Harvard Medical School and Massachusetts General Hospital and they have been adopted to bring the practices of the Hospital into conformity with those of the Medical School.

I wish to make it clear that the provisions regarding tenure and those regarding limitation to eleven years of appointments below the rank of Associate Professor apply only to University Full-Time and Hospital Full-Time appointees. They do not affect part-time appointees and they do not affect in any way staff members who do not happen to hold Harvard titles.

If there are questions which arise as a result of these policy statements I shall be glad to discuss them with anyone who may be interested.

The Statements were transmitted to President Conant with the following letter from Mr. Francis C. Gray, Chairman of the MGH Board of Trustees:

The Massachusetts General Hospital has been giving serious consideration to its reply to your memorandum of March 9, 1949, asking the Hospital to submit a Ten-Year Plan for development of its activities related to the Harvard Medical School.

The first official action taken by the Board of Trustees in this regard was the adoption on March 31, 1950 of the enclosed vote modifying the Hospital's policy in order to offer life tenure to persons holding joint appointments from the Harvard Medical School and the Massachusetts General Hospital, with the rank of Professor or Associate Professor.

Adopted at the same meeting of the Board was the enclosed revision of the System of Appointments and Titles, which gives in detail the method by which the above vote will be put into effect, along with certain other policies.

These two statements are intended by the Board of Trustees to bring the practices of the Massachusetts General Hospital with regard to joint appointments into conformity with those of the Harvard Medical School. I take pleasure in transmitting these to you as the first step in developing the plan which you requested. We hope to have the complete Ten-Year Plan ready very soon.

I hope you will feel, as we do, that the adoption of these policies will be of material assistance in furthering the close association between the Massachusetts General Hospital with the Harvard Medical School, which our Hospital values so highly.

The following is the resolution adopted by the Board of Trustees of the Massachusetts General Hospital on March 31, 1950, to supersede the vote regarding tenure which was passed June 11, 1948:

"The Trustees recognize that research in medical science and participation in medical education contribute materially to the care and welfare of patients, both by the alleviation of suffering and by the prevention, cure, and ultimate elimination of disease. The Trustees therefore declare as a matter of policy that endowment or general hospital funds not otherwise specifically designated *may* in their discretion be applied either to remedial care of the sick or, through support of research and education, to such advancement of knowledge as in their judgment gives reasonable promise of preventing, curing, or eliminating disease. Recognizing that the services of men outstanding in the fields of research and education may in certain instances be obtainable for patients of the Hospital only by offering salaried appointments either without limitation of time or for more than one year, the Trustees will offer, in such individual cases as they may from time to time determine, salaried appointments either without limitation of time or for more than one year, in each case subject to annual determination of the salary in accord with the funds which the Trustees determine to be available."

Rules of the Trustees
Chapter I, Article 4
As Amended by vote of the Trustees, March 31, 1950

Article 4. (a) Appointees of the Hospital who hold Medical School titles of Associate Professor or Professor, University Full-Time, shall retire from their Hospital appointments on the 30th of June following their respective 66th birthdays. Exceptions may be made by agreement of the Medical School and the Hospital concerned.

(b) Appointees of the Hospital who hold Medical School titles of Associate Professor or Professor, Hospital Full-Time, and with reference to whom the Trustees designate an intent of tenure in terms of their vote of June 11, 1948 or of March 31, 1950, or concerning whom other specific action is taken with reference to unlimited tenure of the appointee, shall retire on the 30th of June following their respective 66th birthdays. Exceptions may be made by the Trustees in agreement with the Harvard Medical School.

(c) Other appointees of the Massachusetts General Hospital holding appointments classified as Hospital Full-Time or appointees classified as Part-Time by the Medical School shall retire on the 30th of June following their respective 60th birthdays. Exceptions may be made by the Trustees and beyond the 60th birthday by agreement with the Medical School.

(d) Part-Time appointees of the Massachusetts General Hospital not holding joint appointments with the Medical School shall retire on the 30th of June following their respective 60th birthdays.

(e) In the document "System of Appointments and Titles" that currently establishes procedure in the Harvard Medical School it is stated with reference to University Full-Time appointees below the rank of Associate Professor that the University limits such term appointments to a total of eleven years in each case. The same document states with reference to Hospital Full-Time appointees below the rank of Associate Professor that there is "No limit by University to number of reappointments for terms". The Hospital, however, recognizes the soundness of a limit to the renewal of full-time appointments below the rank of Associate Professor, for Hospital Full-Time as well as for University Full-Time appointees. The Hospital's policy therefore parallels the University's policy for the University Full-Time category and the Hospital limits its recommendation for Hospital Full-Time term appointments to a total of eleven years for any appointee. In instances of transfer from University to Hospital Full-Time, computation of the maximum period during which reappointment may be made on non-permanent Hospital Full-Time status will include those years spent in University Full-Time term positions.

(f) In the same document, "System of Appointments and Titles", that currently establishes procedure in the Harvard Medical School, it is stated that at the end of the maximum duration of non-permanent University Full-Time work, an individual "may be called to Hospital Full-Time".

Hospital policy defines such a call as the approved nomination by joint ad hoc committees to a formally established position of Professor or Associate Professor (Hospital Full-Time) with salary and tenure provisions authorized by the Trustees.

(g) Recommendation for appointment to Professor or Associate Professor, Hospital Full-Time, will imply that the Hospital assumes full responsibility for tenure defined in each instance by the Trustees. Policy in regard to tenure is defined by the vote of the Trustees on March 31, 1950.

(h) Three year term appointments on Hospital Full-Time (Assistant Professor or Associate) will be recommended on the basis of an expressed intent of annual reappointment for the second and third years. When the salary for the first year is derived from a grant-in-aid subject to annual renewal by an outside contracting agency, the Trustees must in each instance be informed of a source of funds reasonably assured for salary payments during the second and third years, and approve each recommendation before it is submitted to the Medical School.

Adopted by Board of Trustees
March 31, 1950

* * *

SURGERY CLINIC

The varying fortunes of this clinic, in company with the rest of the O.P.D., have been paralleling the scientific, educational, organizational, social, and economic trends of the times for 128 years. In 1822 the Trustees authorized Dr. John C. Warren to give free surgical advice to out patients at twelve o'clock on Tuesdays and Fridays. This he did, probably at the Apothecary Shop in the Bulfinch Building, and by 1827 he was able to report that he had given such advice to "a number".

Things appear to have gone along quite informally for 24 years before the beginning of the pressure of expansion brought informality to an end. On October 16, 1846, a date better remembered for what was transpiring in the surgical amphitheatre, the Trustees voted that a record of all "Out Door patients" be kept "in a book or books to be furnished by the Superintendent".

Meanwhile, Dr. Warren's one-man project had grown to a collaboration and each staff surgeon was treating out patients in turn. In 1856 Dr. Samuel Abbot, Physician to Out Patients in addition to his many other extraordinary duties, reported that 289 patients had received advice during the year, and added, "It has been the constant aim to make the Out Patients as light a tax as possible upon the finances of the Hospital." That financial problems were indeed a matter of concern is shown in Dr. Abbot's report for 1858, when the cost of free drugs for only six months reached the startling figure of $48.21.

From that time on, the spectres of expense and crowding installed themselves as uneasy and apparently permanent lodgers in the O.P.D. Attendance more than trebled in the ten years between 1865 and 1875, possibly as a result of the depression following the war. Many years later, Dr. Washburn wrote a significant observation in this connection: "As the country made a temporary return to prosperity in 1935 an appreciable diminution of Out Patients was noted." In 1875 there were 16,993 visits, with voluntary donations from patients amounting to $267.45. The Report of the Trustees mentioned the "strongly felt" want of space, "although the waiting room has already been materially enlarged by adding the space under the seats of the operating amphitheatre."

In 1876 progressive crowding brought a suggestion to assign a House Pupil to classify patients in the waiting room (and also to help in "collecting such fees as may properly be expected from some of them"), but the Trustees replied with more than their wonted caution that although it "may perhaps be thought advisable at some future time", for the present the Porter and Nurse "must give it all the attention in their power." Eventually, however, very drastic measures had to be taken, and in 1893 Dr. John H. McCollum was appointed Examining Physician to interview out-patient applicants passing through the Lodge on Blossom Street, "with the object of excluding from the waiting room any cases of contagious disease, and as far as possible to lessen any existing abuse of medical charity."

Even this brought about no real respite. The patient census for 1894 was 25,113 visits, and in 1898 the Trustees were appealed to in no uncertain terms. The Lodge, especially, was "overcrowded, imperfectly ventilated and heated, and defective in sanitary arrangements." In this year enough land was bought to contain a new O.P.D. Building and an Eye and Ear Infirmary, and in 1900 plans for a new building were approved, providing for a separate clinic for children and the installation of new departments for orthopedics, X-ray, and physiotherapy. Three years later, when the capacious modern plant was opened, the Trustees must have breathed a sigh of relief. Attendance the first year, however, was 106,174 visits at a cost to the hospital of $45,106.

Since the economic problem, at least, is still very much alive in 1950, it may be of interest to sketch its development more in detail. The treatment of out patients remained gratuitous until 1875, when the Trustees voted to install locked boxes for the use of such patients as might care to make some voluntary contribution. Two years later one of the innumerable investigations showed that at least one-fourth of the free patients could have paid something. Accordingly, in 1881 a rule was adopted to prevent the free admission of such patients as were able to pay an admission fee. Within a year, however, the surgeons petitioned the Trustees to abandon the rule, because it was depriving them of "many interesting and instructive cases". The rule was temporarily abolished but the investigations were not. By 1894 it was suspected that the superiority of the surgical clinic could not entirely explain the difference between an increase of 35 percent among medical patients (who paid for their medicines) and 121 percent among surgical patients (who got treated free). The Trustees, therefore, voted cynically to charge surgical patients 10 cents a visit if they could pay.

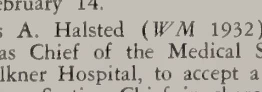
In 1913 it was necessary not only to extend this charge to all paying patients, but to raise it to 25 cents in the case of first visits by adults. Perhaps children were more docile then, but whatever the rationale, this quaint financial distinction between children and adults survived for 33 years. The fee for first visits was stepped up by 25 cent increments until 1946, when a flat rate of one dollar a visit was adopted for all patients, new and old, child and adult. This was raised to $1.50 in 1947, $2.00 in 1948, and $2.25 in 1949. It is still $2.25 in 1950, and out patients, paying only 75% of charges which approximate cost, continue to be a "tax upon the finances of the Hospital".

Overcrowding, so far as the Surgical Clinic is concerned, has abated. In the ten years from 1938 to 1948, visits to the Surgical Clinic declined from 27,256 to 14,234. There were 8,417 visits in 1949. What part may have been played by the war and postwar prosperity or the increasing rates cannot be assessed. A very definite factor, however, has been the recent growth of other clinics representing surgical specialties. Examples are Tumor Clinic (11,369 visits), Fractures (2,448), Hand (1,620), Rectal (742), Plastic (623), Residents' Follow-up (3,600), and the Gynecological Clinic which absorbed 2,737 visits in 1948, the first year of its operation. Much of the sharp decline from 14,234 in 1948 to 8,417 in 1949 may be accounted for by the opening on February 10, 1949 of the O.P.D. Dispensary, where 6,200 visits at a fee of $1.00 were made by patients, both medical and surgical, whose complaints did not call for more formal clinic management. Doubtless there are other factors concerned, as well, but the trend toward further subdivision of surgery into specialties raises the question of what function should properly be served by a basic surgical clinic.

With a view to improving quality, regardless of quantity, two steps have been taken during the past year. The Surgical Clinic has been included among the responsibilities of the Chief of Surgical Services, and the most minor surgical cases have been shifted to the O.P.D. Dispensary. These changes have resulted in a closer contact between the O.P.D. residents and the older members of the surgical staff who have accepted a limited amount of clinic work as part of their service duties and have so expedited matters as to make the clinic pleasanter for both patients and staff. Prompt written reports to referring physicians are being stressed. It remains to be seen what effect these and other measures will have on clinic attendance. That is not to imply that success should be measured in terms of size. On the contrary, it would seem that a clinic of a quality commensurate with the rest of the Surgical Department and of a size to supply suitable cases to as many beds as the hospital can afford to furnish is big enough, provided the needs of the community are being met.

The old familiar problems keep recurring with monotonous regularity over the years, but now there are signs that the old solutions may no longer suffice. It is a temptation to speculate about future developments. The growing interest in cost, distribution, and insurance-payment of medical care is unmistakable. Contemplated extension of the pre-payment principle by such agencies as the Blue Cross and the Federal Government, together with growing complexities of diagnostic and therapeutic aids and greater specialization imposed by scientific advances, cannot fail to break down many of the old distinctions between "charity" out patients and "private" office patients. How soon shall we see some professional descendant of Dr. Warren dispensing surgical advice to both kinds in a modern Office and Clinic Building attached to the hospital? Stranger things might happen!

Horatio Rogers, M.D.,
Head of Surgery Clinic



Brief bits:—

Dr. Edwin C. Albright (*WM* 1942) reports the arrival of a third son, George Hubbard, born February 14.

Dr. James A. Halsted (*WM* 1932) has resigned as Chief of the Medical Service at the Faulkner Hospital, to accept a full-time position as Section Chief in charge of gastroenterology in Wadsworth Veterans Administration Hospital, Los Angeles. His address will be Wadsworth Hospital, V.A.C., Los Angeles 25, Cal.

Dr. Robert S. Schwab, Associate Neurologist on our staff, gave a lecture at the neuropsychiatry seminar at Augusta, Georgia, on March 31. The seminar was sponsored by the Veterans Administration, to cover the eastern half of the United States. The title of Dr. Schwab's talk was "Electroencephalography in general practice".

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Paul A. Chandler, Surgeon in Ophthalmology, was invited to give the first John E. Weeks Memorial Lecture at Portland, Oregon, in March. He chose as his subject, "Surgery of the lens in infancy and childhood". Dr. Chandler also lectured in San Francisco and Louisville, Kentucky, during March.

Dr. Robert Fink, whose residency in Ophthalmology will begin in July, is working with Dr. Robert R. Trotter on the neuro-ophthalmological patients at the M.G.H. and also is helping with research on work for the Atomic Energy Commission with Dr. David G. Cogan in the Howe Laboratory.

Miss Ruth M. Butler, case work supervisor, and Miss Madelaine Shipsey of the Social Service Department attended the National Conference of Medical Social Workers in Atlantic City, April 24-29. Miss Butler gave a paper on "Casework with an eye patient" at a panel discussion of generic and specific case work.

Miss Pauline M. Moor of the Social Service Department presented a paper on "Blind children in nursery schools" before the Parents' Organization for Blind Children, on April 21.

Dr. Edwin B. Dunphy, Chief of Ophthalmology, will give the Curran Lecture at the University of Missouri Medical School in Kansas City, in May.

Dr. Frederic B. Breed completed his residency in Ophthalmology on May 1, and has opened his office for private practice at 2 Winter Street, Salem.

* * *

FACTS ABOUT THE BOSTON EYE BANK

The Boston Eye Bank, an affiliate of the national organization, the Eye Bank for Sight Restoration, Inc., New York, was established in the fall of 1946 by a Board of Sponsors comprised of leading ophthalmologists in this area, and representatives from the religious, civic, social, legal, and business fields.

The Boston Eye Bank provides facilities for the collection, preservation, and laboratory analysis of eye tissue and the distribution thereof, for use in corneal graft operations performed *to improve the vision of persons whose blindness is caused by damaged corneas.*

The Boston Eye Bank is operated as a department of the Massachusetts Eye and Ear Infirmary, but the service is designed for all eye surgeons and eye departments of hospitals throughout New England. The Infirmary *contributes* office space, professional supervision, and the use of laboratory facilities, but the Eye Bank *depends upon voluntary financial contributions for its operating expenses.*

The extent of the Eye Bank service depends upon the willingness of the *general public* to leave eyes for use after death, and upon the cooperation of the *hospitals* in this area for the removal of eyes of deceased eye-donor patients. Therefore, a sympathetic and tactful explanation of the program to patients and their families, the medical staff, and the nursing staff, and their understanding of the program are of vital importance to its success.

As a general rule, the Eye Bank can take advantage of the gifts of only those eye donors who die in hospitals. This is because, in most instances, only hospitals have the necessary facilities for removing eyes and are familiar with Eye Bank procedure. If enough generous people sign up now to donate their eyes, the percentage of those deaths occurring in hospitals will provide a sufficient supply of eye tissue in the Eye Bank to meet the need.

Of the 41 New England hospitals now affiliated with the program, 34 are in Massachusetts, 3 in Maine, 2 in New Hampshire, 1 in Rhode Island, and 1 in Vermont. Included among these are the Massachusetts General Hospital, Baker Memorial, and Phillips House. These affiliated hospitals provide, *free of charge,* facilities for removal of the eyes of deceased patients. Permission for this is sometimes secured prior to death, but in most instances it is secured from the next of kin when he is approached relative to an autopsy. This should be done with all possible dispatch, as the eyes which are most useful are the ones removed within an hour of the donor's death. Telephone permission, witnessed by someone listening in on the line, is acceptable when the next of kin is not immediately available in person.

Every donation of eye tissue is needed and gratefully accepted. Due to a small staff and limited funds, it is impossible to take advantage of donations of eye tissue from persons who die in nursing homes or in their own homes, unless arrangements are made for enucleation at the nearest affiliated hospital. This requires careful planning and is not encouraged, except under very unusual circumstances and at no expense to the Eye Bank.

All incoming eyes are examined to make certain they are free from bacterial contamination, that the cornea is unscarred, and the tissue has not begun to deteriorate. No eyes are discarded; those not satisfactory for treating blindness from corneal opacity (the graft operation) are used advantageously for research purposes, thus ultimately benefiting other types of blindness.

Eyes must be removed within one hour after death. Eye tissue may be preserved for a maximum of 72 hours (preferably 36 hours) before being used in the corneal graft operation. When it is known that eye tissue is going to be made available, the physician in charge, the resident, or the floor supervisor should get in touch with the Admitting Office, which will call the Eye Bank, Extension 567, or the Infirmary Admitting Office (if after 5 P.M. or on week ends). Immediately after death the eyelids should be carefully closed. No cotton or other material should be placed between the lids and the eyes. An Infirmary house officer will immediately go to the designated operating room to perform the enucleation.

The Red Cross and Boston Junior League Volunteer Motor Corps provide transportation of the eye tissue to surgeons and the Eye Bank. A twenty-four-hour telephone service is maintained to facilitate speedy transportation of eye tissue. Distant communities are served through the cooperation of the airlines and railroads.

The interested cooperation of the medical and nursing staffs of the Massachusetts General Hospital, Baker Memorial, and Phillips House has resulted in 27½ percent of all donations received by the Eye Bank since its inception and has aided materially in the success already achieved. With their continued interest, and as the public becomes better acquainted with the program, the number of donations should increase.

Alice M. Crowley,
Executive Secretary, Boston Eye Bank

Just an overnight run from Chicago on the Santa Fe's "Texas Chief" and not quite halfway across the country from Boston lies Main Street of Winfield, Kansas. Since the beginning of the postwar reconversion program, five surgical assistant residents from M.G.H., at different periods of time, have called this home for six months each. The destination of their trek is the fourth floor of the town's National Bank Building, on the corner of its two busiest streets. Here in its bustling air-conditioned atmosphere are the offices of the Snyder-Jones Clinic, a thriving private group practice which draws its clientele from a wide radius of south central Kansas and northern Oklahoma. The Clinic is a remarkable collection of able practitioners. Specialized practice by Board men is available to the town in their four internists, three general surgeons, an anesthetist, a radiologist, and an ophthalmologist.

The town lies amid green rolling hills on the banks of the muddy Walnut River, a tributary of the Arkansas, just west of the Flint Hills, the westernmost reaches of the Ozarks. Its population of less than 10,000 is prosperous and pleasant, easy-going and American. Cowboys are common sight on Saturday afternoons, but Indians are as foreign as in Boston. The livelihood of all is directly or indirectly drawn from the ground—the three principal resources being wheat, cattle, and oil. The nearest crossroads of real industry is thriving Wichita, forty-seven miles north, which is also the closest for the kind of night life and entertainment to which the metropolitan from Boston is accustomed.

Surgical experience is gained primarily from assistance in the town's two small hospitals—the city William Newton Memorial Hospital and the Catholic St. Mary's Hospital—each of about sixty-bed capacity. In the two the clinic surgeons maintain an average of thirty to forty patients, who present almost all the branches of general surgery, including gyn, g.u., fracture, EENT, and some thoracic surgery. One's own operating experience is gained from the county patients, the equivalent of our ward patients, plus certain private cases "handed down" from the senior men. To alternate coverage, the Clinic also has a resident from Charity Hospital in New Orleans, and between the two most of the night and emergency work is handled. Some private office practice, and even house calls, are a part of the daily routine. Research facilities and special laboratory service are available through a small but active organization known as the Snyder Research Foundation. A teaching program is carried out, highlighted by a biochemichophysiology meeting at the Foundation and a pathology session each week.

Recreation is often of one's own making. Wichita is enough of a distance to entail a second thought, and Winfield is "dry" in a state which only in the past year legalized liquor at all. This makes Ark City (Arkansas City), fifteen miles south and "wet", of more than passing interest. Within Winfield are a nine-hole golf course, movies, a swimming pool, a bowling alley, etc., but no real dancing or eating spots. The fall season produces some of the finest hunting in the country with ducks, Canada geese, quail, dove, and farther west pheasants in abundance. Two small colleges in town offer athletic competition, and the summer evenings see a semi-pro baseball league in action.

Six months here leave the impression of a combination of the manners and methods of the Massachusetts General Hospital and good living that is foreign to most New Englanders. Knowledge that medicine and surgery of this caliber are available in towns of less than 10,000 is both encouraging and enlightening. And the manner in which medicine is actually and pragmatically practised away from the teaching center is integral in the training of a resident in such a teaching hospital.

The pros and cons of sending a resident 1500 miles for such experience may always be debated; but for this traveler and his family it was a most pleasant and seemingly worth-while experience.

Earle W. Wilkins, Jr., M.D.,
1st Assistant Resident in Surgery

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We thought you might be interested to see a complete list of doctors from countries outside the United States who were registered at M.G.H., as of April 1950. Here are their names and the countries from which they came:

Fellows

Sadegh Amini—Iran
Alejandro P. Arellano—Peru
Joseph A. Boyd—Canada
Pedro M. Catoggio—Argentina
Dora Hsi-Chih Chao—China
Timothy B. Counihan—Ireland
Raymond Daley—England
Andre Duprez—Belgium
Emile Gautier—Switzerland
Chaskiel Grossman—Israel
Bernard J. Harries—England
Mark Horwitz—South Africa
Albert B. Houssay—Argentina
Keh-Wei Huang—China
Chi Hao Lee—China
Wilfred Leith—Canada
William Locke—Canada
Charles Mentha—Switzerland
William R. Merrington—England
Albert J. D. Michel—France
Carlo A. Montagnani—Italy
Julio F. Morató-Manaro—Uruguay
Charles H. Read, Jr.—Canada
Paul M. G. St. Aubin—Canada
David Stafford-Clark—England
D. Vernon Thomas—England
Richard D. Tonkin—England
Isabelle Valadian—Lebanon
John D. Wade—England
Marvin M. Wasserman—Canada

Resident Staff

Louis Bakay, Assistant Resident in Neurosurgery—Sweden
David Kahn, Assistant Resident in Pathology—Canada
Hugh A. MacMillan, Assistant Resident in Pathology—Canada
Nils Normann, Assistant Resident in Anesthesia—Norway
Guillermo C. Sanchez, Intern in Medicine—Guatemala
Boris Senior, Intern on the Children's Medical Service—South Africa
Joseph L. Shugar, Assistant Resident in Orthopedic Surgery—Canada
Harry Stokholm, Assistant Resident in Psychiatry—Denmark
Chiu-chen Wang, Assistant Resident in Radiology—China

Graduate Student Assistants

Raoul Groulx—Canada
Ferdo Petrovcic—Yugoslavia
Haroldo A. Rodrigues—Brazil

Visitors

Antonio Moto—Italy (until 6/30/50)
C. Vyag—India (until 5/1/50)

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WILLIAM H. WELCH

The one-hundredth anniversary of the birth of William Henry Welch, eminent pathologist and founder of the Johns Hopkins Medical School and the School of Hygiene and Public Health, occurred on April 8, 1950. Like Sir William Osler, his life was rich and varied and his interests were many. Scientist, Brigadier General of the United States Army, scholar, humanist, lover of the arts, public-spirited citizen, sportsman, epicure—it has justly been said of him that "he had windows opening on every possible aspect of life."

Osler's junior by less than a year, Dr. Welch's association with Johns Hopkins began in 1884. There he completed a crowded half-century of scientific achievement, during which he was professor of pathology for thirty years, director of the School of Hygiene and Public Health for

No. 23 in a series of Staff photographs
Dr. Walter S. Burrage—Head of Allergy Clinic

a decade, and lastly director of the Institute for the History of Medicine. Short and thickset in build, he was endowed with phenomenal vitality and bodily health. His likeness is generally considered the best in Sargent's famous group picture of the "Big Four", commemorating the association of Welch, Osler, Halsted, and Kelly, that hangs at the end of the Great Hall in the Welch Medical Library at Hopkins.

Dr. Welch, long known as "the dean of American medicine", and more familiarly as "Popsy", celebrated his eightieth birthday in 1930, four years before his death. This Celebration, marked by official ceremonies at Washington, international broadcasts, and observances in all the larger scientific centers throughout the world, made history. More than three thousand clippings, from about one thousand seven hundred fifty newspapers and periodicals, are preserved at Johns Hopkins as a partial record of the innumerable tributes paid him at that time.

Dr. Welch delivered two addresses at the Massachusetts General Hospital—the first at the Semi-Centennial of Anesthesia in 1896, and the second, which inaugurated the series of Ether Day Addresses, in 1908. The first address, entitled "The influence of anesthesia upon medical science",(1) stressed the necessity of animal experimentation—then one of his major concerns. (From 1896 to 1900 he led a crucial fight against antivivisection.) His second address, "A consideration of the introduction of surgical anaesthesia",(2) with its broad historical background, gives, as Dr. Washburn stated, (3) the whole story, and tells in detail of the rival claims. Widely read and frequently quoted in part, it has probably gone far in establishing Morton's role in the discovery of anesthesia: ". . . the chief glory belongs . . . to Morton's deed in demonstrating publicly and convincingly the applicability of anaesthetic inhalation to surgical purposes. . . ."

It may be recalled that the circumstances under which this address was actually prepared were somewhat casual and furnish striking proof of Dr. Welch's native geniality, as well as his strength of concentration. Harvey Cushing, who accompanied him to Boston the night before the lecture was to be delivered, has given a graphic account(4) of Welch, with a writing block and a handful of cigars, sitting Buddha-like on his feet in a corner of the smoking compartment of the train, surrounded by drummers, all smoking furiously, and with whom he conversed from time to time during the progress of his writing. At about 11 P.M. Dr. Cushing retired, leaving Welch still at work. Each page of his writing block, when closely written, took a minute and a half to deliver. On October 16 he had ready an exact hour of talk. At the conclusion of his lecture he handed the manuscript to Dr. Washburn, at his request, and it was subsequently published without correction.

In 1921, when a bust of William T. G. Morton was unveiled at the Hall of Fame of New York University, Dr. Welch attended the ceremony, representing Medicine, while Dr. Washburn was present as the delegate of the Massachusetts General Hospital. The ceremony over, Dr. Welch proposed that he and Dr. Washburn do some sightseeing together and suggested, as the most satisfactory medium, a ride on the top of a 5th Avenue bus. It proved a happy suggestion, Dr. Washburn recalled, some years later. Here it may be added that Dr. Welch was familiar with many aspects of New York, and might be seen enjoying the beach at Coney Island, or perhaps one of its side shows. He died on April 30, 1934.

In speaking of himself on his eightieth birthday, he said, "No one could have been more favored in his professional career by time and opportunity, and by the good work, achievements and cooperation of pupils, assistants, and associates, than I have been."

(1) Semi-Centennial of Anaesthesia. Boston, 1897, pp. 59-68.

(2) Boston Med. Surg. J., 1908, CLIX, pp. 599-604. (Reprinted)

(3) Washburn, F. A.: The Massachusetts General Hospital. Boston, 1939, p. 539.

(4) Fulton, J. F.: Harvey Cushing. Springfield, Illinois, Charles C. Thomas, 1946, pp. 277-278.

C. M. F.

(We are indebted to Mrs. William W. Ford for this account. Dr. Ford, late professor of bacteriology at Johns Hopkins, was long associated with Dr. Welch and assisted him in the organization of the School of Hygiene and Public Health. *Editor*)

* * *

Dr. Robert K. Brown (*WS* 1939) sends us this vital statistics report, along with other bits of news about his work.

The real news in my family is the arrival of twin sons in December, which brings the total to six boys. The oldest is seven and a half, so you can see we have a lively houseful.

As for the rest, I am keeping busy in the practice of chest surgery in Denver, working at quite a number of hospitals which are well scattered about the country. The farthest away is in Colorado Springs, which I visit once a week. I go out to Colorado General Hospital one day a week, and am Assistant Clinical Professor of Thoracic Surgery at the Medical School.

We enjoy The News and look forward to it each month.

THE NEWS

No. 91 Boston, Mass. June 1950

THE ROBERT W. LOVETT MEMORIAL RESEARCH UNIT

The Arthritis Research Unit, frequently referred to as the Lovett Fund Group, is an integral part of the Medical Service. This joint Harvard Medical School—Massachusetts General Hospital enterprise was made possible through the efforts of Dr. Frank R. Ober who in 1925 conceived the idea that an endowment for the study of crippling diseases would provide a fitting memorial to the world-eminent orthopedic surgeon. In 1929, the Lovett Fund Committee decided that the income should be devoted to the study of arthritis, and Dr. Cecil K. Drinker, Chairman of the Committee, persuaded the undersigned to assume charge of this study project.

During the first seven years, these investigations were supported by the income of the Robert W. Lovett Memorial Fund of the Harvard Medical School and by grants from the Rockefeller and the John and Mary R. Markle Foundations. During this period, the Massachusetts General Hospital made possible the hospitalization of patients to be studied and furnished us with much-needed laboratory space, equipment, and supplies. On September 1, 1937, as provided in Chapter 393, Acts of 1937, the Department of Public Health of the Commonwealth of Massachusetts entered into a contract with the Massachusetts General Hospital, for the care and treatment of persons suffering from chronic rheumatism. This contract allows for the hospitalization of twenty-five patients at any one time. With the added facilities afforded by the Massachusetts Department of Public Health, it was decided to seek additional private funds for the continuation of our studies on a broader scale. This plan materialized when The Commonwealth Fund voted a large grant for a three-year period beginning January 1, 1938. Since then, a more comprehensive program, combining care of the patient and clinical research, has been supported by the Robert W. Lovett Memorial Fund, the Massachusetts Department of Public Health, and The Commonwealth Fund. Currently, the Unit is receiving additional support from the United States Public Health Service.

From the very outset of this research project we have made detailed clinical studies of all arthritic patients entering the Hospital. Approximately two thousand patients have been cared for to date. Although we are interested in all types of joint disease, we have devoted a major portion of our time describing rheumatoid arthritis, the afflicted individuals and the life course of their disease. The latter has been made possible by means of an excellent follow-up system which permits maintaining contact with all patients who are of special interest to us in our clinical studies. This important aspect of the work has been maintained for the most part by Dr. Charles L. Short and, until recently, Miss Geraldine Sweet. The type of information gained from such long-term clinical observation is best illustrated by a brief résumé of our study of rheumatoid arthritis.

Beginning in 1930, we made a very detailed study of each consecutive rheumatoid arthritic patient admitted to the Medical Service. The study of each patient was carried out in accordance with a prearranged plan. By using a statistical sheet designed for this specific purpose, we were able to obtain the same data on each patient. The statistical analysis and description of the data obtained from the first three hundred characteristic cases of rheumatoid arthritis and a control series of comparable age and sex are providing and correlating information concerning the nature of rheumatoid arthritis. The results to date reveal many interesting findings. When completed, the study will provide us with a much-needed description of rheumatoid arthritis. We are in contact with all but four of the living members of this original group of patients. The follow-up study of these patients during periods of remission and active disease continues to provide us with additional information concerning the varied manifestations of the disease, its life course and its response to treatment.

During the course of this study it has become increasingly apparent that rheumatoid arthritis is a systemic disease. In some cases this is suggested during the prodromal period when there is no known skeletal involvement. Once the arthritis is well established, a history of constitutional, vasomotor, and neurological symptoms, and the finding of a skin rash, subcutaneous nodules, muscle atrophy, ocular and cardiac involvement, favor this interpretation. Laboratory studies reveal many physiological and metabolic alterations. Those most commonly observed are: an increased sedimentation rate, anemia, alteration of the serum proteins, a reduced carbohydrate tolerance, an increased excretion of calcium, an abnormal retention of Congo red, a slight reduction of one or more of the measurable functions of the liver, and marked synovial fluid alterations. The latter consist of a moderate elevation of the leukocytes, a reduction in sugar concentration, and a marked destruction of mucin. The widespread nature of the disease, affecting connective tissue predominantly, is evident on review of the post mortem findings on eighty-six cases. As the nature of rheumatoid arthritis became recognized, the clinical and pathological similarities to the group of generalized connective tissue diseases (rheumatic fever, lupus erythematosus disseminatus, periarteritis nodosa, dermatomyositis, and scleroderma) have become more evident. Since then, studies have been undertaken to determine whether these diseases are related pathogenically.

Of the pathological alterations observed to date, those pertaining to the heart and nervous system are particularly informative.

The cardiac studies by Drs. William S. Clark and J. P. Kulka reveal a high incidence of pericarditis. Gross disease of the valves was found in twenty percent of the cases. In an additional eighteen percent, significant valvulitis was seen microscopically. The etiology of the valvular involvement is not known. Of great interest are six cases showing an unusual myocarditis and three cases with a peculiar aortitis, one of which showed aortic valvulitis. These lesions differ from those seen in rheumatic fever and syphilis, and are thought to be manifestations of rheumatoid arthritis.

Widespread involvement of the central nervous system in rheumatoid arthritis has been demonstrated by Dr. L. Raymond Morrison. Histological changes in the spinal cord resemble those produced by aging, but they occur at a much younger age than in spinal cords obtained from patients with no history of nervous system disease. An exudative reaction is found with some degree of constancy in the interstitial tissue of the sympathetic nervous system chain. In the neighborhood of the sympathetic ganglia, as well as in the fiber pathways between ganglia, collections of hematogenous cells have been found in most of the cases examined. In view of the high incidence of vasomotor disturbances in patients with rheumatoid arthritis, it will be of value to examine the sympathetic nervous system more thoroughly with techniques which are now available. Further suggestion of central nervous system involvement is given by the elevation of the spinal fluid protein found in many cases of rheumatoid arthritis. Peripheral nerves show inflammatory lesions and offer a possible explanation of many clinical signs. The lesions are in the connective tissue of the perineurium and only secondarily involve the myelin sheath and probably the nerve fibers.

These and numerous other studies have failed to disclose specific leads as to etiology or pathogenesis of rheumatoid arthritis. They have, however, suggested a more fundamental approach, namely, detection and characterization of the tissues involved. As the normal is defined we can better interpret the alterations produced by disease. Such an approach necessitates further study of the reaction of tissues and of the individual as a whole to various insults.

Detection of the type of mesenchymal tissue first affected in rheumatoid arthritis necessitates a more detailed characterization of both loose connective tissue and the more highly organized mesenchymal tissue, their fibrillar and ground substance, and their related enzymes. This approach will require effective use of modern analytical cytology, including biophysical and biochemical methods as well as classical descriptive histology. To begin with, Dr. Jerome Gross will limit his studies to the examination of loose connective tissue, particularly the structure of collagen and the chemistry of polysaccharides, especially hyaluronic acid. It is thought that sufficient knowledge of the structure of normal collagen has been obtained and that methods have been developed to a point where it is now feasible to attempt a study of abnormal tissue with the electron microscope and associated techniques.

Since the nature as well as the specificity of the pathological process in rheumatoid arthritis and related diseases remains obscure, investigations will be undertaken in an attempt to obtain a better characterization of the lesions. The initial approach will concern the study of the earliest lesions of the disease, in order to determine which of the functional, chemical, and morphological alterations are most apt to be related to the primary injurious agent. Analysis of these changes will permit postulation as to the various causative mechanisms, the validity of which can be tested by animal experiments.

Walter Bauer, M.D.,
Director, Robert W. Lovett Memorial for the Study of Crippling Disease

(The conclusion of this article by Dr. Bauer will appear in the next issue.)

The Board of Trustees, at their meeting on April 14, voted:

That the resignation of Dr. Carroll B. Larson, as of August 1, be accepted with regret and congratulations on his new position;

That Assistant Residents on the Urological Service shall henceforth be assigned to that Service in rotation from General Surgery.

To appoint:

Dr. George Christman as Intern on the Dental Service, beginning July 1;

Dr. Owen W. Kite as Intern on the Dental Service, beginning July 1;

Dr. Leon R. Lezer as Assistant Director, beginning about July 1;

Dr. Marion L. Smith as Assistant Resident in Anesthesia, to begin August 1.

To appoint the following Assistant Residents on the Orthopedic Service for the terms indicated:

Dr. Henry H. Banks, April 1, 1951—March 31, 1952;

Dr. John O. Esslinger, October 1, 1951—September 30, 1952;

Dr. Robert G. Greene, July 1, 1951—June 31, 1952;

Dr. William J. S. Melvin, January 1, 1951—December 31, 1952;

Dr. Morten Smith-Petersen, January 1, 1951—December 31, 1952.

At their meetings on April 12 and 26, the General Executive Committee voted to appoint:

Dr. Nelson P. Blackburn as Clinical Fellow in Pathology for the period of one year, beginning July 1;

Dr. Robert A. Devloo as Clinical and Research Fellow in Anesthesia for the period of one year, beginning September 1, 1951;

Dr. Lester A. Steinberg as Clinical and Research Fellow in Dermatology, as of April 1;

Dr. Paul L. Sweet as Clinical Assistant to the Dental Clinic, as of July 1.

* * *

The second Richardson Lecture was given at the hospital on May 11. The speaker was H. L. Sheehan, M.D., D.Sc., F.R.C.P., Professor of Pathology at the University of Liverpool, England. His subject was "Clinical syndrome of chronic hypopituitarism".

This lectureship is a gift to the hospital from Dr. Edward P. Richardson's sons, as a memorial to their father—a distinguished member of our staff for many years. The first lecture was given a year ago.

* * *

Some time ago, Dr. Stanbury brought to our office a metal case containing three large rolls of motion picture film, and suggested we insert a notice of that fact in THE NEWS, with the hope of finding the owner.

Dr. Stanbury says that, judging from the costumes, the pictures appear to have been taken in about 1930. He says that one of the rolls is a colored film of a cat.

Any help in locating the owner would be appreciated. The films are still in the office of THE NEWS.

* * *

Brief bits:—

Last month we published a list of all doctors from countries outside the United States who were registered at the Massachusetts General Hospital as of April 1950, together with the names of the countries from which they came. The list reported Dr. Louis Bakay, Assistant Resident in Neurosurgery, as being from Sweden. Dr. Bakay has asked us to make a correction on that point. He says that, while he did come here from Sweden because he had been in that country for a time, he is actually from Hungary.

Dr. Edward F. Bland, Physician on our staff, will deliver the Annual Address at the meeting of the medical alumni of the University of Virginia in Charlottesville on June 9.

Dr. John R. Graham (*WM* 1936) has been appointed Chief of the Medical Service at the Faulkner Hospital, here in Boston, to succeed Dr. James A. Halsted. Dr. Graham completed his duties as Assistant in Medicine on our staff before assuming his new duties on June 1.

Dr. Carroll B. Larson has been appointed Professor of Orthopedic Surgery at the University of Iowa.

OFFICIAL NOTICE

A new procedure regarding the publication of the bibliographies of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary is to go into effect immediately. All staff members of both hospitals please read the following very carefully.

Beginning with the July issue, titles of publications will appear each month in THE NEWS. For that July issue, please send all titles of books and articles you have published since (and including) January 1, 1950, to Cora F. Holbrook, Editor of THE NEWS. From then on, send her all new titles each month.

As soon as the December titles have appeared in the January 1951 issue of THE NEWS, these lists will be assembled and published as the Massachusetts General Hospital—Massachusetts Eye and Ear Infirmary Bibliography for the calendar year 1950. Should you fail to report a title to THE NEWS, it will not appear in the bibliography. The deadline date for each issue of THE NEWS is the 12th of the preceding month. Therefore, please send by June 12 all 1950 titles up to then, for publication in the July number. Be sure to include complete data: 1) classification of material, such as Anesthesia, General Medicine, Laboratory Science, General Orthopedics, Orthopedic Surgery, Miscellaneous; 2) title of article; 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and his address.

A new procedure regarding reprints is also to go into effect immediately. From now on, all requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

Francis S. Hill, *Director, E. & E.* **Dean A. Clark, M.D.,** *General Director, M.G.H.*

Colonel David Townsend, distinguished surgeon and recognized authority on chest diseases, died recently in Baker Memorial Hospital. He left his home in Bristol, Tennessee, several weeks ago for treatment at the Massachusetts General, and had undergone several operations.

Because of the unhappy termination of his illness, it was particularly gratifying to the doctors and nurses who had attended him, to receive this letter of appreciation from Mrs. Townsend. It was addressed to Dr. Lichty, Assistant Director in charge of Baker Memorial, and reads:

> My husband, the late Dr. David Townsend, during his long and what turned out to be his fatal illness, was a patient on the second floor of the Baker Memorial. During those months, he expressed a deep appreciation of the personal interest and kindness shown him by every member of the Baker Memorial staff with whom he came in contact. Particularly,

I should like to mention the supervising nurses and the receptionists. In his appreciation, I heartily concur.

It was doubly gratifying to my husband to find this fine spirit in your splendid hospital, because he was a direct descendant of Dr. David Townsend who was connected with the Massachusetts General when it was first built, and was a great-grandnephew of Dr. Solomon Townsend, for whom the Townsend Ward was named.

May I express my personal thanks for the courtesy shown to my daughter and me in that time of our great sorrow.

[The first Dr. David Townsend was Consulting Physician on our staff from 1817 to 1827. *Editor*]

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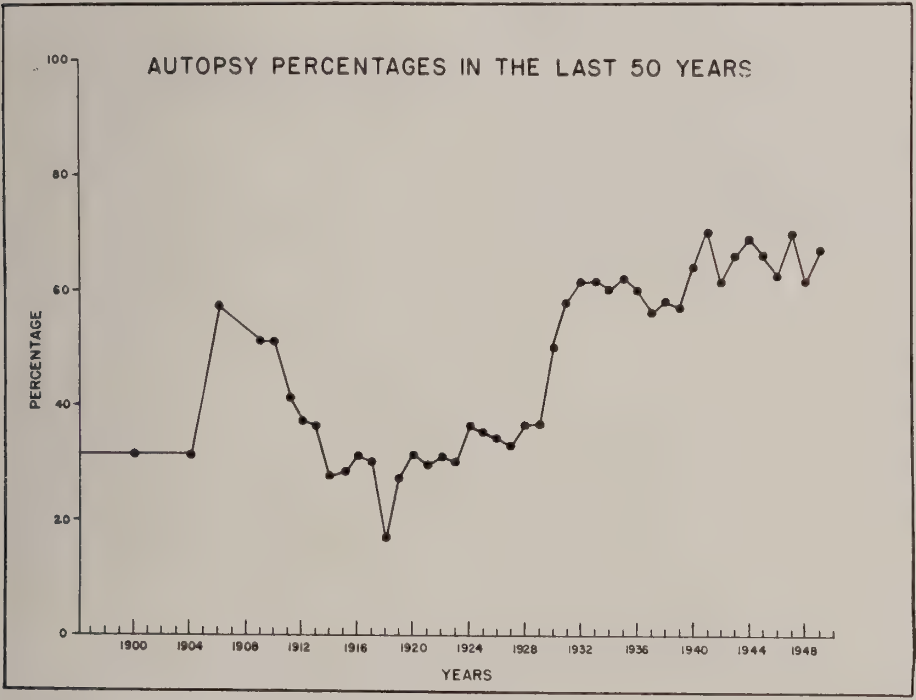
AUTOPSY PERCENTAGES DURING A HALF CENTURY

The performance of autopsies improves the standard of medical practice by making it impossible for the doctor to bury his mistakes. It advances medical knowledge through its disclosures of the nature of disease.

Permission to perform autopsies has to be obtained by persuading the next of kin of the ~~diseased~~ that such examination serves a useful purpose. Tact and skill are required in such negotiations. At the M.G.H. this duty falls largely on the house staff. The results of their labors since the turn of the century are shown in the following figure. Dr. Robert L. Berg kindly looked up the data for us.



From an average for the General Hospital of about 30% in 1900 there has been over the years a rise to more than 65% in 1950. This ascent has not been a continuous one. It zoomed up to nearly 60% in the middle of the first decade of the century—why, we do not know. Perhaps increased interest on the part of the pathologist had something to do with it.

Following this rise a slump occurred to 30% from 1913 to 1925, with an acute depression in 1918 (17%). This latter was unquestionably due to the great influenza epidemic. There were so many deaths it was impossible to do autopsies on more than a small fraction.

Beginning with 1930 a nearly progressive increase has occurred, steeper in the thirties than in the forties. This is undoubtedly due to increasing emphasis on the importance of autopsies, and keen competition among services which generates improving methods of obtaining autopsies.

The surgical services have had fewer autopsies but in some years a slightly higher percentage than the medical. As between the General Hospital, the Phillips House, and the Baker, the General Hospital in most years is somewhat better than the others, but in 1949 the Phillips House was best of all with 70%.

It is to be hoped that these data will stimulate all staff members, especially visiting staff who do not always put their backs into it, to strive for 100% records in all divisions of the hospital.

J. H. Means, M.D.,
Chief of Medical Services

New addresses:—

Dr. Terry E. Lilly, Jr. (*ES* 1943), 5714 McGee St., Kansas City 2, Mo.

Dr. Andries Querido (*clin. & res. fel. M* 1950), Department of Internal Medicine, University of Leiden Hospital, Leiden, Holland.

Dr. Jerome Waldman (*a.r.s. Or.* 1949), Billings General Hospital, University of Chicago, Ill.

Dr. Frank C. Wheelock, Jr. (*ES* 1943), 1180 Beacon St., Brookline 46, Mass.

Recent gifts to the Archives Department:—

From Mrs. Rufus Cushman—an oil portrait of Dr. Hugh Williams, painted by Elmer W. Greene in 1938.

From Mrs. Grace W. Myers, Librarian Emeritus of Treadwell Library and of the Medical Records at M.G.H.—her copy of Bowditch's *History of the Massachusetts General Hospital,* with marginal notes made by Mrs. Myers while she was preparing for publication her useful index to the volume. Also, her scrapbook of material on Record Librarians.

From Mrs. Henry Wheeler—2 boxes of surgical instruments which were given to her father, Dr. George Hayward, by his uncle, Dr. George Hayward who worked closely with Dr. Warren at Massachusetts General Hospital during the earliest operations under ether. The earlier Dr. Hayward, who used the instruments, served on our staff from 1826 to 1863, was present at that first public demonstration of the use of ether for surgery by Morton on October 16, 1846, and performed the second surgical operation with the use of ether—the removal of a fatty tumor of the shoulder—on October 17, 1846. On November 7 he did the *first major operation* performed with ether here at the hospital—amputation at the thigh. The operation occupied a minute and three-quarters, exclusive of the time required for tying the vessels. It was considered miraculous in those days, of course, that the patient—a young girl of twenty—was entirely ignorant that her leg had been removed. Because of the unique role played by the earlier Dr. Hayward in the history of Massachusetts General Hospital, this gift of his surgical instruments is particularly appreciated. One of the boxes contains a little saw. We wonder! Probably it's too small. . . . The boxes are on exhibition in the Archives Room.

Because she has worked so quietly, tucked way off here in the northeast corner of the Moseley Building, we doubt if many of you know about the amount of volunteer work Mrs. Faxon has done for the hospital.

It was very soon after the Archives Department was opened in 1940 that Mrs. Faxon began to help out. Since that time, except for summer vacations and the time she and Dr. Faxon were in Europe, she has contributed one long morning each week. The amount of work she has done, and is still doing, needs to be seen to be appreciated. Our Archives files contain thousands upon thousands of clippings and references concerning MGH alumni and members of our staff (both past and present). These clippings, from THE NEWS and from various newspapers and medical journals, are arranged chronologically in loose-leaf notebooks and folders. It is to Mrs. Faxon that we are indebted for these carefully arranged records which are not only very useful now as reference material but which, as time goes on, will become increasingly valuable for future historians.

The March issue of THE NEWS carried a photograph of a portrait of Charles Bulfinch, the famous architect who designed our Bulfinch Building, the Massachusetts State House, the west portico of the Capitol at Washington, D. C., and several of the attractive old houses in the Beacon Hill section of Boston—to mention a few of his outstanding achievements. The original painting, done by Mather Brown in 1786, hangs in University Hall at Harvard.

Not only do we consider that the portrait was skillfully executed, but, in our estimation, it is one of the most attractive examples of portrait painting of that early American period. However, Bulfinch's own appraisal of the work was given us recently by Mr. F. V. Bulfinch, direct descendant of Charles and a member of the firm of Coolidge, Shepley, Bulfinch, and Abbott, architects of our new Research Building now in the process of construction. In a letter to his mother, Charles said that, while he was satisfied with the portrait, Gilbert Stuart could probably have done a better job, but that he (Charles) could not afford to engage Stuart.

With all respect to the greatest master of them all, we are glad, each time we study the vivacious expression of the eyes and mouth which Brown detected and captured, that he was the one to give to posterity this most engaging likeness of the great Bulfinch.

A year ago we told you about several important events concerning the Massachusetts General Hospital that occurred in the month of June, during the earlier part of the nineteenth century. Here are a few more:

June 19, 1860—Permission was granted to the House Pupils to sleep and take their breakfasts at the hospital until otherwise ordered.

June 28, 1867—At a meeting of the Board of Trustees on May 17, a letter from the Honorable Charles G. Loring had been read, recommending the admission of Miss Sophia Blake to "the medical visitations at the Hospital"; also, a note from Miss Blake and Susan Dimmock, asking leave to share the educational advantages of the Hospital, especially in the female wards. The subject had been referred to the Visiting Committee, whose report, recommending the passage of the three following resolutions, was adopted by the Board on June 28:

"1. That Chapter III, Article 3, of the Rules and Regulations for the Hospital, may be so interpreted as to include female as well as male students.

"2. That the admission of female students be left to the discretion of the Visiting Physicians and Surgeons, individually.

"3. That female students, whenever admitted, shall be placed in classes separate from male students, and shall attend the clinical practice of the female wards exclusively."

June 4, 1869—After the Board of Trustees had for some time considered the appointment of two or more ladies to serve as visitors to the female wards of the hospital, the measure was approved. Four ladies were elected by ballot to that service, and a Committee was appointed to confer with them on their proposed duties.

Colonel John Marston Goodwin, our fifth Superintendent, served the hospital from early 1841 until November 2, 1845, when he resigned.

A copy of Colonel Goodwin's military record, taken from the Roster Books of the Massachusetts Militia officers, gives the following data:

"John M. Goodwin of Bridgewater, Mass.—

Lieutenant in Squadron of Cavalry, 1st Brigade, 5th Division, commissioned May 6, 1806.

Captain in the above, commissioned Apr. 24, 1810.

Brigade Major, 1st Brigade, 5th Division, commissioned Aug. 12, 1811.

Division Inspector, 5th Division, commissioned Feb. 6, 1815.

Discharged Sept. 6, 1825."

Colonel Goodwin had been employed at the McLean Hospital several years before coming to the General. Our Archives file contains an undated paper, addressed to Colonel Goodwin, which begins with the following paragraph:

"The Trustees of Mass. Gen. Hospital, having received high recommendations of your character & qualifications for that very responsible office, hereby appoint you Steward of the Asylum for the Insane, which is one Department of the M.G. Hospital."

Then follows a list of instructions concerning his duties as Steward—which duties included such matters as keeping the financial accounts, hiring and dismissing and paying all the attendants, receiving all visitors, and purchasing and providing all stores and supplies. A note at the end says that, since Colonel Goodwin's office as Steward is a new one, the Trustees have not determined upon the amount of salary to be paid him; but, after a six-months' trial, they will be better able to judge what the services rendered will be worth.

Several letters of recommendation in our files, including one from Dr. Rufus Wyman, first Superintendent at the McLean Asylum, under whom Colonel Goodwin had served as Steward, express unqualified confidence in Colonel Goodwin for the position of Superintendent at M.G.H., and for Mrs. Goodwin as Matron.

Colonel Goodwin's letter of resignation was written on November 2, 1845. It reads:

"Gentlemen, the state of my health continues such, that it seems to be my duty to resign the trust which for nearly five years you have been pleased to confide in me, and for the duties of which my illness has for the past month incapacitated me. The interests of the Institution require on the opening of the coming year, the services of one who has health, strength & energy, to carry out your plans for the enlargement and improvement of the Institution & I wish to remove any obstacle in your way to the election of a suitable person to fill the office I now hold.

"Allow me to say, gentlemen, that during the remainder of my life, the welfare of this Institution will be near my heart, and that it will ever be a source of pleasant reflection that I have in the discharge of my duties, been brought into personal intercourse with the many benevolent and high-minded individuals who compose your Board.

"Accept my acknowledgements for the uniform kindness with which you have looked upon my endeavors to do my duty as Superintendent, together with my best wishes for you as individuals, and as a Board of Trustees.

"Permit me to say Farewell.
John M. Goodwin, Supt."

The letter was written by Mrs. Goodwin, at her husband's dictation, and on the second page of the folded sheet, she expresses, in touching terms, her grief at leaving the hospital. Her long letter concludes with these words:

"Here I found what I had always before needed, ample employment for heart and hands, and although I am sorrowfully conscious of the many failures in the discharge of my duties, I shall never cease to be grateful for the opportunity which has through your means been given me of coming into direct & kindly intercourse with so many of the human family.

"At *any* time, under the *most prosperous* circumstances, it would have been a severe trial to me to have relinquished my connection with the Hospital, but at this time when my sky is overcast, & the most gloomy prospects are before me, the trial is still more severe.

"May those to whose lot it may fall, to discharge the pleasant duties which have fallen to me in my relations with the Hospital, be as happy as I have been in the attempt to do so. I can only repeat my husband's Farewell."

It is abundantly clear, from these letters and from many other manuscripts in our files, that M.G.H. was as happy a place in which to work one hundred years ago as it is today.

Nathaniel I. Bowditch's appraisal of Colonel Goodwin and an interesting account of his last interview with him, from the Bowditch *History of the Massachusetts General Hospital,* reads:

"Mr. Goodwin was a person of cultivation and refinement, of great private worth, and of the most mild and amiable disposition. . . .

"About a week before Mr. Goodwin's death, I called to see him. He was seated in an arm-chair, in the Trustees' room. It was one of the most charming days of the 'Indian summer.' The southwest wind, cooled by its passage over the water, was admitted freely through the open windows of the apartment. Pleasure carriages and loaded vehicles, in a ceaseless procession, were seen moving rapidly or slowly along the street, and across the bridge to which it led. The river was studded with sail-boats and other vessels. The distant hum of voices, as it arose upon the ear, was drowned by the merry laugh of children just released from the neighboring school. Around us were all the varied activities of a great city, its full tide of business and of happiness."

Then follow some very sage and sober words, as spoken by Colonel Goodwin.

Captain Richard Girdler of Marblehead was our sixth Superintendent. He assumed his duties on December 1, 1845, at a salary of $1,000 a year and maintenance of himself and family. The Trustees were so well pleased with Captain Girdler as Superintendent and Mrs. Girdler as Matron that they very soon increased his salary to $1,500.

Captain Girdler was a chubby-faced man, with very kind eyes and a sensitive mouth. He wore sideburns and short under-chin whiskers.

The two wings and the octagonal building in its rear for kitchen, laundry, and apothecary were added to the Bulfinch Building during the early years of his service. The number of beds was increased from 60 to 141. It was during Girdler's administration, also, that Morton gave that first public demonstration of the use of ether for major surgery, in the Ether Dome, on October 16, 1846.

But Captain Girdler encountered difficulties during the latter part of his term which resulted in his resignation in 1858. Dr. Washburn's *History of the Massachusetts General Hospital* gives the story. We quote from page 15 of that volume:

> The organization of the Hospital from 1821 to 1858, never one to permit of high efficiency, showed its inadequacy in the expanded Hospital of the fifties. As a result of a communication from the House Officers and the careful investigation of the Trustees, a new order was ordained. A physician was to become Superintendent, with the title of Resident Physician. [In 1921 the title was changed to Director.] This action was taken by the Trustees in spite of the vote of the Board of Physicians and Surgeons "that although we believe that the administration of the internal discipline of the hospital may be improved, we are unanimously of opinion that this end will not be accomplished by the appointment of a Resident Physician." A further communication of the Medical Board stated that the rules submitted by the Trustees, showing the proposed functions of the Resident Physician, had been considered and that it was recommended to the Trustees that a part of the duties allotted to the Resident Physician should be assigned to a Superintendent, an Admitting Physician, and also a Steward — if it should be thought desirable to delegate for more efficient performance a part of the duties of the Superintendent. Although the first report of the Trustees' Committee to the Board was that the Steward should be independent in his department, upon further consideration the Resident Physician was given authority over him.
>
> So a physician became Superintendent, with full authority except for the professional care of the patients. He became the executive officer of the Trustees, who hereafter administered the Hospital through him and abolished direct action by the Visiting Committees. Captain Girdler offered his resignation, which was accepted in June 1858 with appreciation of long and faithful services. In 1863 the Steward resigned, and his duties were assumed by the Resident Physician.

On pages 152 and 153 of his book, Dr. Washburn gives a more detailed account of the incident which resulted in Girdler's resignation.

> Probably injustice was done to Captain Girdler, an estimable man but a too easy-going executive. However this may be, good came from it. The Trustees ceased their changing, individual handling of Hospital problems, a physician was made the executive officer, and all matters of administration were carried out through him.

MASSACHUSETTS EYE & EAR INFIRMARY

San Francisco was the destination of a number of the Infirmary's Oto-Laryngological Staff who attended the several medical meetings there during the latter part of May.

Dr. LeRoy A. Schall, Dr. Harris P. Mosher, and Dr. Philip E. Meltzer sat on the Board of Examiners of the American Boards of Oto-Laryngology, May 16-20. Also serving on the Boards were several Infirmary graduates: Percy E. Ireland, 1935, Werner Mueller, 1933, Gordon D. Hoople, 1926, Lawrence R. Boies, 1931, and Lyman H. Heine, 1927. These examinations preceded meetings of the medical societies held the following week.

Dr Meltzer is President of the American Oto-Laryngological Society, which met May 21-22 with Dr. D. Harold Walker as honored guest. The American Otological Society, of which Dr. Schall is Vice-President, met on May 24. Dr. Schall presented "The rehabilitation of the laryngectomized patient"—a color-sound motion picture made at the Infirmary last year through a grant from the American Cancer Society. Dr. Hoople is Secretary of the American Otological Society. Dr. Mosher was the honored guest at the meetings of the American Otological, Rhinological and Laryngological Society held on May 25-27, at which Dr. Robert C. Martin, President, presided. Dr. Martin was a postgraduate student at the Infirmary in 1926; and Dr. Kenneth M. Day, Treasurer of the Society, graduated from the Infirmary in 1924.

Dr. Schall, Chief of Oto-Laryngology at the Infirmary, is President of the American Broncho-Esophagological Association, which met on the afternoons of May 26 and 27.

The Oto-Laryngological Service of the Infirmary was host recently to a distinguished visitor from France. Dr. Georges Portmann, Professor of Oto-Laryngology at Bordeaux University, Dean of the Faculté de Medecine de Bordeaux, and one of the founders of the Collegium of Oto-Laryngology, spoke to the Oto-Laryngological Staff and residents on cancer of the epiglottis and sinuses, using moving picture illustrations. Dr. Portmann is also a national figure in French politics. Before the war he served in the Senate, where he was Chairman of the Committee on Foreign Relations.

Dr. Edwin B. Dunphy, our Chief of Ophthalmology, gave a paper on "Ocular therapeutic principles and practical applications" before the Academy of Ophthalmology and Oto-Laryngology of Virginia and West Virginia, at White Sulphur Springs, West Virginia, on May 9.

BIOGLETS

Dr. Robert E. Funsch, Assistant Resident in Orthopedic Surgery—born in St. Louis, Missouri, July 12, 1922; University of Notre Dame, South Bend, Indiana, 1940-42; Washington University, St. Louis, 1942-43; Washington University School of Medicine, 1943-46; Surgical Intern, Barnes Hospital, St. Louis, April 1946—June 1947; Surgical Assistant Resident, St. Luke's Hospital, St. Louis, July 1947—June 1948; Pathology Assistant, Children's Medical Center, Boston, August 1948—March 1949; Orthopedic Assistant Resident, Children's Medical Center, Boston, March 1949—March 1950; home, St. Louis, Missouri.

Dr. Charles A. Leach, Jr., Assistant Resident on the Children's Medical Service—born in Haverhill, Massachusetts, April 6, 1921; A.B., Brown University, Providence, Rhode Island, 1942; M.D., Harvard Medical School, 1945; Intern, Children's Hospital, Boston, July 1945—April 1946; U.S. Army: Flight Surgeon with the Air Force, serving in Virginia, Texas, Mississippi, and the Canal Zone, 1946-47; Clinical Fellow in Medicine, Children's Hospital, Boston; Resident in Pediatrics for six months, Beverly Hospital, Beverly, Massachusetts; home, West Peabody, Massachusetts.

Another "first" has arrived—this one from Dr. Laurence F. Cusick (*ES* 1906) in response to our appeal for news about his work. From 168 Willow Road, Nahant, Massachusetts, he writes:

> It will soon be forty-four years since I left the Massachusetts General Hospital—in August 1906, to be exact. It seems incredible that I could have served under Dr. Maurice Richardson, one of the first men at M.G.H. to remove an appendix, and also that I have seen the wonderful changes which have occurred in the world.
>
> Besides my own practice, I am Medical Examiner for Nahant, Lynn, Swampscott, and Saugus. I have also been honored twice by being elected president of the Massachusetts Medico Legal Society.
>
> My practice is general. However, I am very much interested in dietetics, and have had truly extraordinary results with careful diets when previous medications had failed. I do not approve of the operation for sympathectomy or section of the vagus. I have found that remarkable success can be obtained by a controlled proteid and low carbohydrate diet.

This delightful letter has come from Dr. Russell V. Fuldner (*Or.* 1939).

> Your first gentle reminder of my unpaid debt of correspondence arrived a year and a half ago. Carefully flattened out and placed on top of the Unanswered File it somehow made its way to the bottom. After each of those recurrent attacks of conscience which fire us—momentarily, alas!—with a resolve to "clean up" our correspondence, there still lay your letter, its subtle accusation confronting me until the arrival of the next mail. If not exactly at ease, I nevertheless managed to live with this situation until your second letter

No. 24 in a series of Staff photographs
Dr. Bernard M. Jacobson—Head of Anemia Clinic

came. This one, as you may remember, carried a postscript in red at the very bottom of the page. Now, no matter how heavy the haul of advertisements in the day's mail, that little red border would manage to peek out from underneath, its color and message alike inescapable. But what to tell you? Of the rewards, the little sorrows, of day-to-day orthopedic practice? Of curious New Haven customs? On reflection, these topics gleamed palely against the colorful accounts of your world-wide correspondents. . . . Abruptly, on the point of returning home from a recent vacation in Cuba, the little red postscript came to my mind's eye, gasping, as it were, beneath what must by then be a mountainous weight of unread journals and circulars. I felt this vision could not be an idle synaptic short circuit. In fact, I thought I could recognize a celestial directive—the type of call I have read about in certain biographies:

Havana, I suppose, is the nearest city with *dolce far niente* of guaranteed Latin flavor, at least for New Englanders. Much more than with us, the life of the city is out-of-doors, for all to partake of, observe, or enjoy. Old women smoking their cigars in the public squares and spitting with an easy accuracy, street restaurants open to the delightful evening air, children playing beneath the shade of the trees on the Prado, good-looking women wherever you go (speaking in a quite impersonal sense). A pleasant feeling of extroversion prevails; even in the early hours of morning you may listen to the views of citizens publicly expressed. The Cuban is deeply interested in his family, his *centro,* and his friends, in talking to and about them. A two-man team will always be found on trolleys and buses, I suspect not because of traffic requirements but just because the driver would be unhappy if there weren't someone to talk to.

In spite of the distinctive national culture, American influence is pervasive in Cuba, the island economy entwining inseparably with our own. At least in Havana, the rage for getting on is occasionally evident, *aprender el inglés* the key to success. For corollary reading, the aspirant may learn *Como ganar amigos e influir sobre las personas, por* Dale Carnegie. *El yo-yo* and *los discos voladores* have made their way south, and in the streets one may observe grown-ups as well as youths spinning the one or gaping at the other. Movies come from Hollywood, mostly. The ticket-purchaser is apt to have a little better notion of the ordeal ahead of him than we do at home: *Going my way* becomes *El buen pastor; Beyond the forest, Perfidia de mujer* (with a picture of Bette Davis appropriately posed in black silk undies). After the movies you can top off the evening with a *perro caliente* and a nickel's worth of our national beverage, *bien fría.* You can even get an American *wafflay,* if you know how to ask for it.

Out in the country, especially in the beautiful Pinar del Rio province, I could fancy myself at times back in the South Pacific. The tall palms were there (no coconuts, though), the thatched buildings, the dark-skinned youngsters running about, happily unaware of Adam's shame. To savor this aspect of Cuba you should move slowly; for you, then, the railroad has been made to order. On one of my excursions, when I asked the conductor the expected time of our arrival, he said he couldn't rightly commit himself: "It all depends on traffic." Perhaps he was trying to convey a grandiose impression to a foreigner. The only traffic evident to me, during our half-day's trip, was the single train which came from the opposite direction. We waited on a siding a few minutes to let the traffic pass. The rest of the time we chugged amiably, unhurriedly along, waving to and being waved at by people running down to see the train as it passed, our windows wide open to the breeze and the soot in the good old-fashioned way, roosters crowing from the luggage rack now and then to guard the traveler against sleeping past his destination.

The Victorian tranquility of the railroad is not matched by the bus and plane services, which are up-to-date and fast. Some of the buses carry a chromo of a saintly protector up forward; if you think, on entering, that this is merely a quaint custom, its stern practicality is apt to be impressed upon you in the course of the ride. The bus-driver's calling seems to present something of a challenge, perhaps like that of a pitcher's cannon delivery to the man at bat. Bang! and never mind about that fence back of left field. In explanation I should say that the corners in Havana are mostly blind, right-of-way going to whomever toots his horn first near the intersection. For some of the bus-drivers to be beaten to the toot is to lose face. This misfortune may be averted by starting the horn while still well in the middle of the block and keeping it at full blast until past the intersection, thus drowning out any opposition. But what if they're using the same system? For Heaven's sake sit down and stop fidgeting!

With the arrival of warmer weather round the end of Lent the "season" in Havana comes to a close. Mardi gras processions and the *camparsas* are held on some of the week ends. The *camparsas*—colorful, carefully rehearsed group dances, given on the Prado before admiring throngs of friends and spectators—provide gala occasions for all, the lookers as well as the looked-at. Profuse comment and advice is shouted from the audience, every boy in Havana is selling something to eat or drink, always the conga is being beaten out by someone and at times by nearly everyone, using drums and gourds and rusty tin pans. Amid all this turbulence, as at other times, the average Cuban's politeness is unfailing, his gaiety a feeling naturally o'erflowed, not uncorked.

I traveled both ways by cargo ship. On the outgoing trip the laziness is enjoyable; coming back one is in a hurry to reach home. Had it not been for the aura, previously referred to, which descended prior to my departure, I might have returned by air. But the plane trip is short, and I knew a composition must be in hand by the time I reached New York. By then the fate of the little red postscript had to be settled—once and for all.

[Have you, too, a neglected little red postscript in your office? *Editor*]

Another alumnus has responded to the red postscript appeal. From Dr. Donald N. Sweeny, Jr. (*WS* 1941) came this letter:

There isn't very much to tell you concerning the Sweenys. I am practising general surgery in Detroit in a group practice, and I think it is the ideal way to carry on that specialty. Since leaving the Army, I have been certified by both the American Board of Surgery and the American College of Surgeons.

I am having a hard time keeping up with some of the fertile Bostonians, with only two children and one on the way.

We are looking forward to seeing all of you in October when you will be host to the American College of Surgeons in Boston.

We always look forward to The News each month, to hear about our friends. If any of you from the General should pass through Detroit, we would love to see you.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 92 Boston, Mass. July and August 1950

THE ROBERT W. LOVETT MEMORIAL RESEARCH UNIT

(continued)

Our studies concerned with obtaining more information about the patient afflicted with rheumatoid arthritis will be extended. More knowledge concerning host susceptibility will be sought. The effect of various insults in precipitating attacks will be investigated further. Detailed, prolonged psychiatric study and treatment of a selected group of patients will be carried on by Dr. Alfred O. Ludwig, in order to obtain further knowledge of the relation of rheumatoid arthritis to personality type and emotional factors.

It is now possible to study hormone-induced remissions and hormone-withdrawal exacerbations and compare them with naturally occurring remissions and exacerbations. Studies of this type reveal that periods of active disease (natural and hormone-withdrawal exacerbations) are characterized by abnormalities in the serum protein fractions as determined electrophoretically and in the synovial fluid. The protein fractions return to normal during the spontaneous and hormone-induced remissions. Serial examinations of synovial fluid during the hormone experiments showed rapid reversal of the abnormalities and an unusual increase in viscosity. The spontaneous and hormone-induced remissions were comparable, except for an abnormally elevated synovial fluid viscosity and the persistent anemia in the latter instance. Microscopic examination of synovial tissue during the spontaneous remission and after one hundred ten days of hormone revealed persistence of mild synovitis. The persistence of mild synovitis after long-continued hormone administration plus the rapid recurrence of clinical and laboratory manifestations leave little doubt that the disease process was still active. In both the spontaneous and hormone-induced remissions the mechanism by which the manifestations of the disease were held in abeyance is far from clear, but it is certain that the underlying disease process was not eradicated.

Both cortisone and adrenocorticotropic hormone (ACTH) have proved effective in reversing temporarily the clinical manifestations and physiological abnormalities of rheumatoid arthritis and allied diseases. Thus, for the first time we can induce remissions and exacerbations at will and study at various stages the many alterations produced by the disease.

We plan to maintain under treatment four to six patients presenting the various manifestations of rheumatoid arthritis or of one of the allied diseases. Of special interest will be the study of rheumatoid arthritis of varying duration and severity, ocular manifestations (including scleromalacia perforans), improvement of results of corrective operations, the prevention of exacerbations, the determination of dosage and duration and frequency of treatment, and factors related to the development of toxic effects and their prevention and comparison with other steroids and drugs. Similar studies will be made whenever possible on allied diseases, as well as other forms of joint disease—such as infectious arthritis, gouty arthritis, and Heberden's nodes.

Hormone studies to date and those contemplated will include, whenever possible, observations on the following: Clinical manifestations, blood pressure, hematological findings and sedimentation rate, electrophoretic pattern of serum and synovial fluid proteins, serum electrolytes, cholesterol and cholesterol esters, carbohydrate metabolism, hepatic function, renal function, Congo red clearance and blood volume, synovial fluid, ascorbic acid metabolism, antibody response, histopathology of synovial tissues, nodules and muscles, muscle function (as determined by ergograms, electromyograms and muscle strength measurements), psychic state, neurological status including electroencephalograms, decalcification, pain threshold, electrocardiograms, and hormone excretion pattern and vasomotor phenomena. Such detailed studies of patients treated with hormones are possible only because of the interest and splendid cooperation on the part of many other investigators in the hospital.

Patients on the Metabolic Ward will have detailed metabolic studies in addition to many of the above observations. These will include nitrogen, phosphorus, calcium, sodium, potassium, and chloride balances; hormone excretions (reducing steroids, 17 ketosteroids, ketonic alcohol, and estrogens); excretions of creatine and creatinine and uric acid; the measurement in plasma and red cells of water, solids, nitrogen, sodium, calcium, phosphorus, potassium, magnesium, chlorides, and carbon dioxide; blood pH and plasma specific gravity; and postprandial sugar and phosphorus curves.

One patient is being studied on the Metabolic Ward for the second year with the aim of determining the relationship, if any, of the gluconeogenetic hormone, salt hormone, and "N" hormone of the adrenal cortex through the changes in the manifestations of rheumatoid arthritis. This individual has already received testosterone, desoxycorticosterone, cortisone, adrenocorticotropic hormone, cortisone and desoxycorticosterone together, and testosterone and cortisone simultaneously. For completion of the study he is to be treated with cortisone, with testosterone and desoxycorticosterone together, and with cortisone, desoxycorticosterone, and testosterone simultaneously.

It is hoped that the results of the studies outlined above will give clues as to the nature of the disease process in rheumatoid arthritis, increase the knowledge of the nature of remissions and exacerbations, and throw light on the role of precipitating factors. Further evaluation of the therapeutic usefulness of these hormones and added information on pituitary-adrenal physiology are also aims of this work. These studies are being conducted by Drs. William S. Clark, Marian W. Ropes, and others.

Since the beginning of this research project, it has been our aim to gather information concerning the anatomy and physiology of articulations and the nature of the diseases disturbing them. It is our belief that knowledge of this type should eventually lead to a better understanding of the arthritides of obscure etiology. Accordingly, Dr. Ropes has devoted considerable time to studies pertaining to the origin and properties of normal synovial fluid and its important constituent mucin. For obvious reasons our interest has centered on the mechanism of exchange between the joint cavity and the body as a whole. The results to date suggest that the articular lumen represents a large connective tissue space and that the synovial fluid is an example of tissue fluid in general. Analysis of some fifteen hundred joint effusions and its correlation with histopathological findings by Dr. Ropes and others shows that the changes produced by disease depend upon altered permeability of the synovial tissues and disturbance of intra-articular metabolism. These changes are sufficiently characteristic to establish synovial fluid analysis as an important diagnostic aid.

In addition, we have made detailed pathological studies of articular tissue (biopsy, surgical, and autopsy specimens) obtained from approximately fifteen hundred cases representing all types of articular disease. These studies have been directed by Drs. Granville A. Bennett, Edward A. Gall, and J. Peter Kulka. This pathological collection increases in value for teaching and diagnostic purposes and offers material for a complete description of the pathology of joint disease. The importance of pathological studies in this research program is well illustrated by the monograph *Changes in the knee joint at various ages—with particular reference to the nature and development of degenerative joint disease,* published by The Commonwealth Fund in 1942.

Our knowledge of articular diseases has also been enhanced by detailed bacteriological examinations. To date there is no evidence available to suggest agents that may produce the tissue changes found in rheumatoid arthritis and the related diseases. However, certain findings by Dr. Louis Dienes indicate that the pleuropneumonia-like ("L") forms of various bacteria should be investigated to determine whether any of them play a role. The relation of streptococci to rheumatic fever has been demonstrated and a relation to rheumatoid arthritis has been suggested because of the high incidence of streptococcal agglutinations. However, streptococci have never been found in their usual form in the tissue lesions. The possibility that they are present and pathogenic in an "L" form is intriguing and warrants continued efforts to produce pleuropneumonia-like forms of the streptococcus. Such variant forms have been produced from many gram-negative bacilli and cocci and from a few gram-positive spore-bearing bacilli, but not from gram-positive cocci. The present plans of Dienes to learn more of the nature and pathogenicity of the pleuropneumonia-like organisms include investigation of the growth requirements, cultivation on living tissue media, recognition in tissue, development of serological methods for differentiation of the strains and determination of any immunological response in patients, and study of the conditions under which bacteria are transformed into the "L" form and then back to the bacillary form. There will be renewed efforts to culture pleuropneumonia-like organisms from tissues from the rheumatic diseases, using the improved cultural techniques.

Other possible agents are antigenic substances, including those present in tissue. Some years ago Dr. J. Wallace Zeller, and more recently Dr. Joseph E. Giansiracusa, have been engaged in attempts to produce anti-sera for cartilage, muscle, connective tissue, joint fluid, and synovial fluid mucin. Further studies will be undertaken to determine the tissue changes produced by injection of the antigen into the joints of sensitized animals.

In addition, detailed clinical, bacteriological, pathological, and roentgenological studies in over two hundred cases of gonorrheal arthritis have been made. Many of these patients have been followed for years. Similar data have been collected on a much smaller series of patients suffering from Reiter's syndrome. Comparison of these data with similar data obtained from patients with rheumatoid arthritis will aid greatly in deducing certain clinical and etiological facts.

Throughout this period we have enjoyed the wholehearted cooperation of the Orthopedic and Physical Therapy Departments in the care of both ward and clinic patients. Representatives from these departments are present at the weekly in- and out-patient clinics and are of tremendous aid in caring for these patients. Both groups have devised numerous procedures which facilitate greatly the care of these arthritic patients. Such team play is invaluable.

The failure to disclose specific leads as to the etiology or pathogenesis in the clinical studies of rheumatoid arthritis and the related diseases has, as can be seen from the above, reoriented us to a more fundamental approach—namely, a characterization of the tissues involved, so that as the normal is defined we can better interpret the alterations produced by the disease. Such an approach necessitates also a study of the reaction of tissues in vivo and in vitro and of the individual as a whole to insults of various types. These studies will be pursued in the years to come.

The pursuit of this work in the Departments of Medicine and of Pathology of the Harvard Medical School and the Massachusetts General Hospital has been made possible through the generous cooperation of Drs. J. Howard Means, S. Burt Wolbach, Tracy B. Mallory, Marius N. Smith-Petersen, Joseph S. Barr, and many others. I shall make no attempt to list all the workers (physicians, technicians, social workers, and secretaries) who have participated in this research project since 1930. It is only because of their loyal support that the above-mentioned work and other studies have been accomplished.

Walter Bauer, M.D.,
Director, Robert W. Lovett Memorial
for the Study of Crippling Disease

* * *

Service Pin awards were recently presented to 65 employees at McLean Hospital. Mr. Ralph Lowell, Chairman of the McLean Hospital Committee, made the presentations during ceremonies which included a buffet supper and a program of entertainment by Betty and Tommy Tucker.

Seven four-star pins (denoting 40 years of service), 6 three-star pins (for thirty years' service), 23 two-star pins (for twenty years), and 29 one-star pins (for ten years) were presented. Three additional employees of McLean are wearing four-star pins which were received previous to the recent awards.

* * *

Ninety students from the September 1950 and the February 1951 classes shared in the graduation exercises of the School of Nursing on June 2.

The exercises were held in the Bulfinch Yard, where the girders of the new Research Building furnished the backdrop and the sounds of the cranes provided the overtones. The speaker for the day was appropriately chosen to be Francis O. Schmitt, Ph.D., Professor of Biology at the Massachusetts Institute of Technology, a Trustee of the Massachusetts General Hospital and a member of the Hospital's Committee on Research. Dr. Schmitt spoke on "Nursing education at midcentury", and emphasized the effect of medical progress on the character of nursing and the need for nursing education which will teach the "individual to think clearly and objectively, to adjust herself adaptively to new and often baffling situations, to strive to control emotional drives of whatever origin and to channel them in directions maximally productive of good for the individual and for society."

Miss Sleeper, Director of the School of Nursing and Nursing Service, reported that the School enrollment had now passed that of prewar years, due to the reduction in student drop-outs and the increased number of applications to the School.

Through money secured from the income of the School's small Endowment Fund, a plan has been developed with the Boston Visiting Nurse Association, whereby students will have opportunity to observe in the homes of patients discharged from the Hospital. The student will go only as an observer—not to learn public health nursing, but to gain insight into the patients' and families' needs which will help her to give more effective care to patients on the wards or in the Out-Patient Department Clinics.

The first student in the Coordinated Program opened by Radcliffe College and the School of Nursing in 1946 will come to the School of Nursing in July for two years of full-time study and practice. In 1951 the Simmons College School of Nursing affiliation with the three-year School will close, and the Simmons College School will thereafter be affiliated with the Coordinated Program, so that the students in the two collegiate groups may be taught together.

* * *

New addresses:—

Dr. T. Berry Brazelton (*a. r. p. CM* 1947), 51 Brattle St., Cambridge, Mass.

Dr. Clara R. Johns (*clin. fel. Psychi.* 1950), Elgin State Hospital, Elgin, Ill.

Dr. John J. Kneisel (*EM* 1940), Pine Road, Briarcliff Manor, N. Y.

Major Wilbour C. Lown (*past Head Photo. Lab.*), Room 5 B, 1075 The Pentagon, Washington 25, D. C.

Major Frank A. Mantz, Jr., MC, USA (*res. fel. P* 1950), Letterman General Hospital, Presidio of San Francisco, Cal.

Dr. Earl B. Sanborn, Jr. (*a. r. NS* 1943), Veterans Administration Hospital, McKinney, Tex.

Dr. Nils Bengt Skanse (*res. fel. M* 1948), Tessins väg 16A, Malmö, Sweden.

Dr. John W. Smillie (*ES* 1944), Division of Ophthalmology, University of Minnesota Hospital, Minneapolis 14, Minn.

ERRATUM

The word "diseased", which appeared in the 9th line of Dr. Means's article on autopsy percentages in last month's issue, should be changed to read "deceased". The error was made by the proofreaders —not in Dr. Means's office.

STAFF PUBLICATIONS

A new procedure regarding the publication of the bibliographies of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary goes into effect with this issue of THE NEWS. Beginning now, titles of new publications will appear each month in THE NEWS. If you have not already done so, please send all titles of books and articles you have published since (and including) January 1, 1950, to Cora F. Holbrook, Editor of THE NEWS, and continue to send her all new titles each month.

As soon as the December titles have appeared in the January 1951 issue of THE NEWS, the lists will be assembled and published as the Massachusetts General Hospital—Massachusetts Eye and Ear Infirmary Publications for the calendar year 1950. Should you fail to report a title to THE NEWS, it will not appear in the assembled list.

Be sure to include complete data: 1) classification of material, such as Anesthesia, General Medicine, Laboratory Science, General Orthopedics, Orthopedic Surgery, Miscellaneous; 2) title of article; 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

No reprints are available for items marked with asterisks.

The following titles have been submitted, to date:

Anesthesia

Briggs, B. D.
Prolonged endotracheal intubation.
Anesthesiology 11:129-131.

Biochemistry

Chou, T. C., Novelli, G. D., Stadtman, E. R., and Lipmann, F.
Fractionation of coenzyme A-dependent acetyl transfer systems. (Abstract)
Federation Proc. 9:160.

Lipmann, F., and Tuttle, L. C.
Lipase-catalysed condensation of fatty acids with hydroxylamine.
Biochim. et Biophys. Acta 4:301-309.

Novelli, G. D., Kaplan, N. O., and Lipmann, F.
Enzymatic degradation of coenzyme A. (Abstract)
Federation Proc. 9:209.

Novelli, G. D., and Lipmann, F.
The catalytic function of coenzyme A in citric acid synthesis.
J. Biol. Chem. 182:213-228.

Stadtman, E. R.
Coenzyme A-dependent transacetylation and transphosphorylation. (Abstract)
Federation Proc. 9:233.

Cardiology

Massell, B. F., Warren, J. E., Sturgis, G. P., Hall, B., and Craige, E.
The clinical response of rheumatic fever and acute carditis to ACTH.
New England J. Med. 242:641-647; 692-698.

Dermatology

Bayles, T. B., Stout, C. F., Stillman, J. S., and Lever, W.
The treatment of scleroderma with adrenocorticotrophic hormone: Preliminary observations.
In Proceedings of the First Clinical ACTH Conference, Philadelphia, Blakiston Co., pp. 447-458.

Crawford, G. M., and Leeper, R. W.
Diseases of the skin in pregnancy.
Arch. Dermat. & Syph. 61:753-771.

Lever, W. F.
The proteins in pemphigus vulgaris. I. Electrophoretic analysis of the proteins in the blood serum of patients with pemphigus vulgaris.
J. Invest. Dermat. 14:205-217.

Lever, W. F.
The proteins in pemphigus vulgaris. II. Electrophoretic analysis of the proteins in the blister fluid of patients with pemphigus vulgaris.
J. Invest. Dermat. 14:219-226.

General Medicine

Benedict, E. B.
The differential diagnosis of benign and malignant lesions of the stomach by means of the flexible operating gastroscope.
Gastroenterology 14:275-279.

Benedict, E. B.
Gastritis.
In Current Therapy, Philadelphia, W. B. Saunders Co., pp. 213-215.

Benedict, E. B.
Value of gastric biopsy specimens obtained through the flexible operating gastroscope.
Arch. Path. 49:538-544.

General Surgery

Churchill, E. D.
General Surgery. (Editorial)
Ann. Surg. 131:127-128.

Churchill, E. D.
How may the Volunteer Reserve Components assist the Armed Forces in meeting their medical responsibilities?
Mil. Surgeon 106:268-270.

Churchill, E. D.
*Primary cancer of the lung.
In Cancer—A manual for practitioners, 2d Edition, Boston, American Cancer Society (Mass. Div.) Inc., 176-185.

Cope, O., and Hamlin, E., Jr.
The surgical treatment and postoperative care of hyperparathyroidism.
In Progress in clinical endocrinology, New York, Grune & Stratton, pp. 102-113.

Gynecology and Obstetrics

Meigs, J. V.
The surgeon surveys the sterile pelvis.
Fertil. & Steril. 1:101-111.

Morris, J. McL., and Meigs, J. V.
Carcinoma of the cervix; statistical evaluation of 1,938 cases and results of treatment.
Surg., Gynec. & Obst. 90:135-150.

Rogers, J., and Sturgis, S. H.
Pregnanediol excretion in normal women.
J. Clin. Endocrinol. 10:89-100.

Sturgis, S. H.
Investigation of sterility in the female.
Am. Pract. & Digest Treat. 1:180-184.

Sturgis, S. H.
The mechanism and control of primate ovulation.
Fertil. & Steril. 1:40-52.

Sturgis, S. H., and Pommerenke, W. T.
The clinical signs of ovulation—a survey of opinions.
Fertil. & Steril. 1:113-122.

Laboratory Science

Bucher, N. L. R., and Frantz, I. D., Jr.
The turnover of C^{14}-labeled alanine and glycine in the proteins of rat liver. (Abstract)
Cancer Research 10:207.

Bucher, N. L. R., and Glinos, A. D.
The effect of age on regeneration of rat liver.
Cancer Research 10:324-332.

Bucher, N. L. R., Scott, J. F., and Aub, J. C.
Regeneration of the liver in parabiotic rats. (Abstract)
Cancer Research 10:207.

Cohn, E. J., Gurd, F. R. N., Surgenor, D. M., Barnes, B. A., Brown, R. K., Derouaux, G., Gillespie, J. M., Kahnt, F. W., Lever, W. F., Liu, C. H., Mittelman, D., Mouton, R. F., Schmid, K., and Uroma, E.
A system for the separation of the components of human blood: Quantitative procedures for the separation of the protein components of human plasma.
J. Am. Chem. Soc. 72:465-474.

Engel, L. L., Patterson, H. R., Wilson, H., and Schinkel, M.
The colorimetric estimation of urinary neutral steroid alcohols.
J. Biol. Chem. 183:47-61.

Hoagland, M. B., and Hood, M. B.
Observations on the effect of beryllium on growth. (Abstract)
Cancer Research 10:224-225.

Kennedy, B. J., Nathanson, I. T., and Aub, J. C.
Ethyl carbamate (urethane) in the treatment of mycosis fungoides.
Cancer 3:66-73.

Morrison, L. R., and Zamecnik, P. C.
Experimental demyelination by means of enzymes, especially the alpha toxin of Clostridium welchii.
Arch. Neurol. & Psychiat. 63:367-381.

Nathanson, I. T.
Hormone therapy in cancer of the breast.
In Progress in clinical endocrinology, New York, Grune & Stratton, pp. 567-575.

Zamecnik, P. C., and Aub, J. C.
Growth as related to protein metabolism.
In Annual review of physiology, San Francisco, Annual Reviews Inc., pp. 71-100.

Zamecnik, P. C., and Stephenson, M. L.
Studies on cross-connections between carbohydrate and protein metabolism in the rat hepatoma. (Abstract)
Cancer Research 10:251.

Neurosurgery

Bakay, L.
The results of 300 pituitary adenoma operations.
J. Neurosurg. 7:240-255.

Sweet, W. H., Sarnoff, S. J., and Bakay, L.
A clinical method for recording internal carotid pressure: Significance of changes during carotid occlusion.
Surg., Gynec. & Obst. 90:327-334.

Ophthalmology

Cogan, D. G.
Lesions of the eye from radiant energy.
J.A.M.A. 142:145-151.

Donaldson, D. D., and Cogan, D. G.
A fixation aid for slit lamp biomicroscopy.
Arch. Ophth. 43:555-556.

Grant, W. M.
Chemical burns of the eye.
J.A.M.A. 142:152-159.

Oto-Laryngology

Kelemen, G.
The nasolacrimal duct of the guinea pig.
J. Laryng. & Otol. 64:131-134.

Urology

Colby, F. H.
Malignant tumors of the testicle.
In Cancer—A manual for practitioners, 2d Edition, Boston, American Cancer Society (Mass. Div.) Inc., pp. 165-167.

Colby, F. H.
Medical progress: Urology.
New England J. Med. 242:93-97.

Colby, F. H.
Uremia.
In Current Therapy, Philadelphia, W. B. Saunders Co., pp. 352-353.

Miscellaneous

Giddings, W. P., and Magoun, F. P., Jr.
Sucking wounds at the Battle of Stiklestad.
Etudes Germaniques 5, No. 1:31-34.

Books

Colby, F. H.
Essential Urology.
Baltimore, Williams & Wilkins Co.

The Board of Trustees, at their meetings on May 5 and 19, and June 2, voted:

That for the current corporation year (ending February 23, 1951) Staff members whose appointments were voted for one year from February 17, 1950, should be continued in active status until the full year has expired, even though their ages would require them to retire on June 30, 1950, under the new rules;

To award the Warren Triennial Prizes as follows:

First Prize of $1,500 to Dr. Paul C. Zamecnik, Dr. Ivan D. Frantz, Jr., and Mary L. Stephenson, A.B., for their essay entitled "Studies on protein metabolism";

Second Prize of $500 to Dr. J. Garrott Allen for his essay entitled "Homeostasis, hemorrhage and hemostasis";

To accept with regret the resignation of Dr. David G. Freiman, effective September 1;

To accept with regret the resignation of Dr. John W. D. Garrett, effective June 18;

That Irving H. Blank, Ph.D. be given the title of Research Associate on the Dermatological Service;

That the title of Mary A. B. Brazier, Ph.D. be changed to that of Neurophysiologist in the Departments of Psychiatry and Anesthesia;

That Dr. Janet W. McArthur's title be changed to Assistant in Medicine;

That Dr. Thomas H. Green, Jr. be reappointed Third Assistant Resident in Surgery, beginning July 1;

That Dr. John D. Reeves, Jr. be continued on as an extra Resident on the Radiological Service for the period January 1 to June 30, 1951;

That Dr. Clifford J. Straehley, Jr. be reappointed Third Assistant Resident in Surgery, beginning July 1.

To appoint:

Drs. Marshall K. Bartlett and Edward F. Bland as Members-at-Large of the General Executive Committee for the year beginning May 1;

Dr. John P. Bunker as Assistant Anesthetist, beginning June 19;

Dr. Wilma J. Canada as Second Assistant Resident in Pathology, beginning January 1, 1951;

Dr. William N. Christenson as Assistant Resident in Psychiatry, beginning July 1, 1951;

Dr. Charles G. Craddock as Assistant Resident in Psychiatry, beginning July 1;

Dr. Robert E. Scully as Assistant Pathologist, beginning September 1, replacing Dr. Freiman;

Dr. Betty F. Selverstone as Assistant to the Children's Medical Service for one year, beginning May 1;

Dr. Stanley T. Soholt as Senior Resident in Orthopedic Surgery from October 1, 1950 through September 30, 1951.

At their meetings during May, the General Executive Committee voted:

To promote Dr. Lincoln D. Clark to the position of Resident in Psychiatry for a period of six months, beginning July 1;

To promote Dr. Charles S. Keuper to the position of Resident in Dermatology, beginning July 1;

To continue Dr. Lester J. Bienvenu as Assistant Resident in Dermatology for another year, as of July 1;

To continue Dr. John E. Le Donne as Assistant Resident in Dermatology for another year, as of July 1.

To appoint:

Dr. Joseph A. Blais a Clinical and Research Fellow in Medicine, to work with Dr. Walter Bauer, beginning August 1;

Dr. Douglas Bocking a Clinical and Research Fellow in Medicine, to work with Dr. Walter Bauer, beginning July 1;

Dr. Gilberto Burke a Graduate Student Assistant in Surgery for a period of six months, as of May 10;

Dr. Chester J. Dexter a Clinical Fellow in Surgery, assigned to the Tumor Clinic, beginning July 1;

Mr. George Eisenman a Research Fellow in Anesthesia for the period beginning June 23 and ending about September 23;

Dr. Joseph E. Levinson a Clinical and Research Fellow in Medicine, to work with Dr. Walter Bauer, beginning July 1;

Dr. Thomas W. Mattingly a Clinical and Research Fellow in Medicine, assigned to cardiology, for the period May 1 to October 1;

Dr. Alex F. Müller a Clinical and Research Fellow in Medicine, to work with Dr. Walter Bauer, as of May 1;

Dr. Stanley T. Soholt as Clinical and Research Fellow in Orthopedic Surgery for the period July 1 through September 30;

Dr. Earl G. Solomon a Clinical Fellow in Psychiatry, as of July 1;

Dr. Philip A. Weisman a Clinical and Research Fellow in Surgery for the period July 1, 1950 through June 30, 1951.

* * *

Dr. Kurt H. Thoma, formerly Chief of our Dental Service and now a member of our Board of Consultation, was awarded the Jarvie Fellowship Medal at the 82d Annual Meeting of the Dental Society of the State of New York on June 5. Dr. Thoma delivered a paper entitled "The development and dissemination of oral cancer", in which he stressed the important role of the dentist in the early recognition of oral cancer.

"Cancer should be made problem No. 1 of the dental profession," Dr. Thoma said. "Every general dentist should help in the campaign against cancer. Our dental schools are training the students in the clinical and pathological diagnosis of cancer. The oral surgeon who has been adequately trained and is familiar with this region can, because of his special knowledge of the anatomy, physiology, and the problems of restoration, add his share not only to cure these patients but also to safeguard their appearance, function, and comfort."

STAFF CLINIC

The Staff Clinic has been in existence for eleven years. During this time there has been a steady increase in its activities, in keeping with the greater acceptance of the benefits of the Staff Clinic by all of the hospital personnel.

The Clinic was organized in 1938 on an informal basis, and in that year there was an average of approximately five patients per day seen in the Clinic. In 1942 Mrs. Helen Horner became head nurse in charge of the Clinic and continued this duty until her retirement in 1949, at which time Mrs. Rita Rayhorn was appointed head nurse.

In 1942 Dr. Robert S. Palmer was appointed Chief of the Staff Clinic and held this position until he left for military duty with the Navy. During the war years, Dr. Dera Kinsey carried on, having only two physicians as assistants most of the time. Dr. Palmer again assumed the position of Chief upon returning from the war, and continued on until July 1, 1948 when the writer was appointed Chief.

In 1943 the Staff Clinic was moved from the Medical OPD to its present location adjacent to the Medical OPD and became a separate department in the hospital. At that time, the changes in the workmen's compensation law made pre-employment physical examinations imperative, and the daily census of the Clinic soon increased to about 30.

In 1946 the number of doctor hours per week allotted to the Staff Clinic was increased to 34, when 50 patients per day were being seen, making a total of more than 15,000 visits in a single year. Since then, the number of doctor hours has remained at this level, although there has been a gradual increase in the number of patients to the present total of 18,303 visits in 1949, or 61 per day. Many of the younger members of the Visiting Staff and the Clinical Fellows have contributed much of their time since 1946, and by their kindly handling of the hospital personnel have made each employee feel that he was seeing his private doctor when he came to the Staff Clinic.

In the position of Chief of the Clinic, it is possible to assess the state of the health of the hospital family, which has been excellent during the last few years. In spite of the increasing number of personnel, the number of days of absence for illness and injury has been decreasing during the last two years. There have been no serious epidemics in the hospital, and the incidence of tuberculosis is conspicuous by its absence.

Acting as health supervisor, the head nurse of the Staff Clinic is responsible for sending out periodic X-ray requisitions to all hospital personnel who come in contact with tuberculosis patients. She also must see that all personnel who handle food are given yearly immunizations and chest X-rays. Beginning in 1949, an annual physical examination was made available to all employees over the age of 45, and it was strongly recommended that everyone eligible avail himself of this opportunity. This serves as a screening examination to discover unsuspected illnesses.

The aim of the Staff Clinic personnel is to give the patient the best possible help with the least loss of time from his work. For this reason, free medicines for acute conditions were made available in the Staff Clinic during 1949, doing away with many hours of waiting in the line at the Pharmacy.

The growth of the Staff Clinic, as evidenced by the appended table, does not indicate an increase in the amount of illness, but rather is proof of the fact that the Clinic is more nearly fulfilling its mission of being personal physician for all hospital employees, for both major and minor health problems.

Year	Total visits	Average per day
1938	1801	5.0
1939	2757	9.1
1940	4528	14.9
1941	4978	16.4
1942	5620	18.6
1943	6004	19.9
1944	9156	30.3
1945	10707	35.0
1946	15107	50.0
1947	17351	57.4
1948	17907	59.0
1949	18303	61.1

Perry J. Culver, M.D.,
Head of Staff Clinic

When Miss Holbrook asked me for a few words "on any subject I might choose", I decided against "Why can't surgeons and anesthetists be friends?" and compromised on "Impressions of China", as more likely to be accepted.

When I left East Surgical in April 1946 China seemed a long way to go, but I never did get far away from the General. Jack Carey (*WS* 1946) was at the same field hospital. Chiu-an Wang (*WS* 1944) had set up practice in Canton, and we received an occasional patient from Wayne Wilkins (*WS* 1945) who was sailing back and forth across the Pacific in a Navy transport.

I suppose the things that impressed me most when I got to Tientsin were how dirty it looked and how bad it smelled—much as an infected burn at its first dressing. As the months passed, however, I became increasingly surprised at the absence of severe infections among Americans there. Amebiasis was the one tropical disease at all prevalent, and no one escaped an occasional bout of dysentery (my single experience following a meal in an American home).

I was also much surprised to find that many of our notions concerning the Chinese and their customs are erroneous. It isn't true, for example, that all Chinese look alike; and, moreover, they have never even heard of chop suey. The native Chinese dishes were actually delicious concoctions, consisting of innumerable different ingredients—such as lotus roots, sharks' fins, and hundred-year-old eggs.

When I visited the Chinese hospitals, I was surprised and impressed to find all the clinical records and conference reports in English. Most of the surgeons had been trained in the United States and were familiar with the current American medical literature. On the other hand, they had the meagerest equipment with which to work. Open chest surgery was performed under open drop ether, and minor surgery was usually done with "premedication" alone, to save the precious ether. The word for medicine, incidentally, is pronounced simply "E", but when written out is a very complicated character symbolizing a needle in a box, a masseur's hand, and a wine bottle containing healing spirits. Another medical oddity turned up when I had to obtain permission for and perform an autopsy on an old Chinese man, upon whom some of our men had vented misplaced holiday exuberance on Christmas afternoon. The man's wife was hysterical and I doubted that she would grant me permission to make any examination at all, and certainly not that of the cranium. Since it developed that the man had died of a massive subdural hematoma, it was fortunate that Chinese superstition taboos the touching of the body, but not of the head—as might be expected in this country.

This was just one of an endless list of claims made by the Chinese against us. Another concerned one of the Marines who had become attached to a very attractive Chinese girl—who, incidentally, had false teeth. She was so attractive the Marine was afraid to trust her and always took her false teeth back to camp with him. The girl, being equally devoted, was agreeable to the arrangement and stuck close to home when *sans* Marine and *sans* teeth. But one day, without warning, the Marine's unit was restricted and pulled out without further liberty. Faced with the prospect of having to replace her teeth, the girl filed a claim with the Marines. The bill amounted to around $90 and in due course of time, so the story goes, was paid.

John P. Bunker, M.D.,
Assistant Resident in Anesthesia

Brief bits:—

Dr. Edward B. Benedict, Endoscopist at M.G.H., presented a discussion of the "Symposium on Gastroscopy" at the meeting of the American Gastroenterological Association and the American Gastroscopic Society in Atlantic City, on April 28 and 29. Dr. Benedict has written a new chapter on "Diseases of the esophagus" for Nelson's *System of Medicine*.

Dr. Bradford Cannon, Assistant Surgeon on our staff, was elected Secretary-Treasurer of the American Board of Plastic Surgery at its recent semiannual meeting.

Dr. W. Philip Giddings, whose resignation as Assistant in Surgery became effective June 1, has accepted the position of Chief of Surgery at the new Veterans Administration Hospital, now being built in Albany, N. Y. Dr. Giddings has also been appointed Assistant Professor of Surgery at the Albany Medical College. He expects to move to Albany in the early autumn. In the meantime, he is working full time at the Cushing V.A. Hospital in Framingham, "learning the ropes", as he puts it.

Dr. Elliott P. Joslin (*WM* 1895) was one of six Bostonians to be honored by the French Government at the Lafayette Day ceremonies, held at the French Consulate in Boston on May 20. The French Consul in Boston presented Dr. Joslin with the Cross of the Legion of Honor, for his work as a pioneer in diabetes research.

MASSACHUSETTS EYE & EAR INFIRMARY

One hundred forty-nine doctors took the practical examinations given by the American Board of Ophthalmology at the Infirmary, May 22-26. The Eye Clinic of the Infirmary swarmed with candidates and examiners as the four-day exams in Perimetry, Refraction, Ocular Motility, Histopathology, and External Diseases were given. Dr. Garrett L. Sullivan was in charge of local arrangements, and Dr. Robert Alpert was in charge at the Boston City Hospital where the exams in Ophthalmoscopy and Surgery were held. This was the first time in over a decade that the Boards had been held in Boston, and the group of candidates was the largest ever to be examined. The 12 regular members of the Board were assisted by 25 associate examiners from the New England and New York areas.

For three months preceding the exams, patients were being selected by the Eye Clinic staff to be used as subjects. In some instances as many as 80 patients were needed, and each patient was given free admission in return for his services.

The cooperation of the OPD and the Infirmary in closing the Eye Clinic and making space and equipment available, and of the Boston City Hospital for its efficient help in conducting the exams in Ophthalmoscopy and Practical Surgery resulted in the successful running of the Boards and made possible the examination of such a large number of candidates.

Dr. David G. Cogan, Director of the Howe Laboratory of Ophthalmology, will spend the summer in Los Alamos, New Mexico, investigating neutron-induced cataracts for the Atomic Energy Commission.

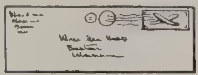
Dr. Parker Heath, Director of the Eye Pathology Laboratory of the Infirmary and President of the American Ophthalmological Society, presided at the Annual Meeting of the Society in Hot Springs, Virginia, June 1-3. Among the doctors who presented papers were four from the Infirmary staff: Drs. Paul A. Chandler, William P. Beetham, Trygve Gundersen, and David G. Cogan.

Dr. Robert J. Fink of Minneapolis began his residency in Ophthalmology on July 1. Dr. Fink graduated from the University of Minnesota Medical School and interned at St. Luke's Hospital in Chicago.

Dr. Morris Sherman finished his residency in Oto-Laryngology on July 1, and Dr. Thomas P. Cronin will complete his residency in Ophthalmology on July 31.

No. 25 in a series of Staff photographs
Dr. Walter Bauer—Physician—Director of the Robert W. Lovett Memorial for the Study of Crippling Disease

Dr. George Farrell Reed of Oswego, N. Y., began his residency in Oto-Laryngology on June 1. Dr. Reed graduated from Colgate University in 1944 and took his M.D. at Syracuse University College of Medicine in 1946. He served a rotating internship at the Syracuse Medical Center and then joined the Medical Corps of the Naval Reserve. Before taking his postgraduate course in Oto-Laryngology at Harvard, Dr. Reed was with the United States Public Health Department in Tampa, Florida.



A letter from Dr. John R. Graham says that, contrary to erroneous reports, he is to continue on as Assistant in Medicine at M.G.H. He writes:

> Unfortunately, recent newspaper articles made it appear as though I were stopping my work at the Massachusetts General when I assumed my new duties at the Faulkner Hospital, and I wish to correct this impression.
>
> During the past few years I have been the school physician at Milton Academy, a job which has required that I spend all my mornings out there. This has taken me away from the Massachusetts General a good deal, and it is partly in an effort to correct this situation that I have changed my affairs. I am giving up my position at Milton Academy during next year and have taken on the job of Chief of the Medical Service at the Faulkner Hospital so that I will have my activities a bit more centralized. I am by no means stopping my interests and activities at the Massachusetts General where I expect to see patients, have patients, and continue to conduct the Headache Clinic every Saturday morning. I am in great hopes that by rearranging my affairs in this way I will be able to get to more of the staff meetings, clinical conferences, and clinical pathological conferences at the General than has been possible in recent years.

We were very glad to receive this letter from Dr. Lytt I. Gardner (*CM* 1944).

> I have spent a very interesting year here at the University of North Carolina Medical School, participating in the teaching of the first and second year students and assisting in the state-wide Postgraduate Medical Courses sponsored by this institution.
>
> As you may know, this Medical School is in the process of expanding into a four-year school. The steel framework of the teaching hospital is nearly completed, and it is expected that clinical appointments will be made in the next year or two. A recent construction grant from the National Cancer Institute has provided for an additional floor which will be devoted to research laboratories. With an able and enthusiastic Dean and a generous Legislature, the way appears to be clear for the development of a first-rate Medical School.

Dr. Mariano M. Alimurung sends a new address—20 Apo Street, Sta. Mesa Heights, Quezon City, Philippine Islands—and writes:

> You may recall that I was a Graduate Fellow in Cardiology in Dr. Paul D. White's department, 1947-48. After that I continued on in Boston as Fellow in Medicine at the House of the Good Samaritan and the Children's Hospital, doing Cardiology. Now it is my turn to return to Manila.
>
> I came to Boston on September 17, 1947, as Fellow from the Santo Tomas University Faculty of Medicine in Manila, being the first scholar sent to America from my University after the war. I am returning to resume my job there as Assistant Professor of Medicine, and will probably be in charge of cardiovascular cases there.
>
> I shall write you from time to time from Manila, and I hope you will not fail to send me The News. I want to be a permanent subscriber, and thus continue to hear about the M.G.H.

A brief note has arrived from Dr. Abraham I. Perley (*r. p. D* 1948), bearing his new address—2030 Eleventh Avenue, South, Birmingham 5, Alabama. The note is signed "Anne and Jack Perley", and reads:

> Dear You-all,
>
> I am sure that receiving The News would ease this old nostalgia we feel so often. . . .

* * *

Newton Centre doctors will be especially interested in this item. Back in 1851, the year that saw the publication of Bowditch's *History of Massachusetts General Hospital,* 1811-1851, Dr. William Henry Thayer (Admitting Physician at M.G.H. from 1846 to 1849) wrote a letter to Bowditch acknowledging the receipt of his copy of the book and lauding particularly the section on ether. He says, in this regard:

> As to the subject of Ether, it was certainly a good thing to put on permanent record, as you have done, the share which Boston & the Hospital had in introducing it into the world. People in other parts of the country sneer at the attempt to identify the Hospital with the discovery of its applicability to surgery; but just so they were inclined to underrate its value and to deny that it could be used with safety. And I believe that to this day there is no part of the United States where Ether is used so freely as in Boston.

Dr. Thayer was one of those who witnessed that first public demonstration of the use of ether for major surgery, here in our Ether Dome, on October 16, 1846.

But the part of the letter that is of special interest to Newton Centre physicians is the postcript. Dr. Thayer had lived and practised in Boston, with an office at 12 Essex Street. Apparently, he had moved to Newton Centre only a short time before this letter was written, for the postscript reads:

> It will give you pleasure to hear that my business prospects are very good in this village, in which, altho' it is small, I am the only physician. With a better promise of living, I am of course in every other way happier & better off here than in Boston.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 93 Boston, Mass. September 1950

CARCINOMA OF THE BLADDER: A CORRELATION OF PATHOLOGY WITH TREATMENT AND PROGNOSIS

(This study was aided by an Institutional Grant from the American Cancer Society (Massachusetts Division) to the Massachusetts General Hospital.)

The indications for the various procedures employed in the treatment of bladder tumors have never been clearly defined. Uncertainty as to whether local destruction, segmental resection, or cystectomy should be performed suggests that past indications have an insecure basis. Although some tumors have been controlled by these methods, many have not been cured. The indications for total cystectomy especially need clarification.

Invasion of the underlying muscle, as Jewett (1) has said, is an important feature of bladder tumors. On this fact, we believe, can be based intelligent treatment and more accurate prognosis. Muscle invasion may provide a better basis for treatment than indications previously given by us and by others. (2)

With these problems in mind, we have reviewed seven hundred bladder carcinomas treated at the Massachusetts General Hospital from 1934 to 1949. These tumors were studied to find out why some were easily cured and others were not. A review of their microscopic characteristics indicated that penetration into the bladder muscle might have more significance than the size, grade, or location of the tumor and whether it was papillary or non-papillary. *Any type* of tumor can invade the muscle and be termed infiltrating. We have tried to determine whether there is a correlation between muscle invasion of a tumor and the choice of treatment and prognosis.

The only tumors studied were those that provided us with sufficient material to give microscopic evidence that muscle invasion was or was not present. Clinical impressions of tumor invasion were considered inaccurate. Over-all statistics of cure have little value and are not included. The tumors of patients who could not be followed or who died in the hospital were omitted. The remaining tumors constitute a small group, but they form a sound basis for study since the end results are known and the tissue was secured by segmental resection, total cystectomy, or from neoplasms from which deep and adequate biopsies had been secured. Biopsies from the periphery of a tumor may be misleading, particularly regarding tumor penetration. One hundred thirty-five tumors with adequate pathological sections and follow-up were suitable for study.

From 1934 to 1949, ninety-eight total cystectomies for cancer of the bladder were done at the Massachusetts General Hospital. Eighteen of these patients died in the hospital — an operative mortality of about twenty percent. Of the remaining eighty cases, two could not be followed, thirty-three were too recent to be of value, and in eight the pathological material was not satisfactory. Thirty-seven cases of total cystectomy are included in the study.

Invasion of the regional lymph nodes by cancer of the bladder requires serious consideration. The tendency for these tumors to invade the lymphatics depends upon invasion of the deep layers of the bladder wall since there are no lymphatics in the mucosa. As far as we know, no tumor in this series that did not invade the muscle involved the regional lymph nodes. Forty percent of fifteen tumors that did invade the muscle and which were treated by cystectomy and pelvic lymphadenectomy involved the regional lymph nodes. Unless these lymph nodes are removed at the time of partial or total cystectomy, many of these patients are given no chance of cure.

We have prepared statistics which illustrate the results of treatment and the importance of tumor invasion of the bladder muscle. The five-year survival rates of patients who left the hospital alive and who were treated by methods other than cystectomy are as follows: Eighty-nine percent of the eighty-two patients whose tumors invaded the muscle were dead at the end of five years on an average of eleven months after operation. As far as we could determine, they all died of cancer. Nine, or eleven percent, were alive and well. Seven were treated by segmental resection. When the tumors did not invade the bladder muscle, the situation was different. All sixteen patients were alive and well five years after operation.

The following are the five-year survival rates of patients whose tumors were treated by cystectomy: Only two, or eight percent, of the twenty-five patients whose tumors invaded the muscle were alive. Both of these patients developed bony metastases at six years, and one has died. The twenty-three patients who died survived operation for an average of ten months. Nineteen of them, we know, died of cancer or the effects of operation. Two died from causes apparently unrelated to their tumors, and the cause of death in two was not determined. Five-year survivals of the twelve patients whose tumors did not invade the muscle and who were treated by cystectomy were two, or sixteen percent. Of the ten deaths in this group, five were from uremia, one from a cerebral accident, one from pneumonia, and three from uncertain causes.

Combining the two previous sets of figures, we find that the five-year survival rates when all forms of treatment were employed are: When the tumors invaded the muscle only eleven patients survived for five years. This is ten percent of one hundred seven patients. The end result, therefore, for these patients was essentially the same whether or not cystectomy was performed. In twenty-eight patients, the tumors did not invade the muscle and eighteen, or sixty-four percent, of them survived for five years. Cystectomy for these patients, therefore, resulted in a lower five-year survival rate than when cystectomy was not employed. As far as we could tell, the invasive or non-invasive tumors treated by cystectomy were very similar to those treated by other methods. When the muscle was invaded these figures show no significant difference between tumors treated by cystectomy and tumors treated by other methods with respect to grade or size of tumor or age of patient. This is true, also, of the non-invasive tumors that were treated by cystectomy or other methods.

SUMMARY

	Muscle invaded	
	Cystectomy	Non-cystectomy
No. of patients	25	82
Grade of tumor		
Grade 2	24%	19.5%
Grade 3	76%	80.5%
Size of tumor		
1-3 cm.	24%	25.6%
3 cm. or over	76%	74.4%
Mean age in years	60±1.5	63±1.1
	(standard error of the mean)	

	No invasion	
	Cystectomy	Non-cystectomy
No. of patients	12	16
Grade of tumor		
Grade 2	8.3%	6.2%
Grade 3	91.7%	93.8%
Size of tumor		
1-3 cm.	66.6%	75 %
3 cm. or over	33.4%	25 %
Mean age in years	57.3±1.4	62±2.5
	(standard error of the mean)	

These figures are based on a small group of tumors, but they are the result of a microscopic study of the invasive features of these tumors and are as accurate a follow-up as possible.

CONCLUSIONS

Invasion of the bladder muscle is an

important feature of bladder tumors. When there was no evidence of muscle invasion the five-year survival rate was sixty-four percent, and only ten percent when the muscle was invaded. The presence or absence of muscle invasion provides a guide to treatment and prognosis. Adequate biopsy must be obtained to determine whether or not the tumor invades the underlying muscle. Tumors that do not invade the muscle should be treated, if possible, by methods other than cystectomy. If the muscle is invaded, cystectomy may be considered. Tumors that invade the muscle are difficult to cure by any present methods of treatment.

Discussion, by Walter S. Kerr, Jr., M.D.

It has been noted that of fifteen patients with infiltrating tumors who have been treated by cystectomy and pelvic lymphadenectomy six (forty percent) have had microscopic evidence of metastatic disease in regional nodes. Although none of the patients in the thirty-seven cases of cystectomy mentioned in this report had pelvic lymphadenectomy, further mention of this aspect of the treatment of carcinoma of the bladder should be made.

Two years ago, dissection of the lymphatic tissue of the pelvis was added to the procedure of cystectomy in the hope that fewer patients would develop recurrences. Four of the patients with infiltrating tumors returned to the hospital on the average of five months after cystectomy and were explored. Three of these four patients were found to have recurrent disease and are now dead.

The node dissection as originally performed included removal of the tissue along the lower half of the common iliac vessels, external and internal iliac vessels, and in the obturator space. One patient had recurrent disease along the left common iliac vessels just below the aorta and around the left epigastric vessels, another had disease in the pelvis lateral to the rectum, and the third patient had recurrent tumor involving the left epigastric vessels and the peritoneum.

After these recurrences were found, the limits of the lymph node dissection were extended to include as much as possible of the lymphatic bearing tissue in the pelvis, from the lower portion of the aorta to the region of the rectum below the middle hemorrhoidal vessels. Patients who have had the more extensive operation have not been followed long enough to determine its efficacy. The one patient who did not have recurrence is alive, without evidence of disease, twenty-one months after operation. He did not have involvement of nodes.

If these patients develop recurrences in the pelvis, as I suspect they will, for one cannot do an adequate pelvic dissection without removing the rectum, we are faced with the same problem as are the surgeons attempting to cure cancer of the stomach. Will the rate of survivals of cancer of the stomach be increased by methods similar to those of Mr. Allison of England, who dissects the mediastinum, does a total gastrectomy, removes the spleen and a large part of the pancreas, in order to remove known sites of lymphatics draining the stomach? Will we be justified in removing the rectum in order to enable us to remove lymphatics to which bladder carcinoma may spread? I don't believe so, for it is likely that the mutilation of function, the disability, and the mortality and morbidity of such an extensive procedure will outweigh the occasional satisfactory result.

REFERENCES

(1) Jewett, J. H., and Strong, G. H. Infiltrating carcinoma of the bladder: Relation of depth of penetration of the bladder wall. J. Urol. 55: 366-372, 1946.

(2) Kerr, W. S., Jr., and Colby, F. H. Pelvic lymphadenectomy and total cystectomy in the treatment of carcinoma of the bladder. Tr. Am. A. Genito-Urin. Surgeons 41: 57-66, 1949.

Walter S. Kerr, Jr., M.D.
Fletcher H. Colby, M.D.

* * *

WILLIAM NELSON MUNDY, III

The tragic highway accident on June 29, that claimed the lives of Dr. William N. Mundy, III, his wife, and their three small children, came as a saddening shock to all of us who knew them.

Dr. Mundy was born in Toledo, Ohio, on August 12, 1917, and spent his boyhood there. After receiving his A.B. degree from the University of Michigan in 1939, he came to Boston and spent the next four years at the Harvard Medical School, from which he graduated in February 1943.

Following graduation, Dr. Mundy became a Medical House Officer at the Massachusetts General Hospital. In July 1944 he was promoted to Assistant Resident in Medicine and served in that capacity until October 1944. It was during this period that many of us came to know him well. It was here, too, that he met and married Virginia Hussey, who had completed her student nursing at M.G.H.

After leaving Boston, Dr. Mundy spent a year as Clinical and Research Fellow in Medicine at Barnes Hospital in St. Louis. Following this, he returned to Toledo to join his father in the practice of Medicine.

In his few years of practice in Toledo he had already proved his worth to the community he served. He was very highly regarded by his medical colleagues, and had been an active member of the Toledo Academy of Medicine. As Chairman of its Program Committee during the past year, he maintained an educational program designed to keep the practitioner abreast of new developments in Medicine. His program flourished.

Among the many qualities which endeared Bill to his friends were his robust good humor, his perpetual and infectious optimism, his sincerity and loyalty to his friends, and his ever-ready willingness to pitch in and lend a helping hand. He was justly very popular among his fellows on the House Staff.

At a time when much of the chaos in the world seems to be due to a lack of the fine traits of character that abounded in Bill Mundy, his untimely passing is an especially heavy loss.

A. L.

* * *

The first International Congress of Cardiology will meet at the Sorbonne in Paris, September 3-9, under high patronage of the President of France.

The Massachusetts General Hospital is represented on the program by the following papers:

(1) International cardiovascular research. Paul D. White.
(2) Rheumatic fever and rheumatic heart disease: A twenty-year report on 1,000 patients followed since childhood. Edward F. Bland and T. Duckett Jones.
(3) Acute non-specific pericarditis: Clinical, laboratory, and follow-up considerations. Howard B. Sprague and David B. Carmichael.
(4) Systemic arterial embolism in rheumatic heart disease. Raymond Daley, Thomas W. Mattingly, C. Lawrence Holt, Edward F. Bland, and Paul D. White.
(5) Observations on the administration of ammonium cation exchange resin to patients with cardiac edema. James H. Currens, Timothy B. Counihan, and Margaret Rourke.
(6) The electrocardiogram as a guide to intracellular potassium concentration. James H. Currens, Ernest Craige, and John D. Crawford.
(7) Present evidence concerning the relationship of the cerebral cortex and/or subcortical areas to the regulation of blood pressure and heart rate in man. William P. Chapman, Hannibal Hamlin, Donald Freshwater, Robert B. Livingston, William H. Sweet, and James L. Poppen.
(8) Physiological and physical laws that govern the clinical appreciation of cardiac thrills. Timothy B. Counihan, Maurice B. Rappaport, and Howard B. Sprague.
(9) Some morphological, hormonal, biochemical, and psychological aspects of the young coronary patient. Menard M. Gertler and Stanley M. Garn.

Dr. Arthur W. Allen, formerly Chief of our East Surgical Service and now a member of our Board of Consultation, has returned from Europe. In response to our appeal for details concerning his trip, Dr. Allen has kindly sent us the following letter:

> The prime motive of my journey this time was to represent the American College of Surgeons with a congratulatory address before the Royal College of Surgeons of England on their One Hundred Fiftieth Anniversary. This was a very interesting, dignified, and impressive ceremony. Some thirty-four universities and colleges sent special representatives, with formal greetings. I am sending you an account of the affair, published in the *Annals of the Royal College of Surgeons of England*, for your interest.
>
> Having been made an Honorary Fellow of the Royal College of Surgeons in 1947, at the time I gave the Moynihan Lecture, I was eligible for selection as a Hunterian lecturer. Only Fellows of the Royal College may receive this honor. The lecture took place at five o'clock in the afternoon of June 27, at the College, and that evening the reception and dinner of the One Hundred Fiftieth Aniversary took place.

It was very kind of the officers of the Royal College of Surgeons of Edinburgh, established in 1505, to take cognizance of my visit to Europe to invite me to give the Macarthur Lecture there on June 30. This took place at two o'clock in the afternoon, and that evening, at a dinner ceremony, the Royal College bestowed upon me an Honorary Fellowship. It must be assumed that I received these honors largely because I am Chairman of the Board of Regents of the American College of Surgeons, and of course I could never have been that, had I not had the opportunity of serving the Massachusetts General Hospital throughout my professional life.

Since I had long been interested in studying the various medical plans in Europe, this seemed too good an opportunity to miss, and so, in addition to England and Scotland, I had a bird's-eye view of the situation in Denmark, Norway, Sweden, and Switzerland. In each of these countries I met many interesting people, and found them cordial and willing to give me honest opinions.

As far as the Socialized Medicine Plans are concerned, I wish to say that our problems here in the United States are so vastly different from those in these smaller, closely compact countries, that I know it will require a good deal of time and ingenuity to adopt the good principles from these plans. I would hope that we might avoid some of the mistakes that have been made, particularly in the British Isles.

[Although no reference is made to social affairs in this letter, we learned from outside sources that Queen Mary again honored Dr. and Mrs. Allen by a very pleasant interview, and also that they were entertained by Prince Olaf and Princess Martha of Norway. *Editor*]

Dr. James C. White, Chief of Neurosurgery at M.G.H., gave the following lectures during a recent trip to England, Scotland, and France:

May 4—to Professor John Z. Young's students in anatomy at University College, London: "Applications of neuroanatomy to the relief of pain in resistant neuralgias and in visceral disease".

May 8—Rutherford-Morison Lecture at the University of Durham: "Neurosurgical treatment of persistent pain".

May 10—Macarthur Lecture at the University of Edinburgh: "Neurosurgical experience in the treatment of intractable pain".

May 19—at the meeting of the Society of British Neurological Surgeons in Manchester: "241 cordotomies: Results, complications, causes of failure".

June 15—at the meeting of the Société de Chirurgie of Lyon: "Valeur de la cordotomie antérolatérale (sur 210 observations)".

Dr. Oliver Cope, Visiting Surgeon on our staff, returned in July from a two-months' trek abroad with his family. The reason behind the trip was an invitation to lecture at an Endocrine Conference in Toulouse in May. MGH readers will be interested to know that Dr. Harold P. Himsworth, formerly Professor of Medicine at University College Hospital and now Secretary of the Medical Research Council of Great Britain, also attended. Both he and Dr. Cope were especially honored by being awarded the degree of Doctor Honoris Causa by the University of Toulouse. Dr. Himsworth lectured on diabetes; Dr. Cope on diseases of the thyroid and parathyroid glands.

After Toulouse, the Copes enjoyed a week at the Bach Festival at Prades, and from there they went on to visit Switzerland, Belgium, and England.

Dr. Benjamin Castleman, Pathologist at M.G.H., spent the month of July as Visiting Professor of Pathology at the University of Brazil in Rio de Janeiro. While there, both Dr. and Mrs. Castleman were royally entertained by the Cariocan physicians — and especially by the Paulo Albuquerques (*r.s. U* 1944), who wish to be remembered to all their Boston friends.

At the Fourth Annual Meeting of the American Electroencephalographic Society, held in Atlantic City on June 10 and 11, the following officers were elected for the ensuing year: President — Robert S. Schwab, M.D., Massachusetts General Hospital, Boston 14, Mass.; Vice-President — James L. O'Leary, M.D., Washington University School of Medicine, St. Louis, Mo.; Treasurer — Mary A. B. Brazier, Ph.D., Massachusetts General Hospital; Secretary — John A. Abbott, M.D., Massachusetts General Hospital; elected to the Council: Dr. Charles E. Henry, Institute of Living, Hartford, Conn.

Brief bits:—

Dr. Lytt I. Gardner (*CM* 1944) has been appointed Assistant Professor of Pediatrics at the Johns Hopkins University Medical School. Dr. Gardner has also been appointed Pediatrician to the Johns Hopkins Hospital. His new address is Harriet Lane Home, Johns Hopkins Hospital, Baltimore 5, Md.

Dr. Daniel J. Holland (*Dn.* 1938), Assistant Oral Surgeon on our staff, has been appointed Professor of Oral Surgery and Director of the Department at Tufts College Dental School. Dr. Holland will continue on our staff, along with his new duties.

Miss Lucy G. Morse, formerly Head of our Occupational Therapy Department, who has been teaching at the Liverpool School of Occupational Therapy in England, has returned home. Her address is 19 Craigie St., Cambridge, Mass.

An exciting package arrived recently from Dr. David Stafford-Clark of England, who served on our staff as Assistant Resident in Psychiatry for a few months in 1949 and as Clinical Fellow in Psychiatry during the first part of 1950. The package contained an interesting letter; captivating photographs of his two youngest children; copies of five issues of *Guy's Hospital Gazette*, containing a running account of Dr. Stafford-Clark's sojourn in America, which he calls "The third journey"; and (at our request) one of the earlier published collections of his poems, which he had great difficulty in procuring for us, since it has been out of print for five years. We are planning on publishing extracts from the *Gazette* articles in an early issue of THE NEWS.

Dr. Somers H. Sturgis (*ES* 1933), Assistant Surgeon on our staff and in charge of the Vincent Memorial Laboratory, has been appointed Senior Associate in Surgery at the Peter Bent Brigham Hospital. Dr. Sturgis will assume his new duties on January 1, which include heading up a teaching and research unit in gynecology and female endocrinology. He will continue in private practice, with an office at the Peter Bent Brigham Hospital.

Mrs. Soma Weiss has been appointed Advisor on Community Relations at M.G.H. Mrs. Weiss is thoroughly familiar with the functions of voluntary hospitals through her long association with the Peter Bent Brigham Hospital.

Dr. Edward L. Young (*W S* 1910), a member of our Board of Consultation, has been appointed Surgeon-in-Chief of the New England Hospital for Women and Children. Dr. Young is the first male physician ever to have been appointed to the active staff of the New England Hospital.

The Board of Trustees, at their meetings on June 16 and 30 and on July 14, voted:

To accept with regret the resignation of Dr. Joseph S. Lichty as Assistant Director, effective July 15;

To authorize Dr. Churchill to invite Professor F. A. R. Stammers of Birmingham, England, to serve as Visiting Surgeon pro tem for approximately four weeks in September and October;

To change the title of Drs. Robert K. Crane, J. Delafield Gregory, and G. David Novelli from that of Assistant in Biochemistry to that of Assistant in Biochemical Research;

To promote Dr. Ernest Craige from the position of Clinical and Research Fellow in Medicine to Assistant in Medicine.

To appoint:

Dr. Samuel Brendler as Assistant Resident in Neurosurgery for one year, beginning July 1;

Dr. Richard E. Spencer as Assistant Resident in Anesthesia for one year, beginning August 15;

Dr. William H. Trethowan as Assistant Resident in Psychiatry for six months, beginning January 1, 1951;

Dr. A. Allison Wills as Clinical Associate in Medicine.

At their meetings during June and on July 12, the General Executive Committee voted:

To continue Dr. Elmer Franseen as Clinical Assistant in Orthopedic Surgery for one year, beginning August 1;

To change Dr. William E. Reynolds's title from Research Fellow in Medicine to Clinical and Research Fellow in Medicine, as of July 1;

To reappoint Dr. Bartlett H. Stone as Clinical Assistant in Surgery, assigned to Gynecology.

To promote:

Dr. Glenn E. Behringer from the position of Second Assistant Resident to that of First Assistant Resident on the Surgical Service, as of July 1;

Dr. Armand L. Bengle to the position of Resident in Anesthesia, beginning August 1; the Committee also voted to appoint Dr. Bengle as Clinical and Research Fellow in Anesthesia for one year, beginning August 1, to carry out studies, apart from his duties as Resident, concerning the metabolic effect of anesthesia;

Dr. Richard A. Currie from the position of Intern to that of Third Assistant Resident on the Surgical Service;

Dr. Thomas H. Green, Jr., from Third Assistant Resident to Second Assistant Resident on the Surgical Service;

Dr. Adolph L. Gundersen from the position of Intern to that of Third Assistant Resident on the Surgical Service;

Dr. Falls B. Hershey from the position of Second Assistant Resident to that of First Assistant Resident on the Surgical Service, as of July 1;

Dr. John H. Kennedy from the position of Intern to that of Third Assistant Resident on the Surgical Service;

Dr. James A. Martin to the position of Resident in Radiology, beginning July 1;

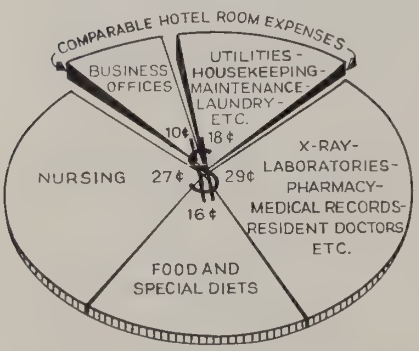
Dr. John D. Pitts to the position of Third Assistant Resident on the Surgical Service, beginning July 1;

Dr. Robb H. Rutledge from the position of Intern to that of Third Assistant Resident on the Surgical Service, as of July 1;
Dr. Boris Senior to the position of Assistant Resident on the Children's Medical Service for one year, beginning July 1;
Dr. Robert S. Shaw from the position of Second Assistant Resident to First Assistant Resident on the Surgical Service, as of July 1;
Dr. John L. Sosman to the position of First Assistant Resident in Radiology, beginning July 1;
Dr. Clifford J. Straehley, Jr. from Third Assistant Resident to Second Assistant Resident on the Surgical Service.

To appoint:

Dr. William H. Baker as Clinical and Research Fellow in Medicine, assigned to the Tumor Clinic, as of July 1;
Dr. Ellis N. Cohen as Clinical and Research Fellow in Anesthesia for one year, beginning September 1;
Dr. Allan L. Friedlich, Jr. as Clinical and Research Fellow in Medicine, beginning July 1;
Dr. Philip H. Henneman as Research Fellow in Medicine, as of July 1;
Dr. Arthur Keats as Research Fellow in Anesthesia for July and August; Dr. Keats was granted leave of absence from his position as Assistant Resident in Anesthesia for this work;
Dr. Edmund N. Kudarauskas as Clinical Fellow in Psychiatry, as of July 1;
Dr. Cornelius Lansing as Clinical and Research Fellow on the Pediatric Service for one year, beginning July 1;
Dr. Roy W. Leeper as Clinical Fellow in Dermatology, as of July 1;
Dr. Saul W. Levy as Clinical and Research Fellow in Dermatology, as of July 1;
Dr. Erasmus J. McCranie as Clinical Fellow in Psychiatry, as of July 1;
Dr. Albert Maysles as Research Fellow in Anesthesia for one year, beginning July 15;
Dr. Leon G. Michell as Clinical Assistant in Surgery, assigned to Gynecology;
Dr. Carlyle F. Stout as Clinical and Research Fellow in Medicine, as of July 1;
Dr. William H. Thomas as Clinical and Research Fellow in Medicine, as of July 1.

WHERE THE HOSPITAL SPENDS EACH DOLLAR



Occasionally people try to compare hotel and hospital costs. But, as the diagram shows, this is impossible because almost three-quarters of hospital expenses are for services not provided routinely in a hotel room.

People say that modern medical care is expensive. It is! Although this isn't in the diagram, there is good reason—

Modern medical care requires:
Two professional and non-professional employees per patient,
plus
Expensive scientific procedures, medicines, and equipment.

MASSACHUSETTS EYE & EAR INFIRMARY

In the past, it was often the custom for professional men from the United States to study in Europe under the great leaders of medicine, law, and science. Now the trend seems to be reversed and we find many people from foreign countries coming here, studying our methods and procedures, and returning to their own countries to put into practice what they have learned. The *Visitors' Book* at the Infirmary proves that Asia, Africa, and South America are as widely represented as Europe.

Recently, we had an observer from Brazil — Señorita Maria de Lourdes Duarte Gonçalves — who was sent to the U. S. by the Ministry of Education of the Brazilian Government to study programs for the blind and to observe admitting procedures in hospitals and clinics. For the past ten months, Señorita Gonçalves has been studying at the Perkins Institution, and finished her stay in Boston by spending a week at the Infirmary in the clinics, admitting offices, and library, and inspecting the new construction — particularly the operating room suites.

Señorita Gonçalves reported on the new Ophthalmological Institute, comprising hospital, clinics, and school for the blind that the government has built for the Brazilian people. The integration of these three units in a smooth-working order was the concern of the government. It was interesting to compare fields of emphasis in types of blindness in Brazil with those in the U. S. According to Señorita Gonçalves, most of the population of Brazil is born in rural homes where there may be no attending physician and, though the government has tried to educate the people to the use of silver nitrate to prevent blindness from gonorrhea, the percentage of such blindness is very high. On the other hand, there is little retrolental fibroplasia because few premature babies born in rural districts survive. It was while teaching in these rural areas that Señorita Gonçalves became interested in the rehabilitation of the blind child.

Dr. John H. Tucci, Assistant Anesthetist, gave a lecture on "Intra-tracheal anesthesia", with an accompanying motion picture, at the Norwood Hospital Association meeting on June 27.

"Anesthesia for ocular surgery" was the subject of a symposium at the New England Society of Anesthetists, held June 12 at Boston University School of Medicine. Dr. Edwin B. Dunphy, Chief of Eye Service, Dr. Paul A. Chandler, Surgeon in Ophthalmology, and Dr. John H. Tucci were the speakers.

Dr. LeRoy A. Schall, Chief of the Ear, Nose and Throat Service, and Dr. Philip E. Meltzer, Surgeon in Oto-Laryngology and Surgeon-in-Chief of the Winthrop Foundation, were recent lecturers at the University of Minnesota Medical School in Minneapolis. Dr. Schall delivered two lectures on cancer to a postgraduate group, and Mr. Meltzer spoke on "Hearing tests and their interpretations".

Miss Ruth Butler, case work supervisor in the Social Service Department, is leaving her position to become Associate Professor of Social Research at the Harvard School of Public Health. Miss Butler has been with the Department for six years.

The Infirmary was recently privileged to see a showing of colored films of the English countryside, given by Dr. Geoffrey Morey of the Lincoln County Hospital, Lincolnshire, England. Dr. Morey, traveling on a Fulbright Scholarship, has visited many hospitals and clinics in the United States and Canada, where he has studied operating room techniques in Oto-Laryngology. He came to the Infirmary at the invitation of Dr. LeRoy A. Schall, who met Dr. Morey last year in London at the International Conference of Oto-Laryngologists.

Dr. Morey showed two films — one of Lincoln Cathedral, depicting the architecture with details of the stone work, and another of the English countryside entitled "The changing seasons". Both films were kodachrome and the narration for the Cathedral picture was done by Dr. Morey, supplemented by a musical accompaniment.

STAFF PUBLICATIONS

A new procedure regarding the publication of titles of articles and books written by members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary staffs went into effect with the July—August issue of THE NEWS. Each month, titles of new publications will appear in THE NEWS. If you have not already done so, please send all titles of books and articles you have published since (and including) January 1, 1950, to Cora F. Holbrook, Editor of THE NEWS, and continue to send her all new titles each month.

As soon as the December titles have appeared in the January 1951 issue of THE NEWS, the lists will be assembled and published as the Massachusetts General Hospital—Massachusetts Eye and Ear Infirmary Publications for the calendar year 1950. Should you fail to report a title to THE NEWS, it will not appear in the assembled list.

Be sure to include complete data: 1) classification of material, such as Anesthesia, General Medicine, Laboratory Science, General Orthopedics, Orthopedic Surgery, Miscellaneous; 2) title of article; 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

Please pay special attention to 1), above. Several of the reports already received have not included the classifications of the material. In such instances where the titles failed to make the classifications obvious, much time has had to be spent on examining the material or tracking down the authors to procure this information.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following titles have been submitted, in addition to those published in the July—August issue:

Anesthesia

Beecher, H. K.
Anesthesia and the old-time shotgun prescription. (Editorial)
Ann. Surg. 131:606-607.

Beecher, H. K., Francis, L., and Anfinsen, C. B.
Metabolic effects of anesthesia in man. I. Acid-base balance during ether anesthesia.
J. Pharmacol. & Exper. Therap. 98:38-44.

Beecher, H. K., and Murphy, A. J.
Acidosis during thoracic surgery.
J. Thoracic Surg. 19:50-70.

Cardiology

Currens, J. H.
Common cardiac conditions in the young male adult.
J. Aviation Med. 21:259-264.

Dermatology

Cipollaro, A. C., and Crawford, G. M.
Radiation therapy of nonmalignant skin diseases.
In Clinical therapeutic radiology, New York, Thomas Nelson & Sons, pp. 608-643.

Lever, W. F., and Leeper, R. W.
Eosinophilic granuloma of the skin: Report of cases representing the two different diseases described as eosinophilic granuloma.
Arch. Dermat. & Syph. 62:85-96.

General Surgery

Green, T. H., Jr.
Low ileal obstruction: With report of closed-loop type case.
Med. Bull. EUCOM 7:411-414.

Mallory, T. B., Simeone, F. A., Sullivan, E. R., Burnett, C. H., Shapiro, S. L., Smith, L. D., and Beecher, H. K.
Pigment mobilization in severely wounded men.
Surgery 27:467-484.

Moore, F. D., Langohr, J. L., Ingebretsen, M., and Cope, O.
The role of exudate losses in the protein and electrolyte imbalance of burned patients.
Ann. Surg. 132:1-19.

Simeone, F. A., Mallory, T. B., Burnett, C. H., Shapiro, S. L., Beecher, H. K., Sullivan, E. R., and Smith, L. D.
The crush syndrome in battle casualties.
Surgery 27:300-319.

Welch, C. E.
The care of the patient with advanced cancer.
In Cancer—A manual for practitioners, 2d Edition, Boston, American Cancer Society (Mass. Div.) Inc., pp. 269-280.

Welch, C. E., and Giddings, W. P.
Abdominal trauma—A clinical study of 200 consecutive cases from the Massachusetts General Hospital.
Am. J. Surg. 79:252-258.

Gynecology and Obstetrics

Bell, J. W., and Ingersoll, F. M.
An evaluation of the symptoms and signs in ectopic pregnancy, based on an analysis of 130 cases.
Am. J. Obst. & Gynec. 60:174-179.

Ingersoll, F. M., and McDermott, W. V., Jr.
Bilateral polycystic ovaries, Stein-Leventhal syndrome.
Am. J. Obst. & Gynec. 60:117-125.

Reid, D. E., and Cohen, M. E.
Evaluation of present day trends in obstetrics.
J. A. M. A. 142:615-623.

Laboratory Science

Gardner, L. I., MacLachlan, E. A., and Berman, H.
Carbon dioxide, inorganic phosphate and cation content of muscle in potassium deficiency. (Abstract)
Federation Proc. 9:175.

Gardner, L. I., Talbot, N. B., Cook, C. D., Berman, H., and Uribe, R. C.
The effect of potassium deficiency on carbohydrate metabolism.
J. Lab. & Clin. Med. 35:592-602.

Nardi, G. L.
Localization of C^{14} in the tissues of mice after administration of C^{14} methyl-labeled glycine.
Science 111:362-363.

Neurology, Neurosurgery, and Psychiatry

Adams, R. D., and Cohen, M. E.
Cerebral hemorrhage.
In Current therapy, Philadelphia, W. B. Saunders Co., p. 544.

Adams, R. D., and Cohen, M. E.
Cerebral thrombosis and embolism.
In Current therapy, Philadelphia, W. B. Saunders Co., p. 547.

Adams, R. D., and Cohen, M. E.
Cerebral vascular accident (stroke, apoplexy).
In Current therapy, Philadelphia, W. B. Saunders Co., p. 542.

Adams, R. D., and Cohen, M. E.
Rupture of saccular aneurysm.
In Current therapy, Philadelphia, W. B. Saunders Co., p. 545.

Cobb, S.
Review of Neuropsychiatry for 1949.
Arch. Int. Med. 85:998-1009.

Cohen, M. E.
Neurocirculatory asthenia and other psychoneuroses.
In Proceedings — First National Conference on Cardiovascular Diseases, New York, International Press, pp. 139-151.

Green, T. H., Jr.
Management of cranio-cerebral injuries.
Med. Bull. EUCOM 7:215-225.

Sweet, W. H.
Trigeminal injection with radiographic control.
J. A. M. A. 142:392-396.

Wheeler, E. O., White, P. D., Reed, E. W., and Cohen, M. E.
Neurocirculatory asthenia (anxiety neurosis, effort syndrome, neurasthenia): A twenty year follow-up study of one hundred seventy-three patients.
J. A. M. A. 142:878-888.

Wheeler, E. O., Williamson, C. R., and Cohen, M. E.
Observations on the emotional and symptomological effects of telling adults that they might have heart disease.
J. Clin. Investigation 29:852-853.

White, J. C.
Neurosurgical treatment of persistent pain.
Lancet. July 29:161-164.

Ophthalmology

Donahue, H. C.
Migraine and its ocular manifestations.
Arch. Ophth. 43:96-141.

Donaldson, D. D.
A camera for stereoscopic photography of the anterior segment.
Arch. Ophth. 43:1083-1087.

Dunphy, E. B., and Call, F.
A method of determining the concentration of dithiocarbamates in the aqueous humor.
Am. J. Ophth. 33:44-46.

Kinsey, V. E.
Assembly for positioning cuvettes used for microanalysis with Beckman spectrophotometer.
Anal. Chem. 22:362-363.

Kinsey, V. E.
Dehydroascorbic acid—Ascorbic acid in the aqueous humor of rabbits.
Am. J. Ophth. 33:257-268.

Merriam, F. C., and Kinsey, V. E.
Studies on the crystalline lens: I. Technic for in vitro culture of crystalline lenses and observations on metabolism of the lens.
Arch. Ophth. 43:979-988.

Orthopedic Surgery

Cave, E. F., and Rowe, C. R.
The patella—Its importance in derangement of the knee.
J. Bone & Joint Surg. 32-A:542-553.

Oto-Laryngology

Lewis, D. K.
Rehabilitation of the preschool deaf child.
Laryngoscope 60:564-576.

Pathology

Mallory, T. B., Sullivan, E. R., Burnett, C. H., Simeone, F. A., Shapiro, S. L., and Beecher, H. K.
The general pathology of traumatic shock.
Surgery 27:629-644.

Pediatrics

Gardner, L. I., and Heinicke, H. J.
Chipped glass as a probable cause of retropharyngeal abscess in an infant.
New England J. Med. 242:975-976.

Gardner, L. I., MacLachlan, E. A., Pick, W., Terry, M. L., and Butler, A. M.
Etiologic factors in tetany of newly born infants.
Pediat. 5:228-240.

Gardner, L. I., Sniffen, R. C., Zygmuntowicz, A. S., and Talbot, N. B.
Follow-up studies in a boy with mixed adrenal cortical disease.
Pediat. 5:808-823.

O'Keefe, E. S.
A high calorie diet in the treatment of diarrhea in infancy.
Am. Pract. & Digest Treat. 1:262-265.

O'Keefe, E. S.
The importance of diet in the treatment of diarrhea in infancy.
Rhode Island M. J. 33:127-131.

Physical Medicine

Watkins, A. L.
The clinical application of Physical Medicine in some older patients.
M. Ann. District of Columbia 19:242-248, 294.

Watkins, A. L.
New avenues for research in Physical Medicine and rehabilitation. (Editorial)
Arch. Phys. Med. 31:107-108.

Surgery—Reconstructive

Kazanjian, V. H.
The use of skin flaps in the repair of facial deformities.
Plast. & Reconstruct. Surg. 5:337-352.

Kazanjian, V. H., and Roopenian, A.
Total avulsion of the scalp.
New England J. Med. 242:539-542.

Urology

Cooper, J. F., Leadbetter, W. F., and Chute, R.
The thoracoabdominal approach for retroperitoneal gland dissection: Its application to testis tumors.
Surg., Gynec. & Obst. 90:486-496.

No. 26 in a series of Staff photographs
Dr. Reed Harwood—Head of Diabetes Clinic

Hoffman, H. A.
Coagulum pyelolithotomy.
Am. J. Surg. 79:598-602.

Smith, G. G.
Cancer of the prostate.
In Cancer — A manual for practitioners, 2d Edition, Boston, American Cancer Society (Mass. Div.) Inc., pp. 157-160.

Smith, G. G., and (by invitation) Woodruff, L. M.
The development of cancer of the prostate after subtotal prostatectomy.
J. Urol. 63:1077-1080.

New addresses:—

Dr. Roy V. Buttles (*r. P* 1950), Heaton Hospital, Montpelier, Vt.
Dr. C. Ethelyn Chapman (*An.* 1937), P. O. Box 343, Rochester, Minn.
Dr. Ernest Craige (*M* 1943), 39 Tyler Road, Belmont 78, Mass.
Dr. Genesio L. D'Alessandro (*a.r. An.* 1950), Presbyterian Hospital, 27 So. 9th St., Newark, N. J.
Dr. Edward C. Dyer (*a. CM*), 1180 Beacon St., Brookline 46, Mass.
Dr. Thomas F. Henley (*CM* 1939), 116 Lockland Ave., Winston-Salem, N. C.
Dr. Anthony T. Licciardello (*M* 1948), Veterans Administration Hospital, Newington 11, Conn.
Dr. John E. McKeigue (*Oto-Lar.* 1949), 94 Pleasant St., Arlington, Mass.
Dr. Benjamin Sachs (*Oph.* 1925), 636 Beacon St., Boston, Mass.
Dr. Joseph M. Stowell (*gr. asst. S* 1944), 1224—13th Ave., Altoona, Pa.
Dr. Ellsworth H. Trowbridge, Jr. (*a.r.p.* N 1940), 6436 High Drive, Kansas City 5, Mo.
Dr. Alfred Yankauer, Jr. (*CM* 1941), Box 796, c/o Postmaster, Rochester, N. Y.

This nice letter has come from Dr. Clarke T. Case (*WS* 1943).

After being buried in my cocoon of surgical training all these years, I am finally emerging to see whether I am a caterpillar or a butterfly. At last my formal surgical training is completed, and now I am just starting to learn the art of surgical practice. Just a few days ago I opened my office here at 270 Genesee Street in Utica, N. Y. for the practice of General Surgery. While I still have plenty of time on my hands, I am writing to inform you of my recent activities.

The first of July of this year I finished my tenure as Chief Resident in Surgery at Ohio State University Hospital under the capable direction of Dr. Robert M. Zollinger, formerly of the Peter Bent Brigham. I spent a total of three years at Ohio State, toiling up the surgical ladder. I passed Part I of my Surgical Boards in March 1950. In the same month the University pressed the switch and gave me a Master's degree in Surgery for some investigation I had conducted on various jejunostomy feeding mixtures. So I have diplomas galore to gild my office walls, but still have to figure out the system to get the patients to wear a path to my door!

Our family kept growing steadily during my sojourn in Columbus. We now have three daughters aged five, one and a half, and one-twelfth years. There is never a dull moment at home, with those three active ones under foot, if not on top of a bureau. All the family has been healthy, which is our greatest source of thanks.

I frequently see my classmate and fellow MGH alumnus, Brad Millet (*WS* 1943) around the hospitals. This is a pleasant change from the sea of unfamiliar faces. He is building an excellent reputation for himself.

I am starting my subscription to the MGH News once again. In this way I hope to keep more closely in touch with what is going on at the General.

A letter from Kenneth P. Nash (*r. Psychi.* 1949) says, in part:

I am enjoying my copies of The News, which I am receiving regularly. It is indeed a pleasure to read about the many activities at M.G.H. and about my many friends there. I was very sorry to have to leave before my year was up, but I did have a wonderful six-months' residency, and I shall remember my time at M.G.H. with deep feelings.

I am on the staff of Las Encinas Sanitarium in Pasadena and am enjoying the work immensely.

On the back of a card from Dr. William G. Kuhn, Jr. (*a.r.s. Or.* 1949), announcing the opening of his office for the practice of Orthopedic Surgery for adults and children, at 116 Livingston Avenue, New Brunswick, New Jersey, is this short note:

As you can see, I have finally faced the cold, cruel world. Left M.G.H. in July '49, for one year at Boston City Hospital as Chief Resident in Orthopedic Surgery. Now firmly entrenched back in my home town, and am looking forward to keeping in touch with Boston through the MGH News.

This letter from Dr. Hugh A. MacMillan, Jr. (~~*a.r.p. P* 1950~~), headed 743 Corona Street, Denver, Colorado, was most welcome.

The News continues to keep us closely in touch with M.G.H. and alumni affairs on a world-wide basis. Your interest and effort are much appreciated by every one of us.

Those of us living in Denver have been extremely fortunate in the past year to have seen many of the MGH surgical staff, including Drs. Churchill, Allen, Cope, Cannon, Sweet, Smith-Petersen, Scannell, Soutter, and Taylor at various medical meetings here and in Colorado Springs.

Our most recent Denver visitors were Dr. and Mrs. Grantley Taylor. We persuaded them to stay a few days and take a mountain trip with us which consisted of crossing the continental divide five times. We spent two nights at St. Mary's Glacier Lodge (elevation 10,000 feet), where Grantley immortalized the local scenery with his landscape artistry. After three days of hiking, riding, and fishing we emerged from the Rockies to enjoy a Gershwin concert at Red Rock Theatre as the finale to a most enjoyable reunion.

It is always a genuine pleasure to have Bostonians in Denver and to show them why we are so enthusiastic about the West.

The News

No. 94 Boston, Mass. October 1950

DENTAL SERVICE AFFAIRS

Most of the activities of the Dental Service occur in the Dental Clinic. The name of this clinic would usually denote a place where fillings and other restorative dental procedures are carried out. Thirty years ago an unsuccessful attempt was made to organize a dental clinic along these lines at this hospital. Because of the high incidence of dental disease there is no doubt that the need exists. In order to satisfy such a need, even to a small degree, some expansion of space, expenditures for equipment, and enlargement of the staff would be required. This may be desirable to some extent in the future. At present the Dental Clinic seems to be functioning totally as a health service, concerned with the care of patients in whom diseases of the oral cavity and related structures exist, for which the diagnosis and treatment require special interests as well as special knowledge. With this purpose, therefore, the clinic is organized with a large visiting staff skilled in caring for the surgical conditions arising in the ambulant patient, two interns, a nurse, a full-time dentist who has had considerable hospital experience, and the Chief of the Service. It is believed that the patient is benefited by such an organization. Most of the patients are referred from other clinics, and for the most part they are representative of the local community.

Patients seen in the Dental Clinic have a variety of complaints for which they seek relief. Pain and infection arising from diseased teeth are common. Swellings involving the oral and related structures are frequent. Disturbances of the soft tissues of the oral cavity, diseases of the salivary glands, and traumatic conditions make up the balance. In many instances the Dental Clinic acts as a clearinghouse from which the patients, after thorough study, are referred to the services most capable of handling the cases. In this way the Dental Clinic has the opportunity to offer to the resident staff and students training in recognizing the desirability of consultation, as well as the realization of some limitations in the care of these patients. Since any or all of the above disease states are common, it then follows that many of the conditions seen are manifestations of, or are coincidental with, the patients' general physical status.

It is interesting to review the types of cases seen in the Dental Clinic. Some of the patients are new, but most of them find their way to this clinic as referred cases. Most of the patients in the morning Dental Clinic require some surgical procedure. All require study, and some patients have been seen primarily on a consulting basis. The intern, therefore, has many opportunities to acquire diagnostic acumen, as well as skill and judgment in the care of patients. Most of the patients are ambulatory, and those who cannot be treated as such are admitted to the house on the Surgical Service and under the guidance of that service. In the house and under supervision, the intern on the Dental Service, along with members of the surgical teams, assumes responsibility for the care of the patient. Those surgical procedures which fall into the category of oral surgery are taken care of by a senior member of the Dental Service and interns. When one evaluates the care received by the patient, together with the training made available to the interns, it would appear that the development of this service is justified. Those house officers who have finished their training here and have gone elsewhere to private practice and to institutional work are well equipped. There is no doubt that the students of the Harvard School of Dental Medicine have benefited by their experiences at the hospital. There have been four medical students who have elected a one-month voluntary course with our department. The reaction of these students has been one of approval, since up until now there was no provision in their curriculum for learning the variety of easily recognizable abnormalities to which the entrance of the gastro-intestinal tract is subjected.

While this department has been progressing in many ways, one serious deterrent arose this past year. It was caused by a lack of a sufficient number of patients admitted to the clinic and undoubtedly was due to the increasing cost for admission and treatment. In the past several months, however, improvement in this respect has been noted, and once again the stimulus to the visiting men and house staff is becoming apparent.

No great strides in investigative work have been made. However, with the appointment of a full-time assistant, plans are well under way for carrying on investigations regarding abnormal bleeding, studies in herpetic stomatitis, and diseases of the salivary glands. Because of the lack of laboratory facilities in the hospital, some of this work will be done in the laboratories of the Harvard School of Dental Medicine.

David Weisberger, M.D., D.M.D.,
Oral Surgeon and Chief of Dental Service

In a folder prepared for those who come to volunteer their services at M.G.H. is a page titled "Selected MGH statistics". Everyone familiar with the Massachusetts General Hospital is aware of the acres of floor space and the hundreds of workers, professional and non-professional, who are on the hospital roster. In spite of this knowledge, the data assembled here in this folder for volunteers are nothing short of arresting, and we believe every reader of THE NEWS will be amazed at some of the figures given. Here they are:

Patients: About 900 bed patients
About 650 out-patients per day
Members of the MGH family who give their services:
  65 members of the Corporation
  12 Trustees
  20 members of the Ladies' Advisory Committee of the Nursing School
  61 members of the Ladies' Visiting Committee
  250 volunteers
  450 members of the Visiting Staff (physicians)
Those who are in training and receive nominal or no salaries:
  330 physicians
  400 student nurses
Salaried personnel: 2,000
Selected functions of members of the MGH family:
  To nurse our patients requires 700 graduate and student nurses.
  To maintain our buildings and equipment requires 131 men.
  To clean our buildings requires 185 men and women.
  To fill our prescriptions requires 18 pharmacists.
  To wash our linens daily requires 60 men and women.

To keep our 7,500 light bulbs replaced requires 2 men working steadily.

FINANCES

$6,500,000 was spent for patient care in 1949. Of this, $1,200,000 was spent on patients who could not pay for medical care.

To pay this $1,200,000 the Trustees used $680,000 obtained from interest on the endowment fund, $220,000 from the Community Fund, and had to liquidate $300,000 of endowment assets. (This $300,000 represents a permanent loss to the hospital's ability to pay for future medical care of the community and is our gift to the community above and beyond the amount given to us in 1949.)

In addition, $1,300,000 was expended for research. This was paid entirely by government grants, foundations, industrial corporations, and individuals. None of this money was available for patients' care, and no patient was charged for research expense.

* * *

On October 18, the Boston Medical Library will celebrate the seventy-fifth anniversary of its foundation.

Two ground floor rooms were opened as a library on Hamilton Place, for the use of Boston physicians, on Monday, October 18, 1875, with James Read Chadwick as Librarian, E. H. Brigham as Assistant Librarian in charge, and Oliver Wendell Holmes as President of the new association. The present building was occupied in 1900.

Long associated with the Library is *The New England Journal of Medicine,* formerly *The Boston Medical and Surgical Journal,* and, more recently, *The Journal of Bone and Joint Surgery.* The Massachusetts Medical Society is housed in the present building and this year has acquired the adjacent property as a permanent home.

To mark its birthday, the Library will hold "open house" on October 18, with a scientific session and a dinner.

The Board of Trustees, at their meeting on August 18, voted:

To accept the resignation of Mrs. Arthur W. Bell from the Advisory Committee to the School of Nursing with great regret and deep appreciation of her many years of service;

To accept with regret the resignation of Dr. F. Chester Durant as Dental Surgeon and to appoint him to the Board of Consultation, effective July 1;

To accept the resignation of Dr. Fiorindo A. Simeone as Assistant Surgeon with great regret and congratulations on his new position;

To accept the resignation of Dr. John H. Tucci as Assistant Anesthetist, effective September 24.

To appoint:

Dr. Winston E. Cochran as Assistant Resident on the Children's Medical Service, beginning October 1, 1951;

Dr. Lewis Francis as Assistant Anesthetist, effective July 20;

Dr. Saul W. Levy as Assistant Resident in Dermatology, effective August 18;

Dr. Maurice M. Osborne, Jr. as Assistant Resident on the Children's Medical Service, beginning July 1, 1951;

Dr. George S. Richardson as Third Assistant Resident in Surgery, effective August 1.

At their meetings on August 16 and September 6, and at a hitherto unreported meeting, the General Executive Committee voted:

To promote:

Dr. Doris R. Bennett from the position of Intern to that of Assistant Resident on the Children's Medical Service, beginning July 1, 1951;

Dr. Nathaniel J. Ehrenkranz from the position of Intern to that of Assistant Resident on the Medical Service for one year, beginning July 1;

Dr. William F. Fritz from the position of Intern to that of Assistant Resident on the Medical Service for one year, beginning October 15;

Dr. David Kahn from First Assistant Resident to Resident in Pathology, beginning July 1;

Dr. Gerald A. Kerrigan to the position of Chief Resident on the Children's Medical Service, beginning July 1, 1951;

Dr. Craig S. Lichtenwalner from the position of Intern to that of Assistant Resident on the Medical Service for one year, beginning October 15;

Dr. Herbert B. Locksley from the position of Intern to that of Third Assistant Resident in Surgery, as of July 1;

Dr. William R. Owen from the position of Intern to that of Assistant Resident on the Medical Service for one year, beginning October 15;

Dr. Walter T. St. Goar from the position of Intern to that of Assistant Resident on the Medical Service for one year, beginning July 1;

Dr. Guillermo C. Sanchez from the position of Intern to that of Assistant Resident on the Medical Service for one year, beginning October 7;

Dr. Robert T. Sceery from the position of Intern to that of Assistant Resident on the Children's Medical Service, beginning July 1, 1951;

Dr. John D. Stoeckle from the position of Assistant Resident to that of Resident on the Medical Service, beginning January 1, 1951;

Dr. Laurens P. White from the position of Intern to that of Assistant Resident on the Medical Service for one year, beginning October 15;

Dr. James B. Wyngaarden from the position of Assistant Resident to that of Resident on the Medical Service, beginning January 1, 1951.

To continue the appointments of:

Dr. Charles H. DuToit as Clinical and Research Fellow in Medicine for the period of July 1 through December 31;

Dr. Richard E. Goldsmith as Clinical and Research Fellow in Medicine for the period of July 1 through December 31;

Dr. Keh-Wei Huang as Research Fellow in Neuropathology for the period of July 1 through October 31;

Dr. Ruth E. Stauffer as Clinical Fellow in Neuropathology for the period of July 1 through December 31;

Dr. William H. Timberlake as Clinical Fellow in Neurology for the period of July 1, 1950 through June 30, 1951;

Dr. Aero H. Valanne as Clinical Fellow in Psychiatry for the period of August 1 through December 31.

To appoint:

Dr. William E. Achilles, Jr. as Clinical and Research Fellow in Surgery, assigned to Gynecology, for six months beginning August 15;

Dr. Maria R. Bereday as Research Fellow in Neuropathology, beginning approximately September 18;

Dr. James L. Buchanan as Clinical and Research Fellow in Surgery for one year, beginning July 1;

Dr. James B. Dealy, Jr. as Research Fellow in Medicine, as of July 1;

Dr. John Gillies as Clinical Fellow in Anesthesia for the months of November and December;

Dr. John Graham as Clinical Assistant in Surgery, assigned to Gynecology, beginning January 1, 1951. Dr. Graham will serve as assistant to Dr. Meigs in the Phillips House and Baker Memorial;

Dr. Henry M. Griffiths as Clinical Fellow in Surgery, assigned to Endoscopy, beginning September 1;

Dr. Manucher Javid as Clinical and Research Fellow in Surgery, assigned to Neurosurgery for a period of six months, beginning July 1;

Dr. Eugene Kennedy as Assistant in Biochemical Research, beginning September 1;

Dr. Harold P. Klein as Research Fellow in Biochemistry, beginning September 1;

Dr. Andre LaPointe as Clinical Fellow in Radiology for one year, beginning January 1, 1951;

Dr. Grant V. Rodkey as Clinical Assistant in Surgery, with the privilege of assisting Drs. Allen, Donaldson, and Welch in the Baker Memorial and Phillips House;

Dr. Remedios K. Rosales as Research Fellow in Neuropathology for the period of July 1 through December 31;

Dr. Vagn Zahle as Clinical Fellow in Psychiatry, beginning October 16.

The General Executive Committee also voted to reappoint Dr. Bernard J. Harries as Clinical and Research Fellow in Neurosurgery for the months of August and September.

STAFF PUBLICATIONS

A new procedure regarding the publication of titles of articles and books written by members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary staffs went into effect with the July—August issue of THE NEWS. Each month, titles of new publications will appear in THE NEWS. If you have not already done so, please send all titles of books and articles you have published since (and including) January 1, 1950, to Cora F. Holbrook, Editor of THE NEWS, and continue to send her all new titles each month.

As soon as the December titles have appeared in the January 1951 issue of THE NEWS, the lists will be assembled and published as the Massachusetts General Hospital—Massachusetts Eye and Ear Infirmary Publications for the calendar year 1950. Should you fail to report a title to THE NEWS, it will not appear in the assembled list.

Be sure to include complete data: 1) classification of material, such as Anesthesia, General Medicine, Laboratory Science, General Orthopedics, Orthopedic Surgery, Miscellaneous; 2) title of article; 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

Please pay special attention to 1), above. Several of the reports already received did not include classifications of material. In such instances where the titles failed to make the classifications obvious, much time had to be spent on examining the material or procuring this information from the authors.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following titles have been submitted, in addition to the 97 already published in THE NEWS:

Neurology, Neurosurgery, and Psychiatry

Cobb, S., Pool, J. L., Scarff, J., Schwab, R. S., Walker, A. E., and White, J. C.
Section of U fibers of motor cortex in cases of paralysis agitans (Parkinson's disease): Report of nine cases.
Arch. Neurol. & Psychiat. 64:57-59.

Ophthalmology

Cogan, D. G.
Symposium: Primary chorioretinal aberra-

tions with night blindness. Pathology.
Tr. Am. Acad. Ophth., July-Aug.:629-661.

Donahue, H. C.
Migrainoid headaches: Their ocular manifestations.
Arch. Ophth. 44:285-292.

Grant, W. M.
Tonographic method for measuring the facility and rate of aqueous flow in human eyes.
Arch. Ophth. 44:204-214.

Kinsey, V. E.
A unified concept of aqueous humor dynamics and the maintenance of intraocular pressure: An elaboration of the secretion-diffusion theory.
Arch. Ophth. 44:215-235.

Pediatrics

Talbot, N. B.
Endocrine homeostasis in clinical pediatrics.
Pediat. 6:1-8.

Physical Medicine

Hegnauer, A. H., Shriber, W. J., and Haterius, H. O.
Cardiovascular response of the dog to immersion hypothermia.
Am. J. Physiol. 161:455-465.

Sterility

Howard, R. P., Sniffen, R. C., Simmons, F. A., and Albright, F.
Testicular deficiency: A clinical and pathologic study.
J. Clin. Endocrinol. 10:121-186.

Simmons, F. A.
The treatment of female infertility.
Chicago M. Soc. Bull. 52:795-798.

Simmons, F. A.
The treatment of male infertility.
Fertil. & Steril. 1:193-198.

[We are very sorry that several titles, which were received on the deadline date and did not include classifications of material, could not be published in this month's list, due to lack of time in which to secure that information. *Please be sure to include the classification of each item when you send your titles.*]

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RADIOLOGY DEPARTMENT

Dr. Laurence L. Robbins, Chief of Radiology, sent us the following information concerning the whereabouts of several past members of his department. We wish other department heads would send us similar reports for publication in The News.

Col. Alexander O. Haff (*gr. asst. R* 1946) is at the Tripler General Hospital in Hawaii.

Dr. R. Brian Holmes, who finished his resident training in Radiology on June 30, is now on the Radiological Staff of the Toronto General Hospital, Toronto, Ontario.

Col. John A. Isherwood (*gr. asst. R* 1947), recently returned from Tokyo, is now stationed at the Brooke General Hospital, San Antonio, Texas.

Col. Frank Y. Leaver (*clin. fel. R* 1948) is stationed at Fitzsimons General Hospital, Denver, Colorado. Recent news indicates he is still working hard.

Dr. Edward J. Sennett (*a. r. R* 1949 & *clin. fel. R* 1950) is assisting at the Rutland Hospital, Rutland, Vermont.

Dr. Harold Thomas (*gr. asst. R* 1945) has returned to this country from Ningpo, China.

Col. Harold A. Vinson (*clin. fel. R* 1949) is stationed at the Army Hospital, Fort Knox, Kentucky.

[We have learned that Dr. Robbins has been elected Secretary of the New England Roentgen Ray Society for the coming year.]

BIOGLETS

Dr. George Christman, Intern in Dentistry—born in Cambridge, Massachusetts, December 27, 1922; U. S. Navy: Lieutenant (j.g.), Puerto Rico, 1943-46; B.S., Harvard College, 1944; B.S., New York University, 1944; D.M.D., Harvard School of Dental Medicine, 1950.

Dr. Robert C. Coe, Intern in Surgery—born in Seattle, Washington, November 14, 1918; B.S., University of Washington, Seattle, 1940; U.S. Navy: Commissioned Ensign, May 1940, served 5 years of active duty at sea in DD-DE type vessels, and left the Service in January 1946 with the rank of Lieutenant Commander; M.D., Harvard Medical School, June 1950; married for 8 years; one son—Bruce.

Dr. Leonard W. Cronkhite, Jr., Intern in Medicine—born in Newton, Massachusetts, May 4, 1919; A.B., Bowdoin College, as of 1941 (1937-39); U.S. Army: Served in the U.S., the Pacific Theatre, and Central and South America, with the rank of Colonel, 1939-46; graduate of Command and General Staff College, U.S. Army, 1941; M.D., Harvard Medical School, 1950 (1946-50).

Dr. James J. Ferguson, Jr., Intern in Medicine—born in Glen Cove, New York, February 1, 1926; A.B., University of Rochester, Rochester, New York, 1947 (1943-45), in U.S. Navy V-12 Unit; M.D., University of Rochester School of Medicine and Dentistry, June 1950 (1945-50); Student Fellow in Bacteriology, University of Rochester School of Medicine and Dentistry, 1947-48.

Dr. Amasa B. Ford, Intern in Medicine—born in Cleveland, Ohio; Phillips Exeter Academy, 1940; B.A., Yale University, 1943; U.S. Army: Served as 2d Lieutenant of Infantry, 1943-46; M.D., Harvard Medical School, 1950.

Dr. Kurt J. Isselbacher, Intern in Medicine—born in Wirges, Germany, September 12, 1925; came to the U.S. in 1936; attended Harvard College, Class of 1948; research in the Department of Physiology, Harvard Medical School, 1948; M.D., Harvard Medical School, 1950; home address: 9 Willard Avenue, Portsmouth, New Hampshire.

Dr. Owen W. Kite, Intern in Dentistry—born in Trenton, New Jersey, June 10, 1919; A.B., Harvard College, 1942; U.S. Army: Served as a Private in New Guinea and the Philippines, 1943-46; D.M.D., Harvard School of Dental Medicine, 1950.

Dr. Leonard Laster, Intern in Medicine—born in New York City, August 24, 1928; spent about three years in Istanbul, Turkey, as a child of 5 to 8 years of age, and attended the English School for Boys while there; A.B., Harvard College, 1948; M.D., Harvard Medical School, 1950.

Dr. Merrill I. Lineback, Resident in Oto-Laryngology—born in Atlanta, Georgia, June 15, 1918; secondary and college education in Atlanta schools; A.B., Emory University, 1939; M.D., Harvard Medical School, 1943; Intern in Surgery, Boston City Hospital, 1944; U. S. Army: Oakland Regional Hospital, 1944-45; private practice in EENT in Atlanta, graduate work at Emory University, and Dr. Tucker's course at Philadelphia in Broncho-esophagology, from 1945 up to his arrival at the Massachusetts Eye and Ear Infirmary; married; two daughters.

Dr. Federico Mora, Intern in Medicine—home address: Guatemala, Central America; Universidad de San Carlos de Guatemala, 1943-44; Harvard College, 1945-46; Harvard Medical School, 1950.

Dr. Robert T. Sceery, Intern in Pediatrics—born in Hartford, Connecticut, 1920; B.A., Harvard University, 1942; U.S. Navy: Served as Executive Officer, LST 49, in Normandy, Southern France, and the Pacific, 1943-46; M.D., Yale University, 1950.

Dr. David B. Sheldon, Intern in Surgery—born in Medford, Oregon, June 7, 1921; U.S. Army: Served as Pilot, USAAF, North Africa, with the Middle East Wing, ATC, 1942-45; B.S., California Institute of Technology, 1946; M.D., Harvard Medical School, 1950; married, April 8, 1942; two children—Anne Elizabeth and Spencer Cushing, born in 1945 and 1947, respectively.

Dr. Edwin C. Wood, Intern in Medicine—born in Washington, D.C., 1925; George Washington University (accelerated course), June 1943—September 1944; George Washington University School of Medicine, 1944-50; Trudeau School of Tuberculosis, September—October 1947; Student Fellow in Pathology, George Washington Medical School, 1947-48; summer internship, Trudeau Sanitorium, 1948; married.

Having recently returned from Germany, following a fourteen-months' tour of duty with the Army of Occupation, it was felt that something concerning the situation today, as it appeared to one who lived there for a time, might possibly be of interest to readers of The News. The following more or less random remarks are an attempt to summarize a few impressions of various aspects of present-day life and problems in Germany and Western Europe.

Perhaps the initial and most striking feature to the new arrival in Germany is the first view of any one of the many large German cities reduced to rubble during the last war. One can hear about it or glance at photographs of ruins, but it is only by standing in the middle of one of these cities and looking out at mile after mile of city blocks, leveled to the ground, that a real appreciation of the magnitude of the destruction is gained. Such conditions exist in every last one of the major German cities, with the exception of Heidelberg which was deliberately spared; in many the damage involves sixty to eighty percent of the city—Berlin being perhaps the worst hit.

One is therefore even more amazed when it becomes apparent after a time that, in spite of the terrible desolation of her cities and industrial areas, Western Germany has made a tremendous recovery in the past five years. Industrial production is nearing former levels and in some instances has reached new peaks. Coal and steel shortages are things of the past, and food is plentiful; the only rationed item in Germany today is gasoline, and that only because the Allied Occupation insists upon it. With the establishment of the new Deutsche mark two years ago, West German trade and business once again were placed on a stable basis and have flourished ever since. German exports are again reaching significant levels. Housing remains a problem, both because of wartime destruction and as the result of the influx of millions of refugees from Eastern Europe; but building on a large scale is proceeding at the same time that the tremendous job of clearing away the ruins is carried on.

Defeated in a war for which they must, with their former leaders, bear full responsibility, and divided by their conquerers into East and West, the German people have, in spite of this, accomplished much in the past five years toward the bringing about of their own economic recovery and the re-establishment of Germany (at least, West Germany) as a nation among nations. Observations made on a brief tour through other countries of Western Europe seemed to bear out reports that recovery in Germany has at least kept pace with recovery in the rest of Europe—in fact, may even have been more rapid. This is fortunate, for there is no question but that Germany remains the key to Western Europe. It was interesting to hear the Dutch, the Swiss, the Italians, and even the French volunteer statements along this line. Although many Europeans are understandably bitter, I was surprised to hear others freely express their admiration for the German people and comment on the importance of Germany and German industry to the future of European recovery and security.

Certainly there is much to admire in the German people. They are extremely hard-working, with a certain pride in their work that results in even the smallest job being done well; they are honest, clean, and a very healthy, happy-appearing nation. Their standard of living, in spite of the war, is probably the highest in Europe, and may well be higher than the average in Great Britain. Certainly their scientific and technological level is far above that to be found elsewhere in Europe. They seem to bear no strong resentment toward us, in spite of the fact that we are there in the role of an occupation force; rather, they are in general quite friendly and helpful. It is interesting that in the five years of occupation no significant "incidents" suggestive of an underlying hatred or bitterness toward us have occurred. They are extremely grateful for the help the Marshall Plan has brought them. It is unfortunate that the majority of Americans do not appear to realize how important and successful has been the role of Marshall Plan dollars in promoting Western European recovery. And the Berlin Air-Lift—a tremendous operation, skillfully managed, I believe, from both a technical and a political point of view—likewise did a great deal to give us the upper hand in the cold war in Western Europe. It is easy to talk of dollars down the drain and the bungling of foreign policy, but despite the present precarious state of world affairs, I think it is fair to say that we have somehow managed to win the cold war in Europe so far.

Whether or not the German people have learned the lesson of World War II and the events leading up to it is hard to say.. Growing, perhaps, out of the historical manner in which Germany evolved as a nation, the people possess an intense nationalistic spirit, coupled with a fondness for things military—even including, in some, an almost childlike desire to wear uniforms. Put this with their scientific and technological skills, and it is easy to see along what roads they might travel. However, it is hard to live among them for very long and still attach much weight to the often expressed view that they are victims of a national psychological quirk which forever leads them in the paths of aggression.

There is probably something to the explanation which many of them give for the mistakes of the 1930's which led them into World War II. They chose National Socialism rather than the puny pseudo-democracy the victors of World War I had set up for them and then left them to founder by refusing assistance. Because National Socialism seemed at first to solve their problems in an acceptable manner, they allowed it to grow until it was beyond their power to control and nearly destroyed them. At any rate, both the Germans and the Western Allies seem to be doing everything in their power to avoid creating a similar situation this time, and this is a hopeful sign.

German medicine, likewise, seems to have come a long way in its "recovery". The throwing off of the heavy yoke of dictatorship, the readjustment of twisted principles and ethics, and the disassociation of the aspects of brutality which the German people had come to associate with segments of the profession have been as important as the re-establishment of contact with the rest of the medical world. They are gradually catching up with the progress made during the years when the profession was a virtual prisoner of state in Fortress Europa. The newer drugs are now available, surgical techniques have been brought up to date, the medical schools are well attended, and the professors speak freely once again and carry on their clinics and research. They still have a semi-socialized form of medical practice, but at least they are busy healing the sick once more—not exterminating.

Thomas H. Green, Jr., M.D.,
Assistant Resident in Surgery

* * *

Brief bits:—

An incorrect identification for Dr. Hugh A. MacMillan, Jr. was given in the heading to his interesting letter published last month. The Colorado Hugh A. was Assistant Resident in Surgery, ending service in 1947. It is another MGH Hugh A. who is a Pathologist. All of Colorado Hugh's friends must have known that the gremlins got into the machinery when they read his letter.

Dr. Fiorindo A. Simeone, who recently resigned his position as Assistant Surgeon on our staff, has become Director of Surgery at the Cleveland City Hospital and Professor of Surgery at Western Reserve University, Cleveland, Ohio.

Dr. Fred A. Simmons (*WS* 1935), Assistant Surgeon on our staff, was elected Vice-President of the American Society for the Study of Sterility, at the June meeting in San Francisco. Dr. Simmons is on the Editorial Advisory Board of the *Journal of Fertility and Sterility.*

Dr. Arthur L. Watkins (*a.r.p. N* 1938), Chief of Physical Medicine and Assistant in Medicine at M.G.H., assumed his duties as President of the American Congress of Physical Medicine on August 29, at the annual session of the organization, held in Boston this year.

MASSACHUSETTS EYE & EAR INFIRMARY

On October 19, the Infirmary will hold an all-day Open House, to give various groups in the community a chance to see our new facilities which have been made possible by the Building Program. The affair will include demonstrations of all services and departments of the hospital, so that our friends and supporters may see for themselves the improved service we can now give to the community. The program is divided into three parts:

Medical Open House—to demonstrate our new medical facilities to doctors, under a Committee of Surgeons. 10 to 12 A.M.

General Open House—for individuals and community organizations interested in our work, under a Committee of Hospital personnel. 2 to 4 P.M.

Reception and tea for donors—for all who contributed to the Building Fund, with the Board of Managers, members of the Corporation, and the Ladies' Visiting Committee as hosts. 4 to 6 P.M.

Dr. Luis Navas, Resident in Oto-Laryngology, completed his course on October 1. He will go to the Lempert Institute in New York City for six months of study.

Dr. Charles L. Schepens of the Retina Service has returned from Europe, where he read a paper at the Ophthalmological Congress in London and also in Paris.

Dr. Thomas P. Cronin, recent graduate of the Infirmary, has been appointed Senior Clinical Assistant.

Dr. Kelvin O. Fleming, from Vancouver, Canada, was appointed Fellow in Eye Pathology for one year, beginning July 1.

Dr. John S. Lilly began his residency in Oto-Laryngology on September 1. He took his medical training at Ohio State University, and was with the 49th General Hospital in Tokyo, Japan.

New addresses:—

Dr. Donald V. Baker, Jr. (*ES* 1943), 17 Lee Road, Chestnut Hill 67, Mass.

Dr. Sheridan S. Evans (*ES* 1945), Veterans Administration Hospital, Houston, Tex.

Dr. David G. Freiman (*past a. path.*), Bethesda Hospital, Cincinnati 6, Ohio.

Dr. Thomas A. Warthin (*a. M*), 810 Neponset St., Norwood, Mass.

A while back, we published letters from two of our oldest living alumni — Dr. Arthur K. Stone (*WS* 1888) and Dr. Edward M. Greene (*EM* 1889) — in which they gave us interesting and amusing reminiscences of their days here as interns. Now, thanks to Dr. John P. Monks, Assistant Physician on our Visiting Staff, and to his active interest in our Archives Department, we have another treat for our readers.

A few weeks ago we received the following letter from Dr. Monks:

> Having been an avid reader of the MGH News since its inception, it occurred to me that an account of the experiences of my father, Dr. George H. Monks, while a surgical house officer at the M.G.H. in 1879, might be of interest. It was written by him as part of his informal memoirs, which his children urged him to write and which he completed a year before his death in 1933. In his memoirs are various other items of medical interest, but none specifically MGH.

And here are the items selected by Dr. Monks from his father's memoirs. We are indeed fortunate to be able to publish this first-hand account from a member of the

Class of 1880

I graduated from the [Harvard] Medical School in 1879; and, after examination, was appointed a surgical house officer on the East Side at the M.G.H. and began my services there on June 1.

In those days the entire number of house officers was six, four surgical and two medical. Of the four surgical house officers, two were on the East Service and two on the West. With the other five house officers I was of course on terms of great intimacy. My associate on the East Surgical Service was George G. Hayward; while the house officers on the West Surgical Service were Walter J. Otis and Dudley P. Allen. None of these are now living. Hayward was the son, or grandson, of one of the old-time physicians connected with the hospital. Otis was ingenious, and an excellent house officer. Allen came from the West — Cleveland was his home — and he was finally elected President of the American Surgical Society, thus receiving the official recognition he deserved. He married a very charming lady, and practised in Cleveland for many years. My visits to them are among my pleasantest remembrances. [William N.] Bullard, one of the two medical officers, had been my classmate at college, and he later became a prominent specialist in nervous diseases. He married Miss Mary R. Reynolds, and lived for many years in Boston in winter, and at Lenox in summer. He died rather suddenly in Boston in 1931. [Henry P.] Jaques, the other medical house officer, was a particularly attractive person. He engaged in general practice, especially in Lenox, but retired early from active work. He has been twice married.

The visiting surgeons on the East Surgical Service were Dr. Henry H. A. Beach, Dr. Henry J. Bigelow, and Dr. Richard M. Hodges. I began my surgical internship under Dr. Beach. He was a protege of Dr. Bigelow, and, although not a great surgeon, he was a good one, and I learned much from him. One little incident comes to my mind as I think of Dr. Beach. It had always been the habit in the hospital to return all the medicine bottles, whether empty or not, to the pharmacy after the medicine in them was no longer required; and then the contents of each bottle, if any remained, was emptied into a hogshead in the basement under the pharmacy. As everything was thrown, or poured, into the hogshead — pills, powders, tinctures, extracts, liniments, etc., etc. — that receptacle became fuller and fuller. The contents was then given the name of "Expectant Liniment". This liniment was at first not used for any purpose whatever; but occasionally Dr. Beach, when a patient in his wards complained that he needed a new application to relieve his pain, would say, "Give him some Expectant Liniment!" It's interesting to realize that such patients frequently afterwards remarked, "That liniment, doctor, you gave me last time was *great stuff*. It helped me considerable," or words to that effect.

In October I began service with Dr. Henry J. Bigelow. He was the one surgeon who stood alone, and who not only dominated the entire medical staff of the hospital, but at this time was senior member of the whole surgical group. It is quite impossible to convey to men of the present generation any adequate idea as to the personality of this remarkable man and his influence on all who had to do with him. In the first place, he was a grand specimen of a man, being tall and well-built, with strongly modeled features, a long moustache and massive projecting beard, all of which combined to give him an almost Jove-like appearance. His whole bearing and manner seemed to fit these physical characteristics. Mentally he was extraordinarily quick, intelligent, and practical; and his lectures, whether didactic or clinical, were models of subtle descriptions and careful explanations concerning the subject in hand, in the course of which the essentials were emphasized in such a manner that they remained firmly impressed on the memory. How well do I call to mind how he used in his lectures to sum up these essentials in definite and concise language. A good illustration of this was when he emphasized the three essentials in the treatment of fractures and other injuries in the upper part of the humerus, as follows: "Pad in the axilla, elbow at the side, arm in a sling!" As an operator he was brilliant, skillful and rapid, illustrating, it always seemed to me, the behavior of surgeons in the pre-anesthetic days of surgery. The contributions which Dr. Bigelow made to surgery were many, but the most outstanding among them concerned *dislocation of the hip and stone in the bladder*. His methods of treatment in both of these conditions were generally accepted by surgeons in a large part of the country, and for a long period they were commonly practised.

My own experience with Dr. Bigelow was, for a short period, a rather close one, since for four months or so I was his surgical assistant at the hospital; and it was to this association that I owed much in the practice of surgery, not only then but throughout my professional career. Naturally I remember a few incidents which occurred during my service with Dr. Bigelow, some of which illustrated well his sense of humor and his rapid retort or response. There was one occasion on which he wished to show, at a meeting of the Massachusetts Medical Society, the new instrument for his operation ("litholapaxy", as it was called) for stone in the bladder. I was his assistant at the time, and I was thoroughly familiar with all his instruments and his operative technique. "Mr. Monks," he used to say, "whenever a stone comes into the hospital, tie a string to it!"

On one occasion he had arranged to show some of his instruments and explain his methods of operating, at a meeting of the Massachusetts Medical Society. Some days before his demonstration, he asked me whether I would be willing to go there with him and help him in arranging his instruments. Of course, I readily assented, and he then told me exactly what he wished me to do when I came to the hall where he was to give the talk. Thereafter, from time to time, he referred to my helping him, and on the day of the demonstration he sent his carriage for me, so that I might surely be on time at the place where the meeting was to be held. When I arrived at the hall, I followed his instructions with the greatest care, and everything, I believe, was arranged just as he had wished. I remained at his elbow, so to speak, throughout his whole demonstration which, incidentally, was most enthusiastically received.

I felt sure that he was pleased with the way I had done my work, for Dr. Beach, one of his close associates, later told me so. In the afternoon of the same day Dr. Bigelow came again to the hospital to see one of his patients whom he had operated upon a short time previously. I thought he would at least thank me for my help to him, for it was not hospital work that I had done; but he said nothing. Foolishly, I suppose, hoping to receive a little commendation from the great man, I ventured to say, "I hope everything went all right this morning, Dr. Bigelow." His reply to this was, "Yes, it was all right. Let me see, you were there, weren't you?"

Dr. Bigelow allowed considerable latitude to his assistants at the hospital and was evidently quite willing that they should give their own medical prescriptions to his patients, although he kept a close watch on what was being done. On one occasion, toward the end of his service, he asked me if a certain patient was getting anything in the way of a tonic, and I told him that he was taking such and such a medicine, and that I had ordered it. Looking at me, he said, "Mr. Monks, I don't much mind *my* assistants giving medical treatment to *my* patients, but I want to tell you *one thing!* Next week Dr. Hodges will come on duty in my place, and, if you keep up the practice of prescribing medicine for *his* patients, you'll get hell! That's all I have to say."

I could, I feel sure, call from my memory many incidents and stories in which Dr. Bigelow prominently figured, but perhaps I have already said enough about him, for there are others concerning whom I would gladly say a few words. . .

The "Dr. Hodges", so picturesquely referred to by Dr. Bigelow, was Dr. Richard M. Hodges, another of the surgeons on the East Surgical Service. He was a forceful person, careful and conscientious. He had formerly been Demonstrator of Anatomy at the Harvard Medical School and had written a treatise on the subject of anatomical dissections. I learned very much from his instructions and from his methods of work.

In 1858, Dr. Benjamin Shurtleff Shaw, a graduate of Harvard College and the Harvard Medical School, became our seventh Superintendent and the first to carry the new title of Resident Physician. He was invited to attend the Medical Board meetings, and was made librarian of Treadwell Library.

Among other papers in our Shaw file is a letter from him to the Board of Trustees, dated October 9, 1862, which reads:

> I am urgently requested by the U. S. Sanitary Commission to visit the General Hospitals of the Army, as one of a Board of Special Inspection. They ask me to give them two terms of service of a fortnight each, during the next six months, and if upon further consideration, it seems my duty to go, I would respectfully ask the Board of Trustees for permission to be absent such length of time for this object.

This reference to the inspection of hospitals during our Civil War, brings to mind accounts of similar missions, all over the world, during and since the recent war, in which many members of our Staff have participated.

Dr. Shaw held office as Resident Physician until 1872. We have a letter from him, addressed to Thomas B. Hall, Secretary of the Trustees, and dated April 20, 1872, which reads:

No. 27 in a series of Staff photographs
Dr. David Weisberger—Oral Surgeon and Chief of Dental Service

> . . . I was inducted into the office [of Resident Physician] May 24th, 1858.
>
> Since then what changes! I claim with great satisfaction the organization & the credit of the success of the Out Patient & Dental Departments which treat ten thousand persons annually. The origination & general arrangement of the new Operating Theatre, and the same of the new Heating Apparatus. When I came here, less than 1000 patients were received annually, & very many of these were chronic cases deriving no other benefit than that of a home. Since then we have taken from 1000 to 1600 annually & all them people restored to health or otherwise actively treated. I feel that the old Institution, under my charge, has not degenerated & I hope that it will always prosper.

Dr. Washburn has this to say about Dr. Shaw's administration:

> In contemporary documents frequent criticism may be found of the fact that the Hospital under previous administrations had become, to a certain extent, a home for chronic invalids to the detriment of its true function as a general acute hospital and to the exclusion of acute cases of disease urgently needing its care. Dr. Shaw performed the very great service of returning the Hospital to the performance of the work for which it was built. Again, the organization of the Out-Patient and Dental Departments was a fine piece of work. Out patients had been treated from the beginning of the Hospital, but in a casual manner with no special officers assigned to their care. Dr. Shaw refers to the building erected in 1867, which contained the Bigelow Operating Theatre and the new Out-Patient Department rooms. Service in this building was, according to the Annual Report for 1868, "inaugurated by the Annual Meeting of the Massachusetts Medical Society, which held its two days' session in the Theatre and anterooms." These improvements in the physical plant Dr. Shaw mentions; he says nothing of the great improvement in the smooth running of the Hospital — the restoration of the House Pupils to favor, and to board and lodgings at the Hospital. These were major accomplishments also.

Upon his retirement, Dr. Shaw was elected a Visiting Physician, which office he held until 1884, when he resigned so that he might have sufficient time for his private practice. He died in 1893.

Dr. Norton Folsom was our eighth Superintendent—or Resident Physician, as the title had become in Dr. Shaw's administration.

Dr. Folsom was a House Pupil at Massachusetts General Hospital in 1863 and received his M.D. from Harvard in 1864. Our folder of Folsom material contains a letter written by him to the Trustees on February 10, 1864, which reads:

> The undersigned respectfully asks permission to obtain his medical degree at the coming Commencement in March, in order to apply for a position in a United States colored regiment; competition for which would be at great disadvantage or impossible, after the summer examination.
>
> Norton Folsom
> House Pupil

The second page of the folded sheet carries this note, in Dr. Shaw's hand:

> The application of Dr. Folsom meets my approval and the concurrence of the Physicians of the hospital.

At the end of his military service in the War Between the States, Dr. Folsom was appointed Assistant Physician at the Taunton Lunatic Asylum where he served for three years, followed by a similar service at the Bloomingdale Asylum for the Insane in New York City, a branch of the New York Hospital.

We will continue his story from this point in a future issue.

* * *

This letter, with news of interest to everybody, has come from Dr. W. Philip Giddings (*WS* 1939), who recently resigned as Assistant in Surgery on our staff.

> I am sorry to reverse the field, after having so recently given you information as to my future plans. However, my liaison with the Veterans Administration has been severed; I am *not* going to the VA Hospital in Albany, as I expected to do until very recently. Instead, I have come to Bennington, and am now engaged in the private practice of surgery in that town. Although I have been here less than two weeks, things have had an auspicious beginning and I have been busy. This, in spite of the fact that I have not even acquired an office.
>
> For mailing purposes the following address should be used:
>
> Seminary Lane
> Old Bennington
> Vermont
>
> I trust The News will be able to trace us across the Green Mountains to this lovely valley.

* * *

Maybe Mr. George E. Hamilton, our genial Marshal of the Doctors' Parking Lot, is imagining himself back in his old baseball dugout as he sits in the doorway of his little house out in the parking area.

Lest anyone think we are reaching too far into the outfield with that conjecture, let him read the *Boston Globe* of August 9, if he has not already done so. There, on the front page, he will find a long illustrated article about Mr. Hamilton's recent exploration into the very centre of a 1912 and a 1950 baseball, to find what (if any) differences in construction there may be. Also, the coming issue of the *M.G.H. World* gives the whole story of the exploration project, together with an excellent photograph of Mr. Hamilton.

Once a baseball man, always a baseball man.

The News

No. 95 Boston, Mass. November 1950

THE CARDIAC CLINICS AND LABORATORY

1. Their origin and evolution

Special interest and activity in the field of cardiovascular disease at the Massachusetts General Hospital dates largely from the pioneer work and teaching of Dr. Richard C. Cabot. In 1914 there appeared two notable contributions by Dr. Cabot which influenced profoundly contemporary thought and subsequent developments in this field. The first was a paper in the *Journal of the American Medical Association* entitled "The four common types of heart disease", in which the establishment of the cause of heart disease was emphasized as of far greater importance than the then-current emphasis on structural defects. The fundamental significance of this concept has been fully substantiated and extended in the intervening years. The second contribution, which appeared in the same year, was the now well-known *Facts on the heart* — a compilation in book form of clinical and pathological correlations on a large group of patients studied at the M.G.H. The impact of these two contributions is reflected in the extensive studies in this hospital and elsewhere along the lines early plotted by Dr. Cabot.

Furthermore, it was he who instituted hospital social service in this country. This service with its many ramifications has spread throughout the world. Its need in patients with heart disease at the M.G.H. was early emphasized by Dr. Fritz B. Talbot, especially in the childhood group, and as a result of his efforts a social worker was appointed in 1912 to supply the connecting link between the clinic and the home. Shortly thereafter a group of interested ladies organized the "Committee for the Home Care of Children with Heart Disease", and this committee continues to play a vital part in supplying service, both social and medical, to cardiac patients. The work and methods of Miss Edith M. Terry as head of this activity and of Miss Lorena Love in the field of Occupational Therapy have received national recognition.

Another event at the M.G.H.—also in 1914 — of great significance, as subsequent years have revealed, was the return from London of Dr. Paul D. White. He brought back a new machine from Cambridge, an electrocardiograph, one of the first in America. As a Moseley Fellow, Dr. White had completed a year of study in the laboratory of Sir Thomas Lewis at University College Hospital. He returned completely weaned from his earlier attachments to Pediatrics. Contrary to the advice of one of the senior and learned members of the staff, who suggested to him that the study of heart disease as a specialty was a far too restricted (and even narrowing) field of endeavor to warrant a young man's interest, he organized the Cardiac Laboratory and began his far-reaching studies in Cardiology.

The first "laboratory" occupied a modest space under old Ward G. From this early beginning the Cardiac Laboratory (Dr. White, the Cambridge instrument, and a procession of devoted workers) matured and migrated by devious ways through the basement of the Bulfinch until finally, in 1939, it came to rest above ground at its present site. From this central location appendages have extended to the ninth floor of the White Building, to the new laboratory recently constructed on the X-ray floor, and to other parts of the hospital.

In a somewhat less tangible fashion, but nonetheless to a considerable degree, a third outstanding personality has influenced the development and direction of cardiovascular studies at the Massachusetts General Hospital. The early participation of Dr. White in the pioneer studies of Sir Thomas Lewis in London in the new field of electrocardiography was followed by such a succession of research fellows from the M.G.H. to University College Hospital that in the 1920's this association acquired the status of a tradition on both sides of the Atlantic. This mingling of disciplines created in America a second generation of investigators and teachers that reflects great credit to the inspiration and enthusiasm of their preceptors and to the M.G.H.

As a corollary of this increasing interest in diseases of the heart, the special clinics in the O.P.D. came into being. Dr. Joseph H. Pratt organized the Adult Cardiac Clinic just before World War I, and Dr. Richard S. Eustis the Children's Cardiac Clinic. In the ensuing years these have continued to play a vital role in the study and teaching of heart disease. In 1927 Dr. T. Duckett Jones organized an additional clinic for the special problems of the adolescent group and for the long-term study of rheumatic heart disease as an integral part of the research program at the House of the Good Samaritan. The mounting importance of high blood pressure and its related problems led to the Hypertension Clinic under Dr. Robert S. Palmer in 1934.

In 1949 a new research laboratory, primarily for cardiac catherization but also for related studies by other departments of the hospital requiring special X-ray and physiological equipment, was constructed as an extension of the second floor of the White Building adjacent to the X-ray Department. This laboratory was made possible by the interest and generosity of Mrs. Theodore E. Brown and was dedicated in June 1949 to Dr. Paul D. White. The usefulness of this new addition to the hospital has been further enhanced by a grant for special X-ray and recording equipment from the National Heart Institute.

In the broad field of cardiovascular disease, perhaps the most promising development of the past decade has been the awakening of interest and support by private and public agencies and foundations for research. The dramatic advances in recent years in the control and cure of infections, in the improvement and extension of surgical techniques, and more recently in the introduction of new and exciting agents for the relief and study of hitherto baffling diseases have pointed up sharply the still unsolved problems of rheumatic fever, of hypertension, and of aging arteries—the triad responsible for 90 percent of heart disease.

In recognition of the magnitude of the problems presented by the death of one in three of our population from diseases of the heart and blood vessels, the Federal Government, by an Act of Congress, created in 1948 the National Heart Institute within the framework of the U. S. Public Health Service. Its broad objectives include support for research, aid for hospitals and medical schools, and a furtherance of teaching and training programs. This new and humanitarian undertaking by the Federal Government represents a milestone in the fight against the nation's number 1 killer.

From this newly created National Heart Institute, research at the M.G.H. received a great impetus in 1949 in the form of a construction grant of nearly a half million dollars to assist with the new research building. The hospital's gain in this connection was tempered, however, by the loss of Dr. White's direction of the Cardiac Clinics and Laboratory, which he felt obliged to relinquish in the face of his important new duties and responsibilities as Executive Director of the National Advisory Heart Council, and Chief Consultant to the National Heart Institute.

The acceptance of such generous aid from the N.H.I. carries corresponding new obligations to extend and promote cardiac research in the basic fields. In recognition of this privilege and responsibility, the hospital has created a special research unit under Dr. Ivan D. Frantz, Jr. This new unit, as well as the other research activities of the cardiovascular group now housed in scattered sections of the hospital, will soon occupy the first floor of the new (as yet unnamed) research building.

II. Research activities

Clinical research at present includes an active program in the major fields of cardiovascular disease, with emphasis on rheumatic fever, on high blood pressure, and on coronary disease. The testing of new drugs and other agents, the application of improved methods of study, and the development of promising techniques continue to occupy a prominent role in the activity and interest of the staff.

A long-desired and welcome addition to the research facilities of the hospital will be the new unit under Dr. Frantz. In this laboratory a biochemical approach to the problem of arteriosclerosis will be pursued by a study of the rate of turnover of elastic tissue in animals (perhaps in humans) of different ages, and by a study of the lipoproteins of plasma, employing isotopically labeled compounds, to determine the availability of the lipids for deposit in blood vessel walls. This fundamental approach is a natural outgrowth of the intensive biochemical, hormonal, and anthropological studies of coronary disease by Drs. Menard M. Gertler and Stanley M. Garn now nearing completion under a three-year grant from the Commonwealth Fund.

Another new activity to occupy a laboratory on the cardiovascular floor will be the application of the techniques of radar and television to the study of the electrical potential around the heart. By means of a special machine (an area display oscilloscope) recently designed by Professor Stanley Goldman at M.I.T., it is now possible to visualize the spread of potential over the precordial area with each heartbeat and to record these patterns on motion picture film. Under Dr. Conger Williams's direction and in collaboration with Professor Goldman, this new approach will be explored in normal and in diseased hearts.

The phonocardiographic laboratory now in temporary quarters in the White Building will move to a sound-protected room on the cardiovascular floor. Further investigations of heart sounds and murmurs will be carried out under Dr. Howard B. Sprague by means of a new frequency analyzer. Preliminary phonograph records of cardiac auscultatory phenomena have been made through the cooperation of the Sanborn Company and the R.C.A. Victor Company. The latter was able to lend us its sound recording equipment and engineers at a time when they were recently in Boston recording the Boston Symphony Orchestra. It is hoped that useful teaching records may be developed.

Still another activity to transfer from its present temporary quarters in the White Building to a well-equipped laboratory in the new building will be the N.C.A. (neurocirculatory asthenia) project under Dr. Mandel E. Cohen, Dr. Edwin O. Wheeler, and associates. This study of physiological, biochemical, and genetic aspects of physical fitness and cardiovascular disease was initiated during the war and has continued actively with U. S. Army support.

Cardiac catheterization is being conducted by a special team composed of Dr. Gordon S. Myers from the cardiac group, Dr. J. Gordon Scannell from the Surgical Service, and Dr. Stanley M. Wyman from the Department of Radiology. This activity is now well housed and will remain in the new laboratory made possible by Mrs. Theodore E. Brown and equipped by a grant from the N.H.I. A recent addition includes a specially constructed machine for angiocardiograms which permits exposure of 23 X-ray films in rapid succession, sufficiently fast to follow the circulation through the heart and lungs. In addition to the application of these special methods to clinical problems, a research program is now in its second year concerning the response of the pulmonary circulation (especially hypertension) to surgical procedures, anesthesia, and pharmacologic agents.

In the field of blood pressure, Dr. Palmer has received a grant to support his studies on the natural course of hypertension. It is hoped that actuarial life tables may be constructed for patients with varying degrees of this condition which will be helpful in appraising the effectiveness of various therapeutic measures. Dr. Dorothea G. Loofbourow is actively testing the effects of a new diet as low in sodium as the rice diet but with a high protein and markedly reduced fat content. Dr. William P. Chapman is in charge of the special tests useful in the detection of patients with adrenal tumors and is pursuing a study of the relationship of the adrenal cortex and the steroids to the pathogenesis of hypertensive vascular disease.

The rheumatic fever group, traditionally entrenched at the House of the Good Samaritan, continues its studies in conjunction with the research department there. Dr. George P. Sturgis is in charge of a program designed to test the effectiveness of prompt penicillin treatment of acute streptococcal infections in rheumatic fever subjects in their homes. The results suggest that this may prove a useful measure for the prevention of rheumatic fever. Members of the cardiac group are actively collaborating with Drs. Benedict F. Massell and Joseph E. Warren in studying the effects of ACTH and cortisone in the acute and, more recently, in the chronic stages of rheumatic fever, and the possible mechanisms involved. Dr. Ernest Craige is following the effects of these agents upon the electrocardiogram, both in rheumatic fever and in other disease states in which they appear useful. A long-term study of the natural course of rheumatic fever and rheumatic heart disease organized at the House of the Good Samaritan in 1927 by Dr. T. Duckett Jones has been carried forward without interruption both there and in the Adolescent Cardiac Clinic at the M.G.H. By 1951 a full twenty years of observation will have been completed on each of 1,000 patients, with a loss of only 5 from the study. An interim report on the twenty-year status of this group was presented recently at the International Congress in Paris (Bland and Jones). As an outgrowth of these long-term observations, a new procedure for the relief of recurring acute pulmonary edema secondary to marked mitral stenosis was undertaken in 1948 as a palliative measure (Bland and Sweet). To date this operation (a pulmonary vein-azygos shunt) has been undertaken in 13 carefully selected patients. The results in the majority have been encouraging, and in a few the relief has been remarkable.

The problems of electrolyte balance in patients with heart failure and the use of cation-absorbing resins added to the diet are being studied on the medical research ward by Dr. James H. Currens, and also the usefulness of special drugs (especially protoveratrine) for lowering acute and extreme elevations of blood pressure.

It is with satisfaction and appreciation that one reviews the above program of investigation, carried forward in large part by the practising physicians of the hospital staff who, in spite of mounting outside responsibilities, continue to give so generously of their time and talents to further clinical research at the M.G.H. Contributions to our research fund by interested patients and friends have provided substantial aid not otherwise available. The present "cardiac group" includes seventeen members of the staff. It is represented this year at the national level by Dr. Howard B. Sprague as President of the American Heart Association, and on the international scene by Dr. Paul D. White as First Vice-President of the newly formed International Society of Cardiology.

III. Teaching and training program

A. Courses. It has long been the prevailing opinion of our group that the teaching of Cardiology as a specialty properly belongs in the realm of graduate medical education, and hence the major teaching activities continue in this direction. For almost thirty years physicians have attended organized courses in heart disease at the M.G.H. A new development has been the inauguration of a long-term course of twelve months limited to twelve men. It is conducted under the auspices of the Harvard Medical School, Courses for Graduates, and is now in its fifth year of operation. In addition to our facilities, the clinical material at the House of the Good Samaritan, at the West Roxbury Veterans Hospital, and at the Cambridge City Hospital is made available for this course.

A short-term course of one week is usually given in the fall for the American College of Physicians. Last year it was attended by ninety-five doctors. A week's course in the spring in electrocardiography is also given for the American College of Physicians for thirty physicians.

At the undergraduate level, a fourth year Harvard Medical School student is assigned each month to the Cardiac Laboratory for four weeks as part of his elective work. During this period he becomes an active member of the laboratory staff, and this assignment has proved a popular one, as evidenced by the fact that the number of applicants cannot be accommodated. In addition, special clinics are given in the Department of Medicine as part of the regular third year curriculum at the M.G.H.

B. Cardiac fellows. In the past it has been customary to have one, and more recently, two cardiac fellows who serve for twelve months in the Cardiac Laboratory and Clinics and assist in clinical research. Requests for this specialized type of training increased to such an extent that in 1949 a new plan was developed, in cooperation with the House of the Good Samaritan, whereby this service was augmented by a third cardiac fellow and was extended to eighteen months. Under this new arrangement each of the three fellows serves for twelve months on the cardiac service at the M.G.H. and six months as resident physician in charge of the rheumatic fever patients at the House of the Good Samaritan. At present the National Heart Institute is supporting two of these fellows, and the third is supported from other sources, including the Cardiac Research Fund.

C. Research fellows. The laboratory continues to be favored with the presence of foreign physicians holding research fellowships, who spend from six to twelve months as active participants in the clinical and investigative activities of the laboratory. During the past year there have been physicians in this capacity from Ireland, England, France, and Egypt. They bring to us the background and techniques of the old world and return, we hope, as missionaries of the new.

IV. Concluding remarks

In closing this brief survey, it is perhaps permissible to glance backward and recall the generous share of "firsts" and "near firsts" that have occurred within the broad field of cardiovascular disease within these walls.

(1) It was here that Dr. Richard Cabot first pointed out the fundamental importance of establishing the etiology of heart disease (1914).

(2) One of the earliest electrocardiographic machines introduced into this country was set up here by Dr. Paul White (1914).

(3) The first successful pericardial resection in America for constrictive pericarditis was performed by Dr. Edward D. Churchill in collaboration with Dr. White (1928).

(4) The application of surgery of the sympathetic nervous system for the relief of cardiac pain and of intractable tachycardia by Dr. James C. White (1920-30's), and its extension and modification for the control of hypertension by Dr. Reginald H. Smithwick (1930-) have been notable.

(5) The electrocardiogram of acute dilatation of the right side of the heart, following pulmonary embolism, was described in 1935 (McGinn and P. D. White).

(6) From this hospital in 1933 emanated a report concerning congenital vascular loops throttling the trachea and esophagus in children. Their amenability to surgical intervention was suggested at that time (Albright, Ernlund, and Sprague). Twelve years later (1945) this was successfully accomplished for the first time by Dr. Richard H. Sweet in collaboration with Drs. Gertrud C. Reyersbach and Charles W. Findlay, Jr., independently of and without the knowledge that Dr. Robert E. Gross had three weeks previously performed a similar and successful operation at the Children's Hospital.

(7) A venous shunt for the relief of severe pulmonary hypertension from advanced mitral stenosis was first conceived and successfully undertaken in 1948 (Bland and Sweet).

(8) Electronic mapping of the electrical activity of the heart has been applied here for the first time by Drs. Conger Williams and Fred Alexander in collaboration with Professor Stanley Goldman of the Massachusetts Institute of Technology (1948).

More important but less spectacular has been the continued study and application at the clinical level of the fruits of laboratory research, here and elsewhere, for the care and comfort of the patient—so well embodied in the cardiac classic *Heart disease* by Dr. Paul D. White, now approaching a fourth edition.

Such, then, are the men and the events which have shaped the course of Cardiology at the M.G.H., and in concluding this summary for THE NEWS it is with deep appreciation that I record the continuing association, assistance, and advice of Dr. Paul D. White in the activities of the Cardiac Clinics and Laboratory which he developed and inspired for more than a quarter of a century.

Edward F. Bland, M.D.,
Physician

* * *

Dr. Faxon was presented with the gold medal Award of Merit at the 52nd Annual Convention of the American Hospital Association, held in Atlantic City in September. The occasion was of special significance in that only 12 of these awards have been presented in the entire history of the Association.

The medal is very lovely in texture and design. One side bears the symbol of the award. On the reverse are the seal of the Association and the following tribute:

AMERICAN HOSPITAL
ASSOCIATION

presents to

NATHANIEL WALES FAXON, M.D.

an

AWARD OF MERIT

Nathaniel Wales Faxon, M.D., inspired Administrator and astute Leader whose endeavors and counsel have led hospitals in his charge to great public service and who, through the American Hospital Association and other health organizations, has aided all hospitals in providing better care.

By action of
The Board of Trustees
September 21, 1950

John N. Hatfield
President
George Bugbee
Executive Director

The Board of Trustees, at their meeting on September 22, voted:

That Dr. John Gillies be given the title of Visiting Anesthetist pro tem when he comes to the Hospital in November and December;

That Dr. Harley C. Shands be given leave of absence from his position of Assistant in Psychiatry for the remainder of the hospital year, with the understanding that he will be recommended for reappointment for the ensuing year with leave of absence in that year to complete his study at the Boston State Hospital.

To appoint:

Dr. Elizabeth A. Koppell as Assistant Resident in Anesthesia for one year, beginning January 1, 1952;

Dr. Martin B. Levene as Second Assistant Resident in Radiology, beginning July 1, 1951;

Dr. Kenneth F. Sands as Assistant to the Children's Medical Service;

Dr. Fiorindo A. Simeone to the Board of Consultation;

Professor F. A. R. Stammers as Visiting Surgeon pro tem for approximately four weeks.

At their meetings on September 13, 20 and 27, and on October 4, the General Executive Committee voted:

To reappoint Dr. John W. Irwin as Clinical and Research Fellow in Medicine, assigned to Allergy, as of October 1.

To appoint:

Dr. Osvaldo Cori as Research Fellow in Biochemical Research, effective as of September 1;

Dr. Julian J. Goodman as Clinical Fellow in Dermatology;

Dr. David Kahn as Research Fellow in Pathology for six months, beginning January 1, 1951;

Dr. George D. Ludwig as Research Fellow in Surgery for the period from July 1 to October 1;

Dr. John F. McGinty as Clinical Fellow in Medicine, beginning January 1, 1951;

Dr. Leonard B. Spector as Research Fellow in Medicine, as of September 18;

Dr. Edgar B. Taft as Research Fellow in Medicine, effective as of September 1;

Dr. Melvin L. Taymor as Clinical and Research Fellow in Surgery, assigned to Gynecology, effective as of September 1;

Dr. Harold Thomas as Clinical Fellow in Radiology, effective October 1;

Dr. Joel W. Wyman as Clinical Fellow in Dermatology.

So much happened on Ether Day this year, it is impossible to give you in few words a satisfactory account of the celebration. However, here are some of the high points in the day's program.

The established custom of presenting pins to those of the non-professional personnel who have completed varying periods of service at M.G.H., from ten years to fifty, was continued. A sizeable audience assembled in the Moseley Rotunda at 2 o'clock, joined by Dr. Clark who, after a few words of greeting, spoke of the importance of each individual's job, the hospital's place in the community, plans for future expansion, and the inclusion of the hospital in the new Social Security coverage. He then presented the 36 new pins, to be added to the hundreds already presented over the previous years.

A new feature of the day was the "Old Timers' Dinner" in the evening. Approximately 400 invitations had been sent out to all who have served the hospital in any way for twenty years or more. The list included professional and non-professional personnel, members of the Board of Trustees and of the Corporation, members of the Ladies' Visiting Committee—everybody who in any way has been an MGH-er for twenty years or better. The invitation, which carried a pen-and-ink sketch of the Bulfinch Building and an automobile of 1930 vintage read as follows:

On October 16th at six p.m.,
Dr. Clark is inviting all of them
Who have worked at the M.G.H. of yore
For twenty years (a score or more)
To dinner at East Pay Cafeteria
Giving up all dates inferior.
OLD TIMERS' NIGHT is what it's called
It's hoped that you'll come and be enthralled.
So remember the date, get on your hoss
The entire treat is on the boss.

Husbands or wives are
included in this invitation

The dinner party was the gift of a generous friend of the hospital; and the wives or husbands of the "Old Timers" were guests of another generous friend who made the contribution through the Ladies' Visiting Committee.

After the 250 who had accepted the invitation were assembled in the Nurses' Dining Room (a change from the location originally chosen), those who came in costume marched in to the head table. Dr. Clark, being our General Director, very appropriately wore a general's three-cornered hat. Members of the cast of the motion picture re-enactment of Morton's first public demonstration of the use of ether for major surgery here in our Ether Dome on October 16, 1846, wore the costumes in which they appeared in the picture they made a few years ago. Dr. Means, who acted as narrator when the movie was shown later in the evening, came as poet laureate, with long cape and a wreath of gold leaves encircling his head. Dr. Culver, who acted as master of ceremonies, carried and used a megaphone and a carriage whip.

A delicious dinner of all sorts of good things was served, with student dietitians and student nurses acting as waitresses. When the dessert course was reached, Mr. Frankson, highest ranking "Old Timer", stood to cut the cake at the head table. This was the signal for the senior person at each of the other 34 tables to cut the cake at his table.

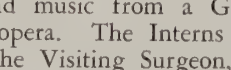
As soon as the dinner was finished, Dr. Culver introduced Dr. Clark, who responded with remarks in which he contrasted the over-all picture of M.G.H. in 1930 with that of today.

It was then time for the showing of the motion picture, and Dr. Culver introduced Dr. Means who identified the members of the cast and the roles they played, and gave interesting commentaries on the various episodes as they appeared on the screen.

This was followed by an interlude of singing, with Dr. Atherton at the piano and Dr. Cope as conductor. Everybody was provided with a sheet of lyrics (written by Mr. Francis W. Hatch, a member of our Board of Trustees, whose verses have been featured many times before at M.G.H.) which were sung to such familiar tunes as "I've been working on the railroad", "My bonnie lies over the ocean", "Battle hymn of the Republic", and "My old Kentucky home"—and all joined in lustily.

The last item on the program was a skit written, ad libbed, and acted by members of the House Staff. It was a ridiculous, exaggerated, and utterly hilarious satire on a ward visit of long ago and one of today. In the first scene the Visiting Surgeon appeared wearing a long coat, top hat, and carrying a gold-headed cane. The Intern on the ward greeted him with a down-to-the-floor bow, presented him with a flower, and then proceeded to polish his shoes. After this, the Surgeon handed the Intern his hat and stick, and approached the bed whereon his patient was lying. Covering the exposed portion of the patient's body with a very large green handkerchief, so that he would not soil his hands, the Surgeon then condescended to make his examination. The present-day scene revealed one Intern asleep, another blowing bubble gum, and a third playing with a yo-yo when the visit arrived. During the skit the Surgeon sang a song to the Interns entitled "If you're anxious for to shine", with words by Drs. Ford and Laster and music from a Gilbert and Sullivan opera. The Interns also sang back at the Visiting Surgeon, with another parody on a familiar theme. We wish we had space to include these lyrics, for they are very funny, but they will be preserved for posterity in the Archives file on Ether Day celebrations.

Thus was the party brought to a close. With grateful words of appreciation the "Old Timers" went their various ways, each one carrying with him the memory of a never-to-be-forgotten evening at M.G.H.



STAFF PUBLICATIONS

A new procedure regarding the publication of titles of articles and books written by members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary staffs went into effect with the July—August issue of THE NEWS. Each month, titles of new publications will appear in THE NEWS. If you have not already done so, please send all titles of books and articles you have published since (and including) January 1, 1950, to Cora F. Holbrook, Editor of THE NEWS, and continue to send her all new titles each month.

As soon as the December titles have appeared in the January 1951 issue of THE NEWS, the lists will be assembled and published as the Massachusetts General Hospital — Massachusetts Eye and Ear Infirmary Publications for the calendar year 1950. Should you fail to report a title to THE NEWS, it will not appear in the assembled list.

Be sure to include complete data: 1) classification of material, such as Anesthesia, General Medicine, Laboratory Science, General Orthopedics, Orthopedic Surgery, Miscellaneous; 2) title of article; 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

Please pay special attention to 1), above. Several of the reports already received did not include classifications of material. In such instances where the titles failed to make the classifications obvious, much time had to be spent on examining the material or procuring this information from the authors.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following titles have been submitted, in addition to the 107 already published in THE NEWS:

Biochemistry

Lipmann, F.
Symposium on chemical transformations in photosynthesis.
Federation Proc. 9:549-550.

Lipmann, F., Kaplan, N. O., Novelli, G. D., Tuttle, L. C., and Guirard, B. M.
Isolation of coenzyme A.
J. Biol. Chem. 186:235-243.

Stadtman, E. R., and Lipmann, F.
Acetyl phosphate synthesis by reaction of isopropenyl acetate and phosphoric acid.
J. Biol. Chem. 185:549-551.

Dentistry

Kite, O. W., Shaw, J., and Sognnaes, R.
The prevention of experimental tooth decay by tube feeding.
J. Nutrition 42:89-105.

Dermatology

Lever, W. F., and MacLean, J. G.
Primary familial xanthomatosis and biliary xanthomatosis (biliary cirrhosis with xanthomatosis): Electrophoretic studies.
J. Invest. Dermat. 15:173-180.

Lever, W. F., and MacLean, J. G.
The proteins in pemphigus vulgaris. III. The effect of infusions of human serum albumin on the proteins in the blood serum of patients with pemphigus vulgaris.
J. Invest. Dermat. 15:215-222.

General Medicine

Burrage, W. S.
Medical progress: Allergy.
New England J. Med. 243:50-53.

Crawford, J. D., Terry, M. E., and Rourke, G. M.
Simplification of drug dosage calculation by application of the surface area principle.
Pediat. 5:783-790.

McArthur, J. W., Harting, D., Smart, G. A., and Talbot, N. B.
Time relations between the metabolic changes of experimental diabetic acidosis and adrenal cortical hyperfunction. (Abstract)
J. Clin. Investigation 29:832-833.

McArthur, J. W., Sprague, R. G., and Mason, H. L.
The urinary excretion of corticosteroids in

diabetic acidosis.
J. Clin. Endocrinol. 10:307-312.

Rackemann, F. M., Burrage, W. S., and Irwin, J. W.
Intrinsic asthma.
Postgrad. Med. 8:134-140.

General Orthopedics

Cave, E. F.
Pain in the neck and upper extremity.
M. Clin. North America 34:1323-1334.

General Surgery

Churchill, E. D., Sweet, R. H., Soutter, L., and Scannell, J. G.
The surgical management of carcinoma of the lung: A study of the cases treated at the Massachusetts General Hospital from 1930 to 1950.
J. Thoracic Surg. 20:349-365.

Laboratory Science

Kinsey, V. E.
Modification of the apparatus used for the Baldes thermoelectric method of measuring osmotic pressure.
Rev. Scient. Instruments 21:767-768.

Neurology, Neurosurgery, and Psychiatry

Brazier, M. A. B.
Neural nets and integration of behaviour.
In Perspectives in Neuropsychiatry, London, H. K. Lewis, pp. 35-45.

Brazier, M. A. B.
Progress in Electroencephalography—1949.
In Progress in Neurology and Psychiatry, Vol. 5, New York, Grune & Stratton, pp. 269-295.

Cobb, S., and Miles, H. H. W. (Editors)
A child's reaction to adenoidectomy.
Am. J. Med. 9:242-246.

Cobb, S., and Miles, H. H. W. (Editors)
Ulcerative colitis.
Am. J. Med. 8:789-793.

Miles, H. H. W., and Cobb, S. (Editors)
A case of enuresis: Psychiatric conference.
Am. Pract. & Digest Treat. 1:812-815.

Waldfogel, S., Finesinger, J. E., and Verzeano, M.
The effect of low oxygen on psychologic performance tests in psychoneurotic patients and normal controls.
Psychosom. Med. 12:244-249.

Ophthalmology

Dunphy, E. B., and Call, F.
A method of determining the concentration of dithiocarbamates in the aqueous humor.
Am. J. Ophth. 33:44-46.

Grant, W. M.
Additional experiences with tetraethyl pyrophosphate in treatment of glaucoma.
Arch. Ophth. 44:362-364.

Grant, W. M.
Experimental investigation of paracentesis in the treatment of ocular ammonia burns.
Arch. Ophth. 44:399-404.

Kinsey, V. E., and Merriam, F. C.
Studies on the crystalline lens. II. Synthesis of glutathione in the normal and cataractous rabbit lens.
Arch. Ophth. 44:370-380.

Pediatrics

Gardner, L. I., and Murphy, J. T.
New needle for pediatric scalp vein infusions.
Am. J. Dis. Child. 80:303-304.

Gardner, L. I., Sniffen, R. C., Zygmuntowicz, A. S., and Talbot, N. B.
Biopsy and steroid-excretion studies in congenital adrenal cortical hyperplasia. (Abstract)
Cancer Research 10:218-219.

Talbot, N. B., Zygmuntowicz, A. S., Wood, M., and Christo, E.
Observations on adrenal cortical "Sugar-Fat-Nitrogen" hormone ("11-17-OCS") and "17-ketosteroid precursor" production by normal and abnormal individuals of various ages with comments on the fact that (a) there may be two ACTH's and (b) the normal adrenal cortex may not produce true androgens.
In Proceedings of the First Clinical ACTH Conference, Philadelphia, Blakiston Co., pp. 32-37.

Physical Medicine

Watkins, A. L.
Medical progress: Current problems in Physical Medicine and rehabilitation.
New England J. Med. 243:489-497.

Books

Brazier, M. A. B. (Editor)
Bibliography of Electroencephalography, 1875-1948.
Montreal, International Federation of Electroencephalography and Clinical Neurophysiology.

Dr. Abraham B. Schwartz (*CM* 1914) of the Department of Pediatrics at the Marquette University School of Medicine in Milwaukee has asked us to call your attention to a new publication which he is editing. It is *Pediatric References and Correspondence,* and we are told that the mailing list already numbers 1200, including 250 children's hospitals and university libraries.

Dr. Schwartz has sent to Treadwell Library the pages which constitute the first three issues of the references, taken from the then current medical journals, together with a description of the policy and format of the publication. Here are a few excerpts from his letter:

> The literature of pediatrics has become so extensive—new developments and discoveries so multiplied—that the most industrious person finds it difficult to keep up with it. We have scarce time to do our own particular jobs. This explains why *Pediatric References* has found a generous appreciation.
>
> The listing gathered from over 600 journals is issued bimonthly under the aegis of the Department of Pediatrics and the Library of the Marquette University Medical School.
>
> In the subject index, we shall keep in mind the practical needs of the pediatrician and physician interested in children.
>
> An actually current listing will be made, subject only to the lags of delivery of journals. This is possible since there will be no critical reviews—the cause of practically unavoidable delays in abstracts.
>
> It is our hope that correspondents will report their own up-to-the-minute experiences, which can be informally included in each issue on a blue sheet.
>
> While our list may not include highly specialized reports of basic research, we shall not intentionally overlook the special journals, nor let anything pediatrically remarkable escape us.
>
> We welcome your suggestions and comments.

For further particulars, address Dr. Schwartz at the Department of Pediatrics, Marquette University School of Medicine, 561 North 15th Street, Milwaukee 3, Wisconsin.

Brief bits:—

Dr. Robert A. Broome, Jr. (*M* 1944) and Dr. Frank C. Bone announce the opening of offices for the practice of Gastroenterology, Cardiovascular Diseases, and Internal Medicine in Suite 423, American Building, 307 South Orange Avenue, Orlando, Florida.

Dr. George H. Lawrence, Second Assistant Resident in Surgery on our House Staff, went to the Snyder-Jones Clinic, Winfield, Kansas, on October 1, for six months of affiliated service.

MASSACHUSETTS EYE & EAR INFIRMARY

Infirmary doctors took two out of the three prizes for exhibits at the recent meetings of the Academy of Ophthalmology and Oto-Laryngology held in Chicago, October 9-13. Dr. David Donaldson, Assistant in Ophthalmic Research in the Howe Laboratory, took first prize on his stereoscopic photographs of external eye diseases; and Dr. Brendan D. Leahey, Associate Surgeon, won third prize with his exhibit on the corneal transplant. These prize-winning exhibits also were on display during the Infirmary Open House, October 19. Among Infirmary doctors who gave papers at the academy sessions was Dr. David G. Cogan, Director of the Howe Laboratory, who delivered a paper on "Applied anatomy and physiology of the cornea".

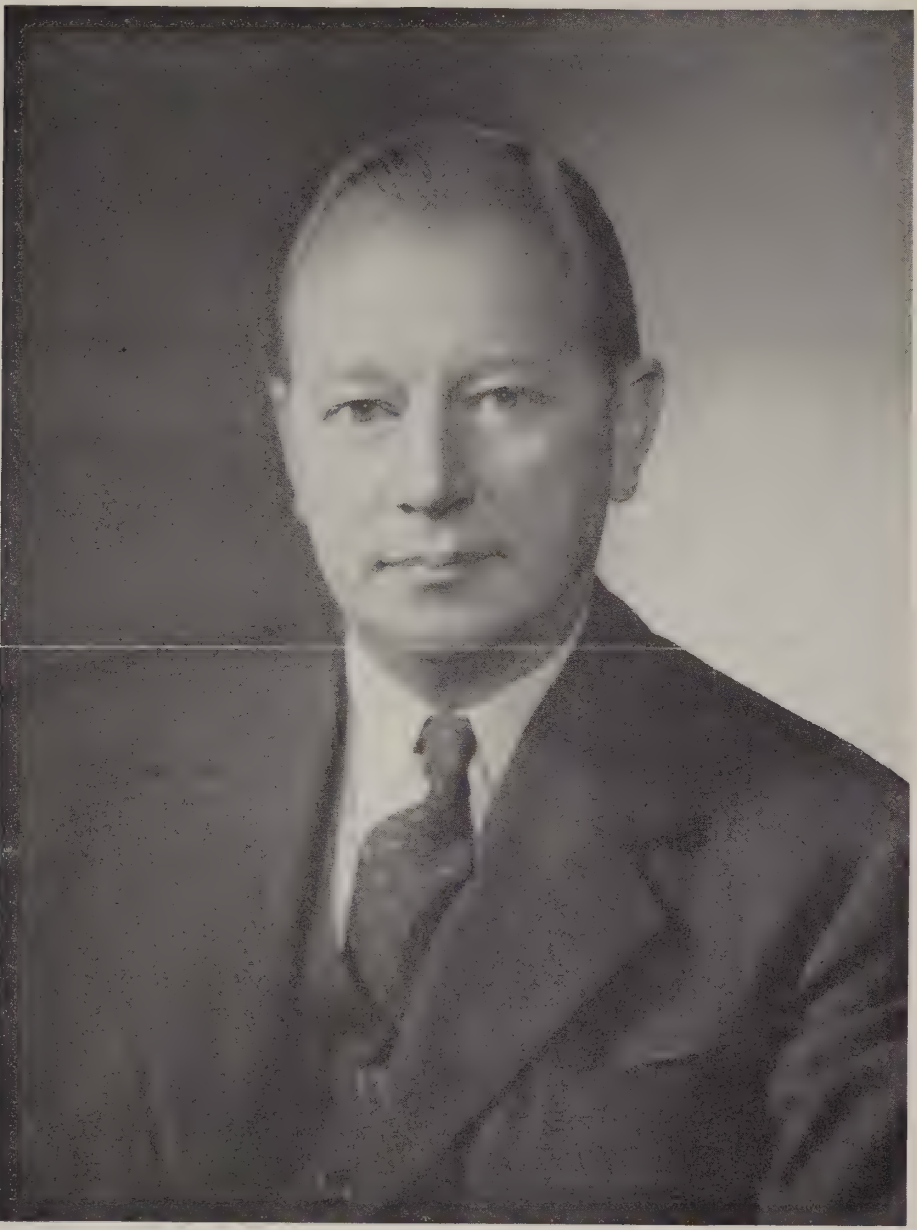
Dr. Philip E. Meltzer, Surgeon-in-Chief of the Winthrop Foundation and Clinic for the Deaf, returned September 27 from Europe where he participated in the Clinical Congress in Audiology held in Stockholm. Dr. Meltzer gave three talks on the "Fenestration operation", "Incisions of the fenestration operation", "Post-operative care of the fenestration operation", and "Accidents and sequelae of the fenestration operation". He also visited hospitals in Paris and London to observe European surgical techniques. Dr. Julius Lempert, founder of the Lempert Institute in New York City, accompanied Dr. Meltzer on his trip.

Dr. LeRoy A. Schall was guest speaker at the Westmoreland County Medical Society meeting at Greensburg, Pa. on September 5. He spoke on "Cancer of the larynx".

Dr. Aram S. Baghdassafian of Beirut, Syria, has been observing on the Eye Service.

Dr. Antonio Grignolo, Clinical Assistant in the Retina Service, returned to Europe on October 9.

The Infirmary was privileged to have as its guest during the week of September 11, Dr. Honore B. Fell, Director of Strangeways Research Institute at Cambridge, England. Dr. Fell was in the U. S. for the International Congress of Cell Biology at Yale University, of which she was chairman. She was particularly interested in the embryo of a mother with rubella — an investigation carried on by Dr. George Kelemen of the Mosher Laboratory. Dr. Fell also demonstrated to a small group of Infirmary and MGH



No. 28 in a series of Staff photographs

Dr. Edward F. Bland—Physician—Chief of Cardiac Clinics and Laboratory

doctors her slides of tissue cultures in connection with Vitamin A.

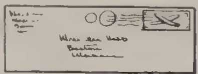
BIOGLETS

Dr. Irving P. Ackerman, Intern in Medicine—born in Newark, New Jersey; B.A., Columbia University, 1946; M.D., Columbia College of Physicians and Surgeons, 1950; home address: 68 Hansbury Avenue, Newark 8, N. J.

Dr. Lawrence J. Barrows, Assistant Resident in Neurology—born in Trego, Wisconsin, September 23, 1924; St. Thomas College, St. Paul; St. Norbert College, Wisconsin; University of Michigan; U. S. Army: 1942-46; M.D., University of Cincinnati, 1949; Intern, Cincinnati General Hospital, 1949-50.

Dr. Charles G. Craddock, Jr., Assistant Resident in Psychiatry—born in Lynchburg, Virginia, March 1921; B.A., University of Virginia, 1941; M.D., University of Virginia, 1944; Intern in Medicine, University of Rochester, N. Y., 1944-45; U. S. Navy: Pacific Theatre, 1945-46; Fellow in Internal Medicine, University of Rochester, with special work in Hemotology, under grant from A.E.C., 1946-48; Assistant Resident, Department of Medicine, University of Virginia, 1948-49; Chief Resident, Department of Medicine, University of Virginia, 1949-50; married; two children—Hilah and Katherine.

Dr. LeRoy L. Eldredge, Jr., Assistant Resident on the Children's Medical Service—born in Middleborough, Massachusetts, March 17, 1920; A.B., Dartmouth College, 1942; M.D., Tufts College Medical School, 1945; Intern, Mary Hitchcock Memorial Hospital, Hanover, New Hampshire, 1945-46; U. S. Navy: stationed for over one year at the American Embassy, London, England, 1946-48; Resident in Pediatrics, Mary Hitchcock Memorial Hospital and Hitchcock Clinic, 1948-50; home address: 215 Main Street, Hingham, Massachusetts; married; two sons.



New addresses:—

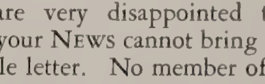
Dr. David D. Bloom (*a. dn. s.*), 20 Gloucester St., Boston, Mass.
Dr. Richard W. Garrity (*NS* 1950), U. S. Naval Hospital, San Diego, Cal.
Dr. John R. Graham (*WM* 1936), Faulkner Hospital, 1153 Centre St., Jamaica Plain, Mass.
Dr. Albert K. T. Ho (*Oto-Lar.* 1949), Central Medical Bldg., Beretania at Kalakaua, Honolulu, T. H.
Dr. Byrl J. Kennedy (*M* 1946), Room F 211, New York Hospital, 525 East 68th St., New York 21, N. Y.
Dr. Terry E. Lilly, Jr. (*ES* 1943), Exeter Memorial Hospital, Exeter, Cal.
Major Wilbour C. Lown (*past Head of Photographic Laboratory*), Signal Corps Photographic Center, 35-11 35th Ave., Long Island City 1, N. Y.
Lt. Daniel F. Milam, Jr. (*S* 1949). Air Anti-Submarine Squadron 25, F.P.O., San Francisco, Cal.
Dr. Thomas S. Risley (*ES* 1942), 17 Everett St., Beverly Farms, Mass.
Dr. Adney K. Sutphin (*WM* 1943), 923 West Franklin St., Richmond, Va.
Dr. Daniel V. Troppoli (*N* 1927), 380 Broadway, Providence, R. I.
Dr. Alfred Yankauer (*CM* 1941), 257 Denver St., Rochester 9, N. Y.
Dr. Eleonore C. Zaudy (*a. CM*), 1247 Beacon St., Brookline 46, Mass.

We have a young friend named Jerry. Many of you, also, know him. But what you may not know is that Jerry has two diametrically opposed sides to his nature—in fact, he is a very definite example of the so-called split personality. To explain—Jerry is as gentle and subdued as one could wish, so far as humans are concerned; but let Jerry get even a glimpse of one of his own kind and he is immediately a changed character. He becomes a Joe Louis, an Ezzard Charles, and the entire Light Brigade of legendary fame, all rolled into one.

Well, sad to relate, a few weeks ago Jerry made a very disastrous "charge", was struck by an automobile, and found himself the next day in hospital with a broken hip. Jerry's hospital bill for one week alone reads:

Hospitalization at $2.00 per day	$14.00
Operation	25.00
X-ray	5.00
Medicine—20 cc serum	1.75
Special nursing—blood transfusion	5.00
	$50.75

Why are we telling you all this? Because we thought you might be interested and amused to see how similar to our own bills for hospitalization (except for the amounts charged) is this one from Angell Memorial Animal Hospital.



We are very disappointed that this issue of your News cannot bring you even one single letter. No member of the vast MGH family has found (or made) time during the past month to write home. The lowering of that little flag on our mail box, pictured above, is a sad occasion for us—especially as we realize it cannot be raised again without your help. Just one letter a year—long or short—from each of you would set the flag flying again and keep it so for all of us. Will you do your part?

THE NEWS

No. 96 Boston, Mass. December 1950

CANCER RESEARCH MOVES AGAIN

During the past year we have watched with keen interest the gradual emergence from behind the Bulfinch Building of the Massachusetts General Hospital's new research building. Before the actual move into these new quarters is made, there inevitably passes in review before our memories a parade of distinguished investigators and clinicians whose contributions to our knowledge of cancer have led up to the need for this building.

The Massachusetts General Hospital has always been a pioneer in work on cancer. In 1838, Dr. John C. Warren, Professor of Anatomy and Surgery at Harvard University and Surgeon at the Massachusetts General Hospital, wrote the first American book on the subject—*Surgical observations on tumours with cases and operations*. The minutes of the Medical Board, Surgical Section, as far back as 1881 indicate that Dr. J. Collins Warren "made some remarks about the advantages of having tumors systematically examined and a record made to be entered with each case." The Massachusetts General Hospital was one of the first general hospitals to establish a tumor clinic. Before the formation of this clinic, Dr. George W. Holmes, who held the position of Roentgenologist beginning in January 1917, called specialists from other departments into consultation on the cases which were being diagnosed or treated in his department. In 1923, Dr. C. Guy Lane was made Consultant Dermatologist to this clinic, and shortly thereafter Dr. Robert B. Greenough started serving in the capacity of Surgical Consultant. Dr. Lincoln Davis became Consultant in Gynecology, and Dr. Means was associated with this clinic in connection with thyroid cases. The Tumor Clinic was formally organized as a unit in April 1925, with the purpose of providing consultations before treatment and for following each case. Regular days were set for certain types of cancer patients, and members of various departments with special interest in cancer were present at the sessions pertaining to their fields. In 1930, the clinic obtained the services of a full-time social worker. Although the Tumor Clinic has always been furnished its space by the X-ray Department, the two departments operated independently until 1937, when a closer amalgamation brought about the policy of each radiation patient being reviewed by a physician and a surgeon as well as by the radiologist.

A good deal of outstanding clinical investigative work was carried on in the thirties, but not much laboratory work was involved other than pathology. One need only recall Dr. Meigs's work on cancer of the gynecological tract, Dr. Churchill's on cancer of the lung, and that of Drs. Greenough and Simmons on cancer of the breast to realize the very high level of this contribution.

It was with this well-organized clinic that many of the activities of the Collis P. Huntington Memorial Hospital were interdigitated in 1942. This hospital had been operated under the aegis of the Harvard Cancer Commission since 1912, and had a distinguished record of both clinical and research work.

A large sum of money was given by Caroline Brewer Croft in 1899 for research on cancer, and the commission which supervised this work became known as the Harvard Cancer Commission. The work for the first years was largely restricted to laboratory investigation and five biennial reports were published, covering work on the production and transplantation of tumors, and similar investigations. Tyzzer showed the first evidence of the heredity of cancer in 1907 in his work on studies of inheritance in mice with relation to the incidence of tumors. Further pioneer work along this line was carried on by the Genetics Laboratory under Dr. C. C. Little.

Among the factors which turned the interest of the Cancer Commission toward the clinical aspects of cancer was a spontaneous cure which occurred in a New York patient. The serum from this patient was injected into other cancer cases, and although the results were ultimately unsatisfactory, this temporary burst of optimism did much to stimulate public interest and medical opinion, so that funds became available and medical men turned to the idea of opening a specialized hospital to apply the knowledge gained in the laboratories to improved care of the cancer patients. The new treatment of cancer by X-ray and radium contributed in no small part to this interest. Through generous public support, partly in the form of a large gift from Mrs. Collis P. Huntington in memory of her husband, Harvard was able to build its specialized hospital and open the doors to patients in March 1912.

✓ The Collis P. Huntington Memorial Hospital was a leader in cancer research and treatment. It was one of the first hospitals in this country to use X-ray and radium for effective treatment of cancer, and methods for the safe administration of these agents were devised. A method of measuring X-rays was the work of one of the staff members — Dr. William Duane, who designated the units as "r" units, after Roentgen. He also did pioneer work in developing higher voltage X-ray, particularly at the 200,000-volt level. This interest was continued, and for the treatment of deep-seated malignancies the hospital acquired the first constant voltage generator which could produce 1,200,000-volt short wave X-rays. This machine was designed by Dr. John G. Trump of the Massachusetts Institute of Technology, with the Van de Graaff type of accumulator.

In 1922, the medical laboratory of the hospital was established and named in honor of Dr. J. Collins Warren who had done so much for the Cancer Commission and the Huntington. Dr. George R. Minot was working in the laboratories of this hospital when he developed the treatment of pernicious anemia. Other medical studies on lymphoma and leukemia were carried out.

The electro-cautery knife, a most valuable piece of equipment for surgery, was designed by Dr. William T. Bovie primarily for use in cancer surgery. Dr. Bovie also instituted a course in biophysics for graduate students in 1919, and an undergraduate course in 1920. Dr. Bovie's work included investigations on photo-electric potentials, and the action of light rays on cell life and growth.

Around 1930, it seemed obvious that one couldn't study cancer by studying cancer alone. After prolonged discussion, the Harvard Cancer Commission agreed that the study of cancer must involve normal growth as well, and that studying the mechanisms which influenced growth of any kind was a more fundamental approach to the problem than the production of tumors by various new ways. Our work since then has largely consisted of this sort of growth study, and although in the thirties the work was criticized as being not really a study of the cancer problem, now everyone agrees that this is an essential approach in order to understand the disease. Such studies were undertaken, and advances were made in knowledge of the relations of hormones to normal and abnormal growth, of the mechanisms involved in cellular regeneration following partial extirpation of the liver, of intermediary metabolism in normal and abnormal tissues, of lead and calcium metabolism, and of enzymes (like phosphatase) in normal and neoplastic cells. Studies on the effects of radium poisoning (which produces bone tumors) were made in the middle thirties with Professor Robley D. Evans of the Massachusetts Institute of Technology.

The Huntington Hospital had great influence in the cancer field. Many contributions to knowledge about cancer are manifest in the long series of articles published by the Cancer Commission, which now number more than seven hundred publications. Staff members trained in this hospital helped to organize the Pondville Hospital, the cancer unit at the Westfield State Hospital, the Palmer Memorial at the New England Deaconess Hospital, as well as the state cancer clinics. A tumor diagnosis service was set up by the Cancer Commission and subsequently financed by the state. Specimens came to it for diagnosis from physicians and hospitals all over the state. This pathological service, together with the laboratories under Dr. Shields Warren, remained at Harvard when the clinical activities and the medical laboratories moved down to the Massachusetts General Hospital, and this unit continues its excellent record of pathological research, as well as its public service of state-wide pathological diagnosis.

In 1941, it was decided that this hospital—the only one owned by Harvard—was too small an institution to meet adequately the increasing demands on it, and should either be enlarged or amalgamated with a bigger hospital. For some time the Cancer Commission had wanted to devote its limited resources for work on cancer to research and teaching, rather than to the expensive operation of a small, specialized hospital. It was believed that more satisfactory care of patients could be accomplished in a large general hospital, because of the ready availability of many able physicians and surgeons with varied trainings. Therefore, the decision was made to amalgamate with the Massachusetts General Hospital, and letters were written advising physicians and patients of the change. Largely through the work of Dr. Ernest M. Daland, the Huntington clinics were carefully interdigitated with those of the Tumor Clinic at M.G.H., so that patients might come on regular days. Most of the doctors who had seen patients at the Huntington were also staff members at the Massachusetts General and their interests in cancer were furthered by this concentration. The number of beds allotted to cancer patients was increased. M.G.H. already had a million-volt X-ray machine, so this was not lost to the patients. Patient records were brought down and the transfer of the clinical activities was effected in 1942. This increase in patients, together with the clinical activities and research which were going on in the Huntington, gave an added impetus to the clinical interest in the Tumor Clinic and to the whole hospital. There was great activity in many areas, and the care and understanding of cancers of specialized areas continued to improve, so that many men here are among the great cancer experts in their specialties.

The medical laboratories also were transferred and gradually got under way, and so the cancer unit at Massachusetts General became complete, not only with facilities for clinical investigation, but also with laboratories for a fundamental attack on the problem of normal and malignant growth. The University continues its financial support, while M.G.H. gives laboratory space for housing the project. This mutual responsibility has worked well, and the laboratories have grown and prospered. It was lucky the decision to amalgamate was made, for within a week war was declared, and the Second World War would have made difficult the staffing of the little Huntington Hospital and would have added to its deficits. On the other hand, the increase in personnel at the Massachusetts General proved beneficial to that institution during the emergency.

During the war years, the exigencies of that period made compromise with cancer research necessary. Research of more immediate urgency, such as the studies on traumatic shock, largely replaced the regular investigations. All of the work done, however, played a part in providing further knowledge of the growth problem, although in rather a remote way.

During the years after the war, the opportunity to study cancer changed dramatically. Twenty years before, time was largely spent in producing tumors without particular interest in why they occurred. Now they can be produced in hundreds of ways which are so divergent that this work hasn't elucidated the crux of the problem at all, even though it provides the material for much fundamental study. In the last ten years, people have been trying to find out just what the subtle change is which occurs in the deviation of growth from normal to abnormal. Up to now, the fundamental cause remains obscure.

Recently it has been possible to expand our studies on normal and abnormal growth to attacks from many angles. We study the problem by analyzing the differences from normal inside the cancer cells, and by seeking the influences in the body which cause variation in the rate of cellular growth. Formerly, one could study only the break-down of protein. Now, Dr. Zamecnik and Dr. Frantz are analyzing quantitatively the ability of tissues to make protein, by use of amino acids made with radioactive isotopes by Dr. Loftfield. They have demonstrated that different tissue cells synthesize protein at different rates — for example, tumor cells do this seven to ten times more rapidly than normal cells. Dr. Zamecnik is investigating the enzymes in body cells, which are so important in their chemical reactions, and which may well be the variant in abnormal cell division.

A study of protein synthesis in tissues radiated with X-ray has been carried out recently by Dr. Louis H. Hempelmann, and he has shown that even after heavy doses of X-ray, the tissues of mice can still synthesize protein — the syntheses, however, being less in irradiated muscle and spleen tissue than in irradiated liver. These are fundamental approaches to the problem of normal and abnormal cell division, for cells have to make protein to be able to divide.

Another growth mechanism of great interest to our laboratory is that by which normal cells are caused to divide in the body. When part of the liver is removed from rats, a replacement of cells occurs which is fairly quantitative, and within two weeks the number of liver cells has returned to the original amount which was present before the operation. Then the production of new cells ceases and the liver returns to a resting state. This represents fundamental problems in normal and abnormal growth. What makes the normal liver cells divide so rapidly?—and why do they stop dividing, while cancer cells divide indefinitely? Dr. Nancy L. R. Bucher has made Siamese twins and triplets with rats, and subsequently removed much liver tissue, although leaving one animal with an intact liver. Increased cell division in the intact liver has indicated the probability of a blood-borne stimulus to growth. This is a very interesting observation and merits further clarification. Dr. Bucher is also attempting, with some success, to separate tissue cells so that they may be studied singly; and microspectroscopic as well as other studies on isolated liver cells and nuclei are being carried out.

Another phase of the elucidation of growth mechanisms has been the work on beryllium, which has demonstrated that this light metal interferes with the enzyme phosphatase. Dr. Mahlon B. Hoagland has also found that a low concentration of beryllium has growth-stimulating properties in plants when there is a magnesium deficiency. We are interested in this type of work, because beryllium will produce tumors of bone in rabbits and its ways of influencing growth are therefore important.

For a number of years a study on the growth of deer antlers has been carried on with Dr. George B. Wislocki and Dr. Charles M. Waldo of the Harvard Medical School. This is an interesting tissue to study, because of the seasonal regularity of its growth and shedding, and information has been gained on how the anterior pituitary gland and the gonads supplement each other in regulating this growth and influencing the shedding of the antlers.

The Huntington Laboratory has long been interested in the relation of sex hormones to cancer and growth. That large area of our program is under the direction of Dr. Ira T. Nathanson. He has been at work on this for nearly fifteen years in the analysis of endocrine tumors in childhood and, sometimes with Dr. Meigs, in tumors of the female genitalia. Much knowledge has been accumulated on the response of breast cancer and tumors of the prostate to the sex hormones stilbestrol and testosterone. Dramatic improvement is seen in a fairly large percentage of cases, but this, unfortunately, is not always of long duration. Other estrogens have also been explored and found to have similar results with breast cancer. The group of investigators working under Dr. Nathanson's supervision is now exploring many new chemicals related to sex hormones, to analyze the component which causes this tumor regression. It is a complicated problem which takes time for analysis, but excellent progress is being made. Mallinckrodt—Ward 4 facilitates this kind of work. In fact, it could not be done properly without such a ward.

New analytical techniques are always needed in our work to understand the chemical changes which cause such influences on specialized tumors. New methods have been devised and old ones improved by Drs. Lewis L. Engel and Wilson R. Slaunwhite for the estimation of female sex hormone metabolites in urine, and also they can now analyze for steroid alcohols in urine—substances which were formerly neglected because analytical methods were lacking. These techniques are being used in routine studies of patients, and it is expected that much interesting information will emerge on the differences in the ways in which cancer and other patients break down sex hormone products. These studies are correlated with exploration of other abnormalities which may exist in the cancer patient. For example, Dr. Rita M. Kelley is trying to find out the reason for anemia in cancer patients.

New cancer detection tests are also being reviewed, largely by Miss Tibbetts. Although the tests have not yet proved sufficiently accurate for diagnostic purposes, they do indicate the presence of abnormality of plasma protein in cancer, and this deserves further careful investigation. Final evaluation of the benefits of new chemotherapeutic agents, such as ACTH and cortisone, administered to patients under the supervision of Dr. Nathanson, Dr. Kelley, and Dr. William H. Baker, must await the completion of the data-gathering process which is now in full swing. All the new drugs which have been used so far have one characteristic in common — any inhibiting influence they may exert proves to be temporary. Of course, it is encouraging that any influence can be obtained, but why the cancer breaks through this inhibition and starts growing again remains an enigma which must be solved.

Evidence for this may be gleaned from looking at the pathological reactions in the cancers. Good increase in knowledge has occurred recently in analyzing chemical reactions in single tissue cells, and we are utilizing these techniques. Analysis has been made by Dr. William J. Emerson, and continues under Dr. Edgar B. Taft, of the histological and cytochemical changes which occurred in the cases of cancer of the breast which had received hormonal therapy. In this connection, Dr. Jesse F. Scott has been working on the application of spectroscopic methods to the pathological materials of this laboratory, through the facilities of the Department of Biology at the Massachusetts Institute of Technology.

One of the best features of present-day work on cancer is the ready interchange of ideas and the sharing of facilities by the workers in this and allied fields. There is close cooperation among the investigators in our own laboratories, and they are able to call on such men as Drs. Albright, Bauer, Butler, Lipmann, Means, and Meigs within the hospital for advice and assistance in the various phases of the problem. The close relationship with Harvard and the Massachusetts Institute of Technology makes it possible to draw on the scientific minds of these institutions for help — notably Professor Robley D. Evans and Professor Francis O. Schmitt at the Massachusetts Institute of Technology, and, from Harvard, Dr. Arthur K. Solomon for information on new counting devices and on problems in physics, Professor R. B. Woodward for help in synthetic organic chemical problems, Professor A. Baird Hastings for valuable advice on problems in biological chemistry, and Professor George B. Wislocki for information on various phases of cytochemistry.

By this cooperation it has been possible to give young investigators a broad training in our laboratories, and whenever special assistance or the acquiring of new techniques was desirable, these institutions have always been most cooperative.

Some of our staff members, in turn, act in a tutorial capacity in the Biochemistry Department of Harvard College. In addition to lectures given by our people to medical students in various courses, an elective course in neoplastic disease is given to fourth year students of the Harvard Medical School by cooperation of the Tumor Clinic staff. Formerly this course was given once during the year to about ten students. This year the number of applicants has made it necessary to give the course four times.

One cannot think of the activities of the Huntington without acknowledgment of the public interest in cancer research which has resulted in support so wisely channeled into effective use through such organizations as the American Cancer Society, Inc., the National Cancer Institute, the U.S. Atomic Energy Commission, and other private foundations. Behind us are the years when grossly insufficient financial support interfered with work on cancer, and we have recently been able to expand our efforts in promising directions. The result is that we have become very crowded in our laboratories.

With this support it has been possible not only to train an able group of young scientists to carry on cancer research, but also to expand research work so that it is a well-coordinated coverage of many of the ramifications of the cancer problem. Information is gradually and painstakingly being gathered, and every resource is being made available for further progress. Thus, it is with gratitude for support and appreciation of the efforts of both scientific predecessors and contemporaries that we go into the new building, and take with us high hopes for future results in contributing to the knowledge of cancer.

Joseph C. Aub, M.D.,
Physician

* * *

The City of Boston was host to the American College of Surgeons during the thirty-sixth annual Clinical Congress, held from October 23 through October 27. Attendance far exceeded the original estimate and housing became a serious problem, but the Congress was, apparently, extremely satisfactory in every other respect, and the vast majority of comments from the visitors were very favorable in nature.

The Massachusetts General Hospital program was divided into three distinct presentations. First of all, there was the usual hospital program held in the Bigelow Amphitheatre and divided roughly into anatomic sub-groupings which permitted general surgery and all of the surgical specialties to review recent progress in the management of their specific types of disease. Simultaneously, each morning, there was presented a refresher course which permitted a very intensive and concentrated review of five specific subjects selected by the Central Committee. Finally, there was the official television program which took the place of the operative clinic usually presented during the Clinical Congress.

Although many attractions were offered simultaneously during this crowded week, every one of our presentations was well attended and well received. The surgeons on the television performed daily before capacity audiences at Mechanics Hall. One receiver was installed on 3A of the White Building — a courtesy extended by Smith, Kline & French, and gratefully received by the Hospital Staff, for it enabled any member of the hospital family, who wished to do so, to participate, to some extent, in this program, where otherwise it might not have been possible at all.

Of course, many an alumnus of M.G.H. took this opportunity to make "the trip to Mecca", some coming from as far away as the states of Oklahoma, Nevada, and Washington.

Interest in the Congress was evidenced outside professional ranks. For instance, Lamson Hubbard volunteered to contribute one of their Boylston Street windows for a display of old surgical instruments and other items pertaining to the history of surgery and anesthesia at M.G.H. People from all walks of life crowded about the window during the entire period of the exhibit; and interesting, indeed, were the comments overheard and the questions put to us by the onlookers, as we mingled anonymously with the crowd to witness their reactions.

The extraordinary success of the meeting was due, primarily, to the wholehearted cooperation of every individual in the hospital who was asked to take any part in it. It was very gratifying to notice with what willingness this help was given, and such responses certainly made the duties of those of us entrusted with the organization of the program extremely easy to carry out.

H. U.

A Postgraduate Course in Gynecology was given to 40 students, through the Harvard Medical School, October 9-21. The lectures were given by members of the MGH staff and a few people from other hospitals who were invited to lecture.

Among the postgraduate students attending was one of our own former residents—Dr. Nathan D. Munro (*ES* 1942 & *r.s.* 1944), from Grosse Point, Michigan. Dr. Donald N. Sweeny, Jr., another of our former residents (*WS* 1941 & *r.s.* 1943), had registered for the course, but had to cancel at the last moment because of illness in his family.

The 16th Postgraduate Course in the Treatment of Fractures and Other Traumatic Conditions was given at the Massachusetts General Hospital, under the auspices of the Harvard Medical School, from the 30th of October to the 4th of November, inclusive. This year there were 86 students registered—the largest number to take the course since the war.

As is well known to readers of THE NEWS, this Postgraduate Course was first given in 1928, and, with a few interruptions, has been offered every year since that time. In more recent years—particularly since the war—its scope has been broadened to include trauma other than that resulting from fractures, so that it now encompasses the management of soft tissue injuries, chest and abdominal wounds, burns, bone metabolism, treatment of surgical shock, injuries to the central nervous system, etc. This year, the students represented 25 states of the U.S.A., as well as Canada and France. Taking part as instructors were 37 members of the various medical and surgical departments of the Massachusetts General Hospital.

During the years that the course has been given, there have been 1366 students from all the states in the Union and from ten foreign countries.

The School of Nursing has opened the Flower Shop for a second season. The corner of the corridor near the General Store is bright again with roses, carnations, asters, azaleas, and other lovely flowers, on sale for patients' visitors and members of the hospital family.

The Flower Shop was originally established by the School of Nursing in the spring of 1950, primarily to bring more flowers into the hospital to brighten wards and corridors, and secondarily as a means of securing a small but continuous contribution to the Nursing School Endowment Fund. As the project has continued, two other values have been found: first, a patient on the ward, lonely because of the lack of visitors or tangible remembrances, may receive a bunch of flowers from the School of Nursing; and secondly, a student nurse who loves flowers and wishes opportunity for self-help may work from two to four hours a week in her spare time to add to her spending money.

The shop will sell special flower arrangements for dinner parties and teas. Corsages may be ordered. Flowers or plants will be delivered to patients in all divisions of the hospital as ordered. Visitors and orders are welcomed.

R. S.

OFFICIAL NOTICE

Blood plasma is badly needed for civilian defense. The stocks in this hospital and in the state at large are critically low. Should a bombing occur, we could not handle our needs.

Please give your blood now, and encourage all who are interested in the hospital or in civilian welfare to do so.

The Blood Bank has removed all restrictions on donors (except those pertaining to the donor's own health) in stock-piling blood plasma to be labeled "for emergency use only". This means that persons who have had jaundice, malaria, allergies, etc. may now give blood if they are between 18 and 60 and pass the bank tests. Blood from those who have been jaundiced will be converted by the state into serum albumin. The rest of the blood can be given safely in an emergency.

DO YOUR PART. THE NEED IS GREAT.

Lamar Soutter, M.D.,
Director of the Blood Bank

RADIOLOGY DEPARTMENT

Once again Dr. Robbins has very kindly taken the time and trouble to send us bits of news concerning present and past members of his department. We do so wish other Heads of Services would follow suit.

Here are Dr. Robbins's notes:

Dr. Joseph Hanelin, Associate Radiologist, in association with Drs. Armin Klein, Robert J. Joplin, and John A. Reidy of the Orthopedic Surgery Department, presented a paper and an exhibit entitled "Roentgenographic features of slipped capital femoral epiphysis", at the annual meeting of the American Roentgen Ray Society in St. Louis in September. Their exhibit received honorable mention.

The following men have left for active military service: Dr. J. Garland Wood is now stationed at Tripler General Hospital, Honolulu, and Dr. Donald W. S. Stiff now has an APO number from San Francisco.

* * *

New addresses:—

Dr. Clemens E. Benda (*a. Psychiat.*), 21 Bay State Road, Boston, Mass.
Dr. Peter T. Brooks (*ES* 1943), 214 Drumheller Bldg., Walla Walla, Wash.
Dr. Richard R. Carter (*r.p. N* 1942), 553 Medical Arts Bldg., Portland 5, Oreg.
Dr. Norman E. Freeman (*r.s. WS* 1935), 1435 Fourth Ave., San Francisco 22, Cal.
Dr. John L. Fromer (*clin. a. D*), 66 Arnold Road, Wellesley Hills 82, Mass.
Dr. Richard E. Goldsmith (*clin. & res. fel. M* 1950), 2347 Madison Road, Cincinnati 8, Ohio.
Mr. and Mrs. Francis C. Gray (Mr. Gray is Chairman of our Board of Trustees, and Mrs. Gray is a member of our Ladies' Visiting Committee), 62 Beacon St., Boston 8, Mass.
Dr. C. Guy Lane (*Bd. of Consult.*), 220 Marlborough St., Boston, Mass.
Dr. Wilfred Leith (*clin. & res. fel. M* 1950), Royal Victoria Hospital, Montreal, Canada.
Dr. Allen P. Winsor (*WM* 1919 & *WS* 1921), 1101 Beacon St., Brookline 46, Mass.

MASSACHUSETTS EYE & EAR INFIRMARY

Open House, held at the Infirmary on October 19, gave many of Boston's doctors their first opportunity to see our new operating suites and medical facilities which now make it possible for the Infirmary to give more complete service to the community. The operating rooms have the latest developments in hospital construction and equipment, including conductive flooring, air-conditioning, and stainless steel equipment throughout. Three viewing galleries, with two-way speaker systems and binoculars that enable the student to observe minute surgery, make for ideal teaching possibilities.

The doctors viewed operations from the galleries from 10 to 11, when the operating floor was opened for first-hand inspection. Coffee was served in the Surgeons' Parlor, and there were individual tours to observe the rest of the Infirmary's reconstruction.

During the Boston meeting of the American College of Surgeons, held October 23-27, the operating rooms and clinics of the Infirmary were open to the visiting surgeons. Over 140 doctors visited the Infirmary, most of them to observe operations from the Infirmary's new galleries in the OR.

One of the highlights of the ACS's conferences and symposiums was the meeting of surgeons interested in Otorhinolaryngology, where, before 150 doctors, a five-year-old child took part in a demonstration of the speech classes offered at the Infirmary. Robert Seamans, "educationally deaf" since birth, recited nursery rhymes in a clear childish voice. His teacher, Miss Helen Patton of the Clinic for the Deaf, explained her methods of speech training which have made it possible for Robert to attend 1st grade in the regular schools. Dr. Philip E. Meltzer, Surgeon in charge of the Clinic for the Deaf, spoke on the importance of new electronic devices in the rehabilitation of the hard-of-hearing person.

Three Infirmary doctors gave instructing courses at the Academy of Ophthalmology and Oto-Laryngology, held October 7-13 in Chicago. Dr. Werner Mueller, Director of the Bacteriology Laboratory at the Infirmary, spoke on "Audiometry"; Dr. Harris P. Mosher, formerly Chief of Oto-Laryngology, gave a course on "The esophagus"; and Dr. Philip E. Meltzer conducted a two-day seminar on "The practical approach in the management of deafness".

Dr. LeRoy A. Schall, Chief of Oto-Laryngology, took part in a symposium on "Cancer" at the Academy meetings.

Miss Ann Stromberg, head of the Orthoptic Clinic, attended the meeting of the American Association of Orthoptic Technicians, held in Chicago on October 7-13 in conjunction with the meetings of the Academy of Ophthalmology and Oto-Laryngology. She was accompanied by Miss Carol Densmore of Worcester, a former student in Orthoptics at Simmons College, who took her practical training at the Infirmary.

The Infirmary was privileged to have two distinguished visitors from abroad during November. Dr. Hector Jorge, Chief Neck Surgeon at the Cancer Hospital in Buenos Aires, and Dr. Gavin Livingston of the Radcliffe Infirmary, Oxford, England, spent several days observing in the Infirmary clinics and operating rooms. Both doctors were guests of the Oto-Laryngology Service.

Dr. Warren B. Haley and Dr. M. Wayne Woodard completed their residencies in Ophthalmology on October 31. Both Dr. Haley and Dr. Woodard will remain in New England. Dr. Woodard will join Dr. Brendan D. Leahey at 9 Central Street, Lowell, and Dr. Haley will have two offices — 1180 Beacon Street, Brookline, with Dr. Mahlon T. Easton, and 27 Lloyd Street in Winchester.

Dr. Volker Stapff of Montevideo, Uruguay, has been appointed resident in Oto-Laryngology, to commence December 1. Dr. Stapff is taking the Basic Science Course in Oto-Laryngology at Harvard Medical School and working in the Mosher Laboratory prior to the beginning of his residency.

The Ophthalmic Staff will hold its semiannual dinner meeting on December 12 in Vanderbilt Hall dining room, Harvard Medical School. The meeting is under the supervision of Dr. Merrill J. King.

Dr. John J. Shea, resident in Oto-Laryngology, and Dr. Robert Fink, recently appointed resident in Ophthalmology, were called into active service of the armed forces in October. Dr. Fink is stationed at San Diego Naval Hospital, San Diego, California. Dr. Shea, who holds a Navy commission, has been transferred by the Navy to the Army and is now serving in Texas. Dr. Joseph Ginsburg was called by the Ophthalmic Staff to take the place of Dr. Fink.

The Board of Trustees, at their meetings on October 6 and 20, and November 3, voted:

To grant leave of absence to Dr. William N. Christenson for one year, for military service;
To accept the resignation of Dr. Lewis Francis from the position of Assistant Anesthetist, as of October 15;
To grant leave of absence to Dr. Gustav G. Kaufmann, Assistant in Medicine, during his military service.

To appoint:

Dr. Robert L. Berg as Assistant to the Director for Research and Education, effective January 1, 1951;
Dr. Thornton Brown as Assistant in Orthopedic Surgery, as of October 1;
Dr. Richard B. Cohen as First Assistant Resident in Pathology, for the year beginning July 1, 1951;
Dr. Donald T. Devine as Intern on the Children's Medical Service, beginning July 1, 1951;
Dr. Basil C. Gray as Assistant in Dermatology;
Dr. Phillips Hallowell as Assistant Resident in Anesthesia, beginning November 1;
Dr. Clara R. Johns as Assistant Resident in Psychiatry, beginning July 1, 1951;
Dr. Carroll B. Larson to the Board of Consultation;
Dr. Merrill Parelhoff as Assistant Resident in Anesthesia, beginning July 1, 1951;
Dr. Arthur H. Rosenbloom as First Assistant Resident in Pathology, for the year beginning July 1, 1951;
Dr. Arthur S. Spangler as Assistant in Dermatology;
Dr. Robert F. Tilley as Assistant in Dermatology.

At their meetings on October 11, 18 and 25, and on November 1, the General Executive Committee voted:

To reinstate Dr. Arthur S. Keats as Assistant Resident in Anesthesia, as of September 1;
To continue the appointment of Dr. George D. Ludwig as Research Fellow in Surgery, assigned to Neurosurgery, until November 15;
To reappoint Dr. Albert J. D. Michel as Clinical and Research Fellow in Surgery, through June 30, 1951;
To assign Dr. John McL. Morris to the Gynecological Service of the Tumor Clinic;
To reappoint Dr. Morton Grove Rasmussen as Clinical and Research Fellow in Surgery, assigned to the Blood Bank.

To promote:

Dr. Frank R. L. Egloff to the position of Resident in Psychiatry, beginning January 1, 1951;
Dr. Morton N. Swartz to the position of Chief Resident in Medicine, effective January 1, 1952;
The following Interns to the rank of Assistant Residents:
  Dr. Cronkhite
  Dr. Field
  Dr. Ford
  Dr. Haut
  Dr. Isselbacher
  Dr. Laster
  Dr. Rukes
  Dr. Wood
The following Assistant Residents to Residents, as of January 1, 1951:
  Dr. Ehrenkranz
  Dr. Gottschalk
  Dr. Owen
  Dr. St. Goar

The General Executive Committee also voted to appoint:

Dr. Consuelo O. Aguirre as Graduate Student Assistant, assigned to the Children's Medical Service, as of October 1;
Dr. Robert V. Coxon as Research Fellow in Medicine, effective October 18;
Dr. Donald Gribetz as Clinical and Research Fellow on the Children's Medical Service, as of October 1;
Dr. Mary Yun-Chen Kao as Graduate Student Assistant, assigned to the Children's Medical Service, as of October 1;
Dr. George A. McCormack as Clinical and Research Fellow in Surgery, assigned to Gynecology, as of October 1;
Dr. Audley R. Mamby as Clinical and Research Fellow in Medicine, as of October 27;
Dr. Enrique L. Matta, Jr. as Graduate Student Assistant, assigned to the Children's Medical Service, as of October 1;
Mr. John W. Money as Research Fellow in Psychiatry, effective November 1;
Dr. Lu Kwang Shun as Graduate Student Assistant in Surgery, as of October 3;
Dr. Svein L. Sveinsson as Clinical and Research Fellow on the Children's Medical Service, as of October 1;
Dr. Henrik O. Tonning as Clinical and Research Fellow in Medicine, effective November 1.

STAFF PUBLICATIONS

A new procedure regarding the publication of titles of articles and books written by members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary staffs went into effect with the July — August issue of THE NEWS. Each month, titles of new publications will appear in THE NEWS. If you have not already done so, please send all titles of books and articles you have published since (and including) January 1, 1950, to Cora F. Holbrook, Editor of THE NEWS, and continue to send her all new titles each month.

As soon as the December titles have appeared in the January 1951 issue of THE NEWS, the lists will be assembled and published as the Massachusetts General Hospital—Massachusetts Eye and Ear Infirmary Publications for the calendar year 1950. Should you fail to report a title to THE NEWS, it will not appear in the assembled list.

Be sure to include complete data: 1) classification of material, such as Anesthesia, General Medicine, Laboratory Science, General Orthopedics, Orthopedic Surgery, Miscellaneous; 2) title of article; 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

Please pay special attention to 1), above. Several of the reports already received did not include classifications of material. In such instances where the titles failed to make the classifications obvious, much time had to be spent on examining the material or procuring this information from the authors.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following titles have been submitted, in addition to the 136 already published in THE NEWS:

Cardiology

Cohen, M. E., and White, P. D.
  Life situations, emotions and neurocirculatory asthenia (anxiety neurosis, neurasthenia, effort syndrome).
    A. Research Nerv. & Ment. Dis., Proc. 29: 832-869.

Craige, E., Alimurung, M. M., Bland, E. F., and Massell, B. F.
  The Q-T interval in rheumatic fever.
    Circulation 1:1338-1344.

Gertler, M. M., and Garn, S. M.
  Lipid interrelationship in health and in coronary artery disease.
    Science 112:14-16.

Gertler, M. M., Garn, S. M., and Bland, E. F.
  Age, serum cholesterol and coronary artery disease.
    Circulation 2:517-522.

No. 29 in a series of Staff photographs
Dr. Joseph C. Aub—Physician—Director, Medical Laboratories,
Collis P. Huntington Memorial Hospital of Harvard University

Gertler, M. M., Garn, S. M., and Lerman, J.
The interrelationships of serum cholesterol, cholesterol esters and phospholipids in health and in coronary artery disease.
Circulation 2:205-214.

Littmann, D., and Schaaf, R. S.
Therapeutic experiences with subacute bacterial endocarditis.
New England J. Med. 243:248-252.

Loofbourow, D., and Palmer, R. S.
Medical progress: Hypertension.
New England J. Med. 243:257-265; 295-307.

Messer, A. L., Hurst, J. W., Rappaport, M. B., and Sprague, H. B.
A study of the venous pulse in tricuspid valve disease.
Circulation 1:388-393.

Palmer, R. S.
Psyche and blood pressure.
J. A. M. A. 144: 295-298.

Rogers, H. M., Domeier, L. H., Brigham, F. G., and White, P. D.
Tricuspid stenosis with survival to the age of 61 years.
Am. Heart J. 39:761-767.

Schaaf, R. S., with the editorial assistance of E. F. Bland.
Cardiovascular diseases: Review of significant publications, July 1947 to June 1949.
Arch. Int. Med. 86:87-160.

Sprague, H. B., and Carmichael, D. B., Jr.
Rheumatic valvular disease in the aged.
Geriatrics 5:239-251.

White, J. C., and Bland, E. F.
Controle des tachycardies paroxystiques rebelles par sympathectomie (a propos de 7 observations).
Lyon chir. 45:395-402.

White, P. D.
Coronary thrombosis.
Scient. Am. 182:44-46, June.

White, P. D.
Facts and fancies about the heart, Part I.
Life & Health 65:6-7; 23.

White, P. D.
First world heart congress meets in Paris.
Am. Heart 1:5, Oct.-Dec.

White, P. D.
Historic delays in the application of knowledge about the heart.
J. M. A. Alabama 20:65-75.

White, P. D.
La médecine du coeur.
Diplomate 22:9-16.

White, P. D., Dimond, E. G., and Williams, A.
Follow-up study of one hundred private hypertensive patients with cardiovascular complications.
J. A. M. A. 143:1311-1317.

White, P. D., Hurst, J. W., and Fennell, R. H.
Survival to the age of seventy-five years with congenital pulmonary stenosis and patent foramen ovale.
Circulation 2:558-564.

General Medicine

Massell, B. F., Warren, J. E., and Sturgis, G. P.
Observations on the effects of ACTH in patients with rheumatic fever and rheumatic carditis.
In Proceedings of the First Clinical ACTH Conference, Philadelphia, Blakiston Co., pp. 405-418.

Sturgis, G. P.
The role of the Massachusetts Heart Association in the problem of subacute bacterial endocarditis.
New England Dent. J. 3:29-30.

Gynecology and Obstetrics

Meigs, J. V.
Enterocele.
In Progress in Gynecology, vol. II, J. V. Meigs and S. H. Sturgis, Editors, New York, Grune & Stratton, pp. 698-701.

Meigs, J. V.
Radical hysterectomy for cancer of the cervix with bilateral pelvic lymphadenectomy (the so-called Wertheim operation).
In Progress in Gynecology, vol. II, J. V. Meigs and S. H. Sturgis, Editors, New York, Grune & Stratton, pp. 540-560.

Neurology, Neurosurgery, and Psychiatry

Selverstone, B., and White, J. C.
Surgical treatment of the pain of pelvic disease.
In Progress in Gynecology, vol. II, J. V. Meigs and S. H. Sturgis, Editors, New York, Grune & Stratton, pp. 748-761.

Steinberg, D., and Selverstone, B.
Radioautography of cerebral tumors employing P^{32}.
Proc. Soc. Exper. Biol. & Med. 74:304-308.

White, J. C., Bidwell, R. LeR., and Kubik, C. S.
Meningioma of record size with unusual features.
J. Neurosurg. 7:455-460.

Ophthalmology

Copeland, R. L., and Kinsey, V. E.
Determination of volume of the posterior chamber of the rabbit's eye.
Arch. Ophth. 44:515-516.

Kinsey, V. E.
Physiologic chemistry of the eye: A review of papers published during 1949.
Arch. Ophth. 44:584-599.

Oto-Laryngology

Kelemen, G.
Colesteatoma del atico de origen traumatico.
Bol. Liga contra el cáncer 25:31-36.

Kelemen, G.
Nasal cavity of the guinea pig in experimental work.
Arch. Otolaryng. 52:579-596.

Physical Medicine

Watkins, A. L.
Boundaries of Physical Medicine.
Arch. Phys. Med. 31:623-628.

Miscellaneous

Sleeper, R.
Nursing care throughout fifty years.
Am. J. Nursing 50:586-589.

Books

Meigs, J. V., and Sturgis, S. H. (Editors)
Progress in Gynecology, vol. II.
New York, Grune & Stratton.

Brief bits:—

Dr. Robinson LeR. Bidwell (*ES* 1943) is practising neurosurgery at 203 State St., Portland, Maine.

We received a card which says on one side: "Introducing our new regional agent, Miss Locksley Anne Gardner, representing Locksley & Lytt Gardner enterprises, Ltd., 1752 Aberdeen Road, Towson 4, Md. See over for details." Elucidation being quite necessary at that point, we did "see over", and found: "Born 14 Oct. 1950, Johns Hopkins Hospital. Weight 8 lb. 3 oz."

Dr. Robert R. Linton (*WS* 1928), Visiting Surgeon on our staff, was the guest speaker at the scientific assembly of the 100th Annual Session of the Medical Society of the State of Pennsylvania, held in Philadelphia on October 16, and was also guest speaker at the Hecktoen Institute for Medical Research, in Chicago, on November 2.

THE NEWS

No. 97 Boston, Mass. January 1951

THE BRAIN WAVE LABORATORY

This laboratory celebrates its 14th birthday in March of this year. When it was opened in 1937, the two-channel Grass unit was housed in a ventilating hood of the abandoned kitchen on the first floor of the Bulfinch Building. The storage batteries hung by block and tackle over the secretary's desk, and the patient lay in a screened box by the side of a dumbwaiter door. An antique X-ray fluoroscope in another building produced such a torrent of aerial interference that operation could be done only during the noon hour or after 4:30 in the afternoon. It took a month or so to locate the source of the offending broadcast. The Maintenance Department at first was reluctant to make the necessary changes in the X-ray equipment to eliminate the interference. The Federal Communications Bureau came to our aid with a threat to compel the X-ray Department either to take out a commercial radio station license, with at least one news broadcast and a time signal a day, or alter their equipment and get off the air. The electroencephalographer spent as much time wandering about the hospital trying to persuade his colleagues to send their patients for the examination as he did in taking the actual tracings. Many patients refused to have the test on first sight of the apparatus which they felt sure was a shocking-machine, while others insisted their symptoms were disappearing, from a new type of electrical therapy which could not only read their thoughts but convert them into wiggly lines on a 2-inch paper strip.

Today the laboratory on the fourth floor of the same building, in efficient quarters (crowded, to be sure), performs each day a routine load of work for the hospital in the same way as does the X-ray Department. Patients from all divisions of the hospital come and go with a nonchalance one meets in the barber shop. There are now two 8-channel new Grass units and a 6-channel modernized one; a Walter automatic wave analyzer; and auxiliary equipment—such as cathode ray, stroboscope, tremor recorders, ergograph, etc. The records now appear in book form, 8 inches wide, and, after interpretation, they are entirely microfilmed for storage purposes. The records are entered on regular forms with the interpretations typed upon them, and carbon duplicates on punch cards remain in the laboratory for referral and investigation. A preliminary description by the technician is made at the time of the test and is immediately placed in the hospital record for the convenience and interest of the referring physician. A telephone call can bring one of the 8-channel machines to any part of the hospital for an emergency examination, or into the operating room to record the activity from an exposed brain. The routine examinations will run a bit over 3,000 in 1950—a ten-fold increase from the first full year of 1938. In the early days, from four to eight electrode placements were in general use in each examination. Now the minimum is nine, and many localization studies involve as many as twenty-four.

For ten years, we were limited to the scalp surface for the recording of the brain potentials. In 1948, MacLean, who worked in the laboratory for a year, devised a practical electrode that could be inserted easily, without local anesthesia, into the nasopharynx through the nose. One in each nares constitutes an efficient basal pair of recording electrodes. In the same year, Arellano of Lima, Peru, working with us on a Public Health Fellowship, produced a silver-tubular electrode that could be inserted into the external auditory canal and rest against the eardrum. Its position under the temporal lobe gave further scope to recording from the base of the brain. In the early days of electroencephalography, voluntary overbreathing was all that we had to bring out the latent abnormalities in the electrical pattern. Sargant of London, in his year with us, thoroughly explored this type of "activation", as it is called. He used a synchronized BMR machine to record the liters of air breathed per minute at rest and during voluntary and involuntary hyperpnea. He showed, for example, that patients with petit mal when at ease and relaxed, breathing at 4 to 5 liters per minute, might be seizure-free, but if emotionally disturbed breathed at 9 to 10 liters a minute, which produced a number of the minor seizures so characteristically shown on the brain wave record. During such seizures, Schwab showed that the reaction time to a bright neon light or a loud boat whistle (two of the examining rooms are equipped with both such electrically operated stimuli) was greatly prolonged or even absent. Brazier, who joined the staff of the laboratory in 1940 and has remained with us, has investigated the effects of low blood sugar, anoxia, sleep, and barbiturates on the electroencephalograms in a substantial group of normals—including air corps cadets. Her findings have led to a close collaboration with the Department of Anesthesia, under Dr. Beecher, in important specialized studies involving animals as well as humans. These are now being developed and expanded in that department.

In October 1949, Professor Henri Gastaut of Marseille, a leading French electroencephalographer, spent 10 days with us. He introduced the combined stroboscopic-metrazol technique of activating the electroencephalogram. Following his stimulating visit, this method of bringing out short myoclonic epileptic discharges in the brain wave record, as well as their brief clinical components, has been in regular use. It is particularly valuable in differentiating the idiopathic epileptic from the patient with automatisms. Many records which were either borderline or nonspecific under the usual recording technique showed by this procedure clear-cut seizure patterns.

Abbott, who joined our group in 1938, has organized and supervised the epileptic clinic and followed such patients under the new anti-epileptic drugs with electroencephalographic studies. Routine localization of brain tumors as a part of the neurological and neurosurgical examination has been a fruitful application of electroencephalography. Abbott has contributed much toward introducing better accuracy to such examinations—particularly in the group of subdural hematomata.

The staff of the laboratory has been active in the organization and activities of local, national, and international electroencephalographic endeavors. Abbott has been President of the Eastern Association of Electroencephalographers and is now Secretary of the American EEG Society. Brazier has been Treasurer of this national society since its inception in 1948 and is an editor of the EEG Journal. Schwab is now President of the American EEG Society and Managing Editor of the Journal, the U.S.A. office of which is on the same floor as the laboratory. He is also one of the vice presidents of the International EEG Federation, and Secretary for the Third International EEG Congress, which will convene at our hospital in August 1953.

The head technician of the laboratory is Miss Gray, who started with us as a part-time assistant in 1937. Miss Delaney is the laboratory secretary. Miss Bowker, Miss Galvin, and Miss Peterson are technicians, and Mr. Eckert and Mr. Miller are the electronic engineers. Mr. Bonazzi is in his second year of Veterans-Administration-sponsored training. Miss Garvey is our file clerk, and Miss Garrison the nurse.

There is a sort of EEG Laboratory metastasis at the McLean Hospital, where they have a 6-channel Grass machine which is run and maintained by our staff, and the records are interpreted by one of us.

From the start of the laboratory, elec-

REMOVE THESE EDGES FIRST
FOLD, CREASE AND TEAR ALONG PERFORATION

tromyograms have been done on the apparatus. This has led to close cooperation with Dr. Watkins's Department of Physical Medicine. At the present time, we share with him a new Meditron Cathode Ray oscillograph with a built-in steel tape recorder. This enables a record of the muscle action potentials to be stored either temporarily or permanently on the metal tape, plus any vocal comments or even clinical speech studies. At any time, the electromyogram on the tape may be played back into the loud-speaker and cathode ray screen. This can be used for teaching purposes or comparative clinical studies. Usually, a photograph of the original cathode ray tracings is obtained during the examination of the patient; but if, for any reason, the tracings are not satisfactory, a repeat picture—days or years later—can be easily procured from the steel tape record by the play-back. DeLorme, of the Department of Physical Medicine, has been most active in collaborating with us in electromyography and in the application of his progressive resistance exercise to some of our problems.

Since 1947, we have been actively investigating various new drugs in the alleviation of the symptoms of Parkinson's disease. This involves not only the use of the electromyogram, but also a number of laboratory and strength tests performed here. Grants-in-aid from the Geigy Co., Hoffmann-LaRoche Co., Lederle Laboratories, Searle Co., and Warner Drug Co. have enabled us to devote the necessary time, apparatus, and personnel to this clinical study. Leigh of London worked with us on this project in 1948, Tillman of Ontario in 1949, and Prichard of London in 1950. In November and December of 1950, Henry Barcroft of London arranged his American tour so that he might spend several weeks with us in a special study of the intravenous effect of adrenalin and noradrenalin on the tremor in patients with Parkinson's disease.

We have a project sponsored by the Office of Naval Research on Fatigue which involves the use of the Walter analyzer of the EEG, as well as electromyograms and ergographic studies.

We have helped examine and test apparatus for the A.M.A., and will be available for the examination of candidates for certification in Electroencephalography. A number of physicians and technicians have received their training here in the past fourteen years.

Both Brazier and Schwab have written books which will appear early this year. Brazier's is on Neurophysiology, and Schwab's on Clinical Electroencephalography.

The goal of such a laboratory as this is to be fully cooperative, by means of our specialized techniques, with all parts of the hospital in many of the research programs that are in operation. We feel that we have achieved this in a most pleasant manner with the Departments of Anesthesia (Beecher), Medicine (Means), Neurology (Kubik), Neurosurgery (J. C. White), Physical Medicine (Watkins), and Psychiatry (Cobb). The regular clinical cooperation with these and other departments has been most cordial. In closing, therefore, I feel we might well stress the most important factor in our growth and stability—namely, the extraordinary interest and cooperation of the clinical staff of this hospital. In addition, two sympathetic hospital Directors, Dr. Faxon and now Dr. Clark, an alert and efficient Maintenance Division under Kinsman, and the eagle eyes of Greenhood—all have made our life in this hospital pleasant, secure, and successful. Laboratories of this kind in other places do not fare so well, and it is for this reason that we wish to express our appreciation here.

Robert S. Schwab, M.D.,
Associate Neurologist

* * *

A gift of $200,000 to the Massachusetts General Hospital by the Kresge Foundation of Detroit was announced by Mr. Francis C. Gray, Chairman of our Board of Trustees, at the annual dinner of the Corporation and Trustees on December 4.

A letter from Mr. Paul W. Voorhies, President of the Kresge Foundation, said the award was "in recognition of the contributions to medical science being made in the research laboratories of the Massachusetts General Hospital."

Dr. Dean A. Clark said the gift has made it possible to complete the equipment of our new research building. Dr. Clark also spoke of the plans now under way for the construction of another important laboratory building for pathology and bacteriology studies. He said that $400,000 are now available for this proposed building, but that at least another $400,000 would have to be raised to complete it.

* * *

On November 24, the cornerstone of our nearly-finished $2,750,000 research building was laid, with Mr. John R. Macomber wielding the trowel.

The ceremony coincided with the annual meeting of our Scientific Advisory Committee of outside scientists. This committee, which reviews the research programs of M.G.H. and makes recommendations on policy matters to our Board of Trustees, includes two Nobel Prize winners—Dr. Herbert S. Gasser of New York, Director of the Rockefeller Institute, and Dr. Carl F. Cori of Washington University, St. Louis. Other members of the committee are Dr. Robert F. Loeb, Professor of Medicine at Columbia and Chief of Medical Services at Presbyterian Hospital, New York; Dr. Linus Pauling, California Institute of Technology; Dr. James R. Killian, Jr., President of Massachusetts Institute of Technology; and Dr. Lowell J. Reed, Vice President of Johns Hopkins University.

Other guests at the ceremony included members of our Board of Trustees and of the hospital staff.

* * *

As was to be expected, M.G.H. again went over the top in the 1950 Community Fund Drive. Our quota this year was $14,600. A total of $17,635.56 was contributed—121% of our goal.

* * *

WALTER WALKER PALMER

On October twenty-eighth last, at his farm in the Berkshires, died Walter Walker Palmer, East Medical 1911 and first Medical Resident, or "House Physician", as it was called in those days of 1915, of the Massachusetts General Hospital. Palmer, who was born in Southfield, Massachusetts in 1882, had graduated from Amherst College in 1905 and from the Harvard Medical School in 1910. He was the pupil of David L. Edsall and of Lawrence J. Henderson, and in the footsteps of these masters he rose to prominence in American medicine.

The writer, who followed him by one year in the Harvard Medical School, overlapped him in the internship. Those were the days of the old progressive or vertical house staff curriculum. The medical service consisted of four periods of four months each—subpup, pup, junior, and senior. The writer was subpup when Palmer was East Medical Senior. He also was Palmer's patient during a pneumonia of some sort in the period of his subpupship. Well does he remember the stimulating effect of the cheer and wit of Palmer's morning visits.

Between his internship and residency Palmer was the Henry P. Walcott Fellow. This fellowship, given by Dr. Frederick Cheever Shattuck, was designed to start young men of promise on investigative careers in medicine.

Palmer, who originally intended to go into private practice, had biochemical leanings and, in consequence, early came under the sway of Henderson. In order that he might work with Henderson, Edsall bestowed the Walcott Fellowship upon him. With Henderson, Palmer made pioneer studies on the factors which control the hydrogen ion concentration of the urine, and of the excretion of acid and base by the kidneys.

In 1915 he became Assistant in Medicine at the Rockefeller Institute, and from 1917 to 1919 he was Associate Professor of Medicine at Columbia and Acting Director of the Medical Service of the Presbyterian Hospital, New York. In 1919 he moved to Johns Hopkins as Associate Professor and Associate Visiting Physician to the Johns Hopkins Hospital, under the leadership of Dr. William Sidney Thayer (*WM* 1889). In 1921 he returned to Columbia as Bard Professor of Medicine and Director of the Medical Services of the Presbyterian Hospital, in which positions he continued until his retirement in 1947.

Retirement for Palmer did not mean the stopping of work. The City of New York, recognizing his ability, seized upon him to become Director of its Public Health Research Institute—an independent research laboratory supported in part by the city and in part by private gifts. The Institute conducts a broad program of fundamental medical research. It was a perfect job for Palmer to take up following his retirement from Columbia.

Throughout his career Palmer was a full-time man in medicine—a teacher and investigator. He was one of the pioneers in this type of clinical work and lived up to his early promise. He was honored with a Doctor of Science degree from Amherst in 1922, from Columbia in 1929, and from Princeton in 1949.

In his death the Massachusetts General Hospital loses a distinguished alumnus, and the country a valued medical leader. To his wife and three children who survive him his friends at the M.G.H. extend deep sympathy.

J. H. M.

The Board of Trustees, at their meetings on November 17 and December 1, voted to appoint:

Dr. Leonard Atkins as Second Assistant Resident in Pathology for one year, beginning July 1;

Dr. Effie O. Ellis as Intern on the Children's Medical Service from April 1 to June 30, and as Assistant Resident on the Children's Medical Service from July 1, 1951 to June 30, 1952;

Dr. Hanna Klaus as Second Assistant Resident in Pathology for one year, beginning July 1;

Dr. Leon Reznick as Assistant Resident in Dermatology for one year, beginning July 1;

Dr. George M. Walker as First Assistant Resident on the Surgical Service, beginning January 1.

At their meetings on November 8, 15, 22, and 29, the General Executive Committee voted to promote:

Dr. George L. Nardi from First Assistant Resident in Surgery to the rank of Resident in Surgery, as of January 1;

Dr. William A. Thomas from First Assistant Resident to Resident in Pathology for the period beginning July 1;

Dr. William R. Waddell from First Assistant Resident in Surgery to the rank of Resident in Surgery, as of January 1.

The General Executive Committee voted to promote the following members of the Surgical Resident Staff, effective as of November 1, 1950:

Dr. Benjamin A. Barnes from Third Assistant Resident to Second Assistant Resident;

Dr. James M. Davis from Second Assistant Resident to First Assistant Resident;

Dr. Hermes C. Grillo from Second Assistant Resident to First Assistant Resident;

Dr. Robert W. Hopkins from Second Assistant Resident to First Assistant Resident;

Dr. J. Roger Newstedt from First Assistant Resident to Resident;

Dr. Talmage W. Nielsen from Third Assistant Resident to Second Assistant Resident;

Dr. Paul S. Russell from Third Assistant Resident to Second Assistant Resident;

Dr. Weldon W. West from Second Assistant Resident to First Assistant Resident;

Dr. Roger E. Wilcox from Third Assistant Resident to Second Assistant Resident.

The General Executive Committee voted to appoint:

Dr. Sedad H. Atikkan as Clinical Fellow in Surgery, assigned to Endoscopy, for the period of November 1, 1950 to February 7, 1951;

Dr. Lincoln D. Clark as Clinical and Research Fellow in Psychiatry, assigned to Anesthesia, beginning January 1;

Dr. Louise S. Clark as Clinical and Research Fellow in Anesthesia for one year, beginning January 1;

Dr. Brigitte Ewert as Clinical Fellow to the Children's Medical Service, effective as of November 8, 1950;

Dr. Real A. Gelinas as Clinical Fellow in Surgery, assigned to Endoscopy, for the period of December 1, 1950 through March 31, 1951;

Dr. Marianne Rademaker as Clinical Fellow in Anesthesia for one year, beginning December 1, 1950;

Dr. Gustavo R. Serrano as Clinical Fellow in Surgery, assigned to Endoscopy, beginning January 1;

Dr. Thorkild Waino-Andersen as Fellow in Anesthesia for one year, beginning March 1;

Dr. Frank A. Warner as Clinical Assistant in Medicine.

The General Executive Committee also voted that Dr. Boris Senior's title be changed to that of Clinical and Research Fellow to the Children's Medical Service, as of September 28, 1950.

* * *

In Richmond over the week end of November 4, my host and hostess, Dr. and Mrs. William Branch Porter, did for me one of the pleasantest things in my experience.

On the Saturday afternoon I was with them, they were obliged to absent themselves for some hours at a wedding. I was planning to relax comfortably in their delightful house during this time, but they had other ideas. I found that they had arranged for me to give a cocktail party in their house to all the MGH medical alumni in Richmond. It was a very delightful thing to have these graduates come to me in that lovely house and in such an intimate manner. The following were present:

Basil B. Jones, East Medical 1918 and Children's Medical 1919

William R. Jordan, West Medical 1930

Morton M. Pinckney, West Medical 1932

William T. Thompson, Assistant Resident Physician 1941

Adney K. Sutphin, West Medical 1943 and Assistant Resident in Medicine 1946

George W. James, III, Medicine 1944

There were also present Reno R. Porter, who was a Cardiac Fellow in 1939, and Paul D. Camp, also a Cardiac Fellow here in 1930. The one absent member was Stuart Ragland, Jr. He could not attend, being here at M.G.H. on the job as Intern on the Medical Services.

It seemed to me a very auspicious gathering, and I suggested that those present form themselves into the MGH Club of Richmond, which they did enthusiastically, and elected Mike Pinckney as Permanent Secretary. It is now up to Mike to see that this society, so favorably founded, continues to live. It must have at least annual meetings, and it may have as many more as it likes.

It seemed to me that our readers would be interested in this bit of MGH history, and I am sure all will wish the MGH Club of Richmond the best of luck.

J. H. M.

Voluntary contributions of material for THE NEWS are always particularly appreciated. Such a contribution came recently from the OPD nurses, who say they will continue to send us information concerning their department. Here are their notes for this month:

On November 21, Dr. Irad B. Hardy, Jr. (*ES* 1939), Assistant in Surgery on our staff, was guest speaker at the Graduate Nurses' meeting. He showed slides and spoke on "Aortic aneurysms". This was the first of a series of talks to be given by staff members.

On December 14, Dr. Arthur S. Spangler (*r.p. D* 1945), Assistant in Dermatology on our staff, who had charge of a leper colony in the South Pacific while he was in the Navy during World War II, showed pictures and spoke on his experiences as a dermatologist in the tropics.

Brief bits:—

The first try-out of the atomic disaster plan of the Massachusetts General Hospital took place on November 19. Volunteers, acting as patients, were evacuated from M.G.H. and conveyed to emergency wards at McLean Hospital. Several hundred doctors, nurses, nurses' aides, transportation volunteers, Boston and Belmont police, auxiliary police, and civilian defense officials took part in the rehearsal—one of the first of its kind to be held in the country.

In response to a call from the Surgeon General of the Army, Dr. Henry K. Beecher, Chief of our Anesthesia Service, left suddenly for Korea on November 20, to be gone about a month. We hope to give you a report of his trip in the next issue.

Dr. Ronald C. Bishop (*M* 1945) began service as Instructor of Medicine at the University of Michigan on January 1. His new address is 2672 Maplewood Ave., East Ann Arbor, Mich.

Dr. Edward D. Churchill, Chief of our Surgical Services, was guest lecturer at the North Pacific Surgical Association, Tacoma, Washington, on November 17 and 18. His subjects were "Carcinoma of the lung" and "Cervicothoracic surgical problems". Dr. Churchill was made an Honorary Member of the Association.

Dr. Ernest M. Daland, Visiting Surgeon at M.G.H., was named President of the Massachusetts Division of the American Cancer Society at a meeting of the Directors on November 15.

Through the generosity of the late Mrs. James B. Noyes and in memory of her great-grandfather, Rev. John Bartlett, whose interest in the mentally ill contributed toward the establishment of the McLean Hospital, the organ in the Samuel Eliot Memorial Chapel has been modernized. The organ will be heard frequently in recitals for the patients, and each Sunday afternoon for church services.

The MGH-Harvard Burn Study Group was represented at the National Research Council Burns Symposium, November 2 to 4, by Drs. Oliver Cope, Bradford Cannon, John Raker, and Ann Wight. Dr. Cope presented a paper on "Fluid and electrolyte requirements in burns".

New addresses:—

Dr. Terry E. Lilly, Jr. (*ES* 1943), 5714 McGee St., Kansas City 2, Mo.

Lt. Samuel M. McCann, MC, USAR (*M* 1950), Army Medical Service Graduate School, Washington, D. C.

Dr. Alexander G. Matoltsy (*res. fel. D*), 34 Cushing Ave., Belmont, Mass.

Lt. Edgar J. Schoen, MC, USNR (*CM* 1950), BOQA-1, Room 107, Naval Training Station, Newport, R. I.

Dr. Alfred Yankauer (*CM* 1941), 44 Marshall St., Rochester 9, N. Y.

MASSACHUSETTS EYE & EAR INFIRMARY

Dr. V. Everett Kinsey, member of the staff of the Howe Laboratory of Ophthalmology at the Infirmary and Assistant Professor in Ophthalmic Research at the Harvard Medical School, has left as of December 1 for Detroit, Michigan. Dr. Kinsey has been appointed to the staff of the Kresge Eye Institute and is Professor of Ophthalmic Chemistry at Wayne University Medical School.

Dr. Kinsey came to the Howe Laboratory in 1940 from the University of Pittsburg School of Medicine, where he had been a research fellow in Ophthalmology. His work at the Infirmary has been primarily connected with the physiology and biochemistry of the eye, particularly in regard to the intra-ocular fluids and their relation to glaucoma.

During the war, Dr. Kinsey and his associates carried on research with war gases, under the auspices of the Office for Scientific Research and Development. A contract for atomic research was given Dr. Kinsey in 1950 by the Atomic Energy Commission, in recognition of his work with radiation and tracer elements.

In 1944 Dr. Kinsey was co-winner with Dr. David G. Cogan, Director of the Howe Laboratory, of the Warren Triennial Prize for research on the physiology of the cornea. Dr. Kinsey published a total of 50 papers on his work in the field of biochemistry and physiology of the eye while at the Howe Laboratory.

In 1947 Dr. Kinsey became director of the retrolental fibroplasia project which had previously been started under the direction of the late Dr. Theodore L. Terry. The project combined laboratory research on blindness in premature infants with an active clinical program.

The clinical examination of all premature babies weighing less than 4 pounds, born at the Boston Lying-in Hospital, was conducted by Dr. Merrill J. King and Dr. Julian F. Chisholm, Jr. of the Infirmary staff. This clinical program was to observe the course of the disease in the infants, arresting it when possible and preventing secondary complications. The latest studies in retrolental fibroplasia, published in 1949 by Dr. Kinsey and Dr. Leona Zacharias, attempted to make a correlation between geographical incidence and treatments used. Some significance was attached to the use of vitamin A supplements (water-soluble form) and of iron in these premature children. Both Dr. Kinsey and Dr. Zacharias felt that a metabolic disease was primarily the cause of retrolental fibroplasia.

Dr. Kinsey will continue in an advisory capacity for the project, which will be maintained at the Infirmary under the support of the Foundation for Vision.

At a meeting of the Executive Committee held September 25, it was voted:

> To change the titles of Senior Clinical Assistant and Clinical Assistant in Ophthalmology and Clinical Assistant in Oto-Laryngology to Assistant in Ophthalmology and Assistant in Oto-Laryngology.

The title of Clinical Assistant will no longer be used.

A plan for the reorganization of the Oto-Laryngological Service of the Out-Patient Department has recently been inaugurated. The plan calls for an all-year-round service for the staff below the rank of Associate Surgeon. Each staff member is assigned to one day a week in the Out-Patient Department, and may also serve one day a week in the operating room if he so chooses.

Dr. Endre Balazs of Budapest arrived December 1 from Sweden to begin his work for the Infirmary Retina Service and the Retina Foundation, where he will serve for three years. Dr. Balazs received his M.D. from the Medical Faculty of the University of Budapest, where he later was appointed Assistant Professor at the Institute for Pharmacology. Since 1948 he has been a research fellow in the Wenner-Gren Foundation in Stockholm.

Two distinguished visitors from different parts of the globe have been observing at the Infirmary during the past two weeks. Dr. Mahomed Mortagy of Cairo, Egypt, was sent to the U.S. by the Egyptian Minister of Education, to study techniques of the separated retina operation. His travels have taken him across the country from San Francisco to the east coast.

Dr. P. G. Gerlings, well-known Oto-Laryngologist and organizer of the *International manual of Oto-Laryngology*, from Amsterdam, Holland, stopped in Boston on his return from a six-weeks' tour of the U.S. to observe in the operating rooms and clinics of the Infirmary. He was particularly interested in Dr. Moses H. Lurie's histological collection of experimental physiology of hearing.

Dr. LeRoy A. Schall, Chief of the Ear, Nose and Throat Service, and Dr. Philip E. Meltzer, Surgeon-in-Charge of the Winthrop Foundation, were visitors at the University of Iowa, November 28 and 29, where they gave lectures—Dr. Meltzer on "Fenestration" and Dr. Schall on "Cancer of the larynx".

Dr. Warren D. Haley, who recently completed his residency, has been appointed Assistant on the Ophthalmological staff.

Dr. Herbert J. Dietrich, Resident in Oto-Laryngology, finished his service at the Infirmary on January 1. He will remain for three months at his home in Philadelphia and will then leave for Europe to continue his studies.

The regular Alumni Luncheon was held in the Ear, Nose and Throat Clinic on November 15. Dr. Edgar M. Holmes was in charge of arrangements. A total of 55 alumni were on hand for the two-day meetings—some from as far away as Mississippi and Georgia.

Two nurses from the Royal Victoria Hospital in Montreal visited the Infirmary in December. Miss Elizabeth O'Neill of Montreal and Miss Patricia Scanlon of London were particularly interested in the operating room set-up and ward nursing.

A letter from Lt. John J. Shea, recently called into military service, came from the U.S. Army Hospital at Camp Breckinridge, Kentucky. Lieutenant Shea is one of several Navy doctors called into service and transferred to the Army. He states that he is the Chief of the Ear, Nose and Throat Service, in charge of a 22-bed ward and an active clinic. He and his wife and young daughter are living in nearby Evansville, Indiana.

STAFF PUBLICATIONS

It now seems reasonable to believe that all members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary staffs know that titles of new publications by staff members of both institutions appear each month in The News. Therefore, we are assuming that from now on it will not be necessary to include a detailed explanation of the procedure each month.

We have said in each issue of The News since the new plan went into effect last summer, that as soon as the December titles have appeared in the January 1951 issue, the opportunity to report 1950 titles will be closed and the lists as they have appeared in The News will be assembled and published as the Massachusetts General Hospital—Massachusetts Eye and Ear Infirmary Publications for 1950. However, since articles or books may have appeared between our December 12 deadline for this issue and the end of 1950, such titles must of necessity be included in our February number. Therefore, titles of late December publications will appear under 1950 in the February issue, followed by the first installment of the 1951 list.

Since it is necessary to make this arrangement for the late December publications, staff members may avail themselves of this *one last chance* to report any 1950 titles they have neglected to send in. Several titles already submitted after December 12 will appear in the February issue.

The convenience of learning of current titles through monthly listings in The News has elicited general acclaim. Please continue to send your titles promptly to Cora F. Holbrook, Editor of THE NEWS, together with 1) classification of material, 2) title of article, 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following titles have been submitted, in addition to the 170 already published in THE NEWS:

Cardiology

Cohen, M. E.
Studies of palmar hand sweat in healthy subjects and in patients with neurocirculatory asthenia (anxiety neurosis, neurasthenia, effort syndrome) with a description of a simple quantitative method.
Am. J. M. Sc. 220:496-507.

Dentistry

Thoma, K. H.
Diagnosis and treatment of odontogenic and fissural cysts.
Oral Surg., Oral Med., & Oral Path. 3:961-986.

Thoma, K. H.
The diagnosis and treatment of salivary cysts and stones.
Oral Surg., Oral Med., & Oral Path. 3:1087-1095.

Thoma, K. H., and Holland, D. J.
Peripheral osteotomy with tantalum gauze inserts for large mandibular tumors.
Oral Surg., Oral Med., & Oral Path. 3:830-842.

Dermatology

Swartz, J. H.
The infectious diseases: Fungous diseases.
In Therapeutics in Internal Medicine, Franklin A. Kyser, Editor, New York, Thomas Nelson & Sons, pp. 130-143.

General Surgery

Moore, F.D., Peete, W. P. J., Richardson, J. E., Erskine, J. M., Brooks, J. R., and Rogers, H.
The effect of definitive surgery on duodenal ulcer disease: A comparative study of surgical and non-surgical management in 997 cases.
Ann. Surg. 132:652-680.

Laboratory Science

McDermott, W. V., Fry, E. G., Brobeck, J. R., and Long, C. N. H.
Mechanism of control of adrenocorticotrophic hormone.
Yale J. Biol. & Med. 23:52-66.

McDermott, W. V., Fry, E. G., Brobeck, J. R., and Long, C. N. H.
Release of adrenocorticotrophic hormone by direct application of epinephrine to pituitary grafts.
Proc. Soc. Exper. Biol. & Med. 73:609-610.

Neurology, Neurosurgery, and Psychiatry

Nemiah, J. C.
Anorexia nervosa: A clinical psychiatric study.
Medicine 29:225-268.

Verzeano, M.
Time-patterns of speech in normal subjects.
J. Speech & Hearing Disorders 15:197-201.

Viets, H. R.
Myasthenia gravis.
In Current therapy, Philadelphia, W. B. Saunders Co., pp. 578-580.

Viets, H. R.
Thymectomy in myasthenia gravis.
Brit. M. J. 1:139-147.

Weisman, A. D.
The doctor-patient relationship: Its role in therapy.
Am. Pract. & Digest Treat. 1:1144-1151.

Orthopedic Surgery

Joplin, R. J.
Sling procedure for correction of splay-foot, metatarsus primus varus, and hallux valgus.
J. Bone & Joint Surg. 32-A:779-785.

Joplin, R. J.
Slipped capital femoral epiphysis.
In American Academy of Orthopedic Surgeons instructional course lectures, vol. 7, Ann Arbor, Mich., J. W. Edwards, pp. 210-217.

Oto-Laryngology

Lineback, M.
Nasal septal hemangiomas: Report of nine cases.
Ann. Otol., Rhin. & Laryng. 59:699-702.

Pediatrics

Bergstrom, W. H., Cook, C. D., Scannell, J., and Berenberg, W.
Situs inversus, bronchiectasis and sinusitis. Report of a family with two cases of Kartagener's triad and two additional cases of bronchiectasis among six siblings.
Pediat. 6:573-580.

Butler, A. M.
Medical progress: Diabetic coma.
New England J. Med. 243:648-659.

Lowe, C. U., Rourke, M., MacLachlan, E., and Butler, A. M.
Use of parenteral potassium therapy in surgical patients: Its role in preventing chloride loss.
Pediat. 6:183-191.

Physical Medicine

DeLorme, T. L., West, F. E., and Shriber, W. J.
Influence of progressive-resistance exercises on knee function following femoral fractures.
J. Bone & Joint Surg. 32-A:910-924.

Urology

Smith, G. G.
The treatment of carcinoma of the prostate.
J. Urol. 64:671-680.

Miscellaneous

Burns, J. H.
A guide to calling on the sick: A pastoral call can be a unique experience if the minister augments his dedication with disciplined methods of working.
Pastoral Psychol. 1:26-30.

Viets, H. R.
Boston Medical Library: Report of the Librarian.
New England J. Med. 242:936-942.

Books

Thoma, K. H.
Oral Pathology, 3d edition.
St. Louis, C. V. Mosby Co.

* * *

ADDITIONAL NOTE FROM DR. P. D. WHITE CONCERNING THE HISTORY OF THE CARDIAC LABORATORY AND CLINICS AT THE M.G.H.

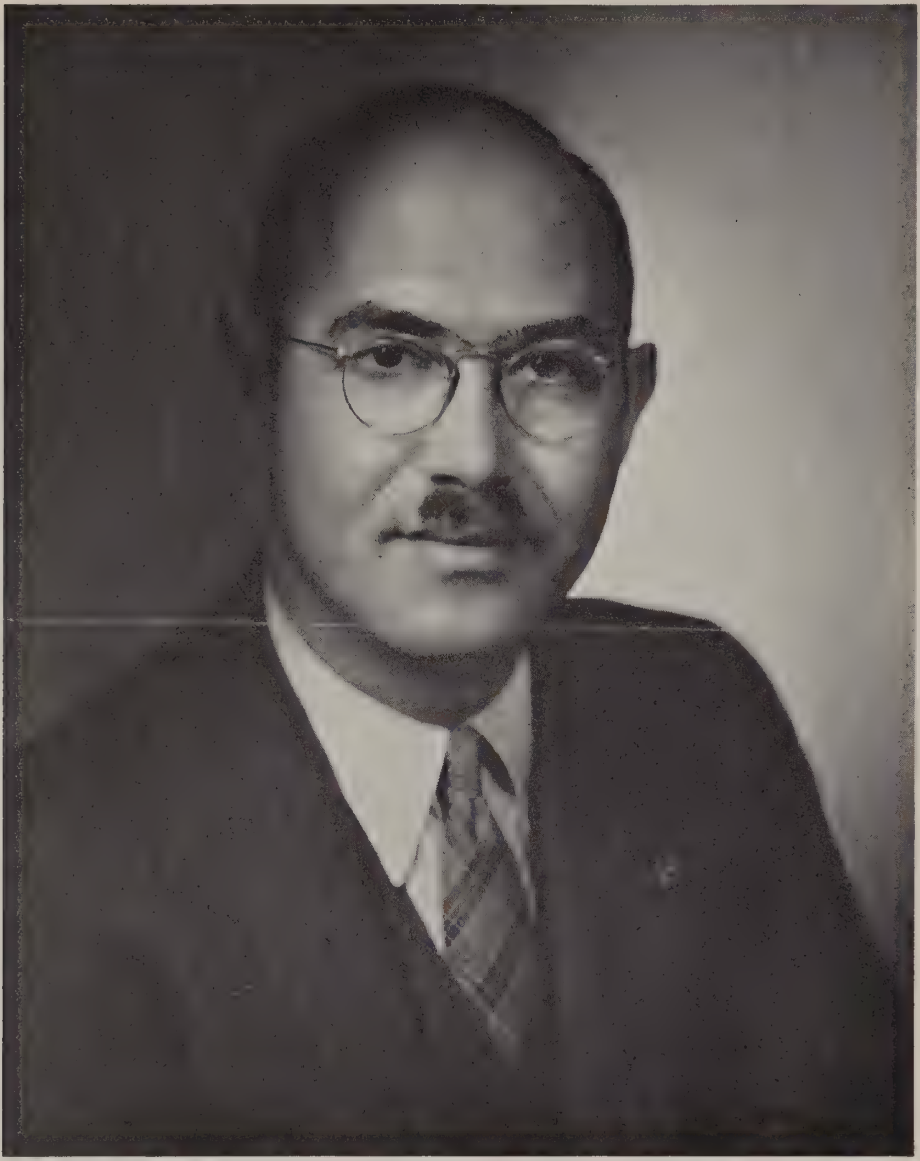
The interesting account of the history of the Cardiac Clinics and Laboratory by Dr. Bland in the November issue of THE NEWS was, it seemed to me, very well done, although I myself would like to give more credit to my many colleagues—in particular, Drs. Sprague and Bland themselves—in the development of the Laboratory and Clinics. There are, however, two or three items that might be added to round out the history more completely. I would refer to my Ether Day Address on the 90th Anniversary of Ether Day in 1936 for other particular details that might happen to interest one or another of the readers of THE NEWS.

It may also be of some interest that it was Dr. Richard Cabot who advised me strongly against specialization in heart disease. Richard Cabot always argued against specialization in any field, even that of letter-writing. On one occasion I had an entertaining platform debate with Dr. Cabot at the Boston School of Social Service — he taking the negative on the subject "Should one specialize in medicine?"

It was Dr. David L. Edsall, at that time the new Chief of Medicine at the Massachusetts General Hospital and Jackson Professor of Medicine at the Harvard Medical School, who inaugurated the special research laboratories (including that on the heart) and helped to foster the special clinics at the hospital. It happened that at the time of my graduation from the West Medical Service of the Massachusetts General Hospital, a patient of Dr. William H. ("Big Bill") Smith — namely, Mr. Francis Skinner—made a donation to the hospital for the purchase of an electrocardiograph. A few days before my graduation as house pupil, Dr. Edsall called me into his office and asked me if I would like to spend a year studying electrocardiography in London, to buy a machine at Cambridge, England, to bring it back with me, and to study it intensively so that I would know how to repair it. That night was a difficult one for decision, because I had all my plans made to enter the field of pediatrics. The chance to work with Mackenzie and Lewis in London, no matter of what use the electrocardiograph might be, and the advice of many friends persuaded me to accept the opportunity offered by Dr. Edsall. However, I would like to add that I did not fully desert the field of pediatrics, for I have continued to be much interested ever since in the health and hearts of children and for many years directed the Children's Heart Clinic in close touch with my many friends and colleagues on the Pediatric Service. I had served as the third house pupil of the new Pediatric Service at the M.G.H.

One might also add, as perhaps the most important fundamental cardiovascular contribution in the early days of the study at M.G.H. (second only to that, pointed out by Dr. Bland, of Richard Cabot's presentation of the fundamental importance of diagnosing the etiology of heart disease—the great value of which he himself did not appreciate at the time) a paper by Merrill M. Myers and me, entitled "Classification of cardiac diagnosis", published in the *Journal of the American Medical Association*, October 1921. This paper was the first to be published anywhere emphasizing the importance of a complete (triple) diagnosis of heart disease — first by etiology, second by structural defects (the old classical plan), and third, following Mackenzie, by its functional condition. Another paper worthy of special comment was that on "The reversibility of heart disease", in the *Illinois Medical Journal* of 1944. (White)

It continues to be an inspiration and joy to be permitted to play a part, even though of much limited scope, in the work of the Cardiac Group at the Massachusetts General Hospital, now under the able leadership of Dr. Edward F. Bland.



No. 30 in a series of Staff photographs
Dr. Robert S. Schwab—Associate Neurologist—Director of the Brain Wave Laboratory

With some reluctance I accede to a request to "say a few words about Korea" for The News. Conditions in Korea have changed so drastically since I left there in early June that comments based on experience before then may be idle. Further, most generalizing statements about Korea—including those made by Koreans—are somewhat suspect, since comprehensive methods of gathering information do not exist there. There are no Gallups or Hoopers in Korea.

Having made these reservations, I will answer quite dogmatically a few of the questions which have been put to me most often since the Korean war began:

What do the South Koreans think of Syngman Rhee? On the whole, he is the most influential man in Korea, due mainly to his long and apparently sincere efforts to achieve independence for his country. However, once in power, he has shown an autocratic streak of his own which has lost him much of his popularity.

How close is South Korea to being a real "democracy"? Not very, by our standards. The National Police, developed under Rhee with our blessing, include many hold-overs from the Japanese era and have little respect for due process of law. Nonetheless, anti-Rhee candidates for the legislature were successful in an election last May, despite a good deal of browbeating by the police. To me, this suggests that the Koreans were making considerable progress politically.

Is there any basic difference between North and South Koreans? Virtually none; somewhat less than there is between northerners and southerners in this country. The 38th parallel is a most unnatural boundary.

Who were happier, before the war—North or South Koreans? A Korean in America made the comment to me that Americans must have entertainment to be happy, but that Koreans are happy if they have enough to eat. By that standard, South Koreans were probably considerably better off. They were able to export some rice to Japan last year (though not without considerable protest against the government for doing it). The great stream of refugees moved from north to south, and few, if any, the other way. Probably both North and South Koreans were happier as they were than under the Japanese.

Do Koreans like Americans? They are almost pathetically proud of their country and really don't like any foreigners, including us—with some reason, for this is not the first time we have been involved in their affairs to their ultimate sorrow. However, relations were excellent while I was in Korea, and since the war began friends have written that South Korean civilians are uniformly friendly and helpful to our army.

What should be done with Korea now? Probably a long-term UN trusteeship should be set up, with a strong occupying force and intelligent and capable administrators, something notably lacking in our previous efforts in Korea. However, the word "trusteeship" should not be used—it is abhorrent to the Koreans and implies to them (through misunderstanding) the prospect of further delay in unifying their unnaturally divided country.

Would you like to go back to Korea? Yes—but not to stay!

Frederick C. Goetz, M.D.,
Resident in Medicine

We are glad to say that we found the little mail box flag with its head raised again during the past month—not raised as erectly as we wished, true enough, but not bowed as it had remained during the previous month.

This brief but interesting letter has come from Dr. William F. Havemeyer (*a.r.s.* 1948), with date line giving Box 308, Willcox, Arizona, as his address.

> I am busily engaged in general practice in Willcox and operate a small hospital—Valley Hospital—in the same town, which gives me abundant facilities for diagnosis and surgery. One does, however, get lonesome for the old haunts!
>
> I was married in New York on December 9. My wife and I are returning to Willcox to live for a year before I return to surgical training.

This is a first letter from Dr. Ferdinand Haase, Jr. (*past a. dir.*) since he left us to become Director of the Nathan Littauer Hospital in Gloversville, N. Y., and all of the many friends of the Haase family will be delighted to hear what he has to say.

> We enjoyed Dr. and Mrs. Faxon's visit with us early in November more than I can tell you. We certainly do miss Boston, the M.G.H., and all our good friends there.
>
> We find Gloversville a clean, friendly little city. It is a fine place for us to live. The children love it because of their freedom and many friends. As you might well guess, the chief industry is the making of gloves, seconded by the leather tanning industry.
>
> The hospital is more than you would expect in a community of this size (50,000 in the county—Fulton). I am having a lot of fun redecorating and introducing the use of color and some wallpaper into the patients' rooms.

THE NEWS

No. 98 Boston, Mass. February 1951

CHILDREN'S MEDICAL SERVICE ✓

The Children's Medical Service is enjoying the healthy and happy growth characteristic of an organism living in a particularly favorable environment (*see* Table I). Like the Babies' Hospital of the Presbyterian Medical Center, the Harriet Lane Home of the Johns Hopkins Hospital, the Pediatric Service of the Grace—New Haven Hospital, or the Pediatric Service of the New York Hospital, the Children's Service here at the Burnham Memorial Hospital for Children benefits by the knowledge and services compounded from all the departments and resources of a large general hospital. The well-being of a patient entering a hospital because of an ill-defined complaint may depend upon the availability and quality of any one of a dozen specialty services. Dependence on these specialized skills and services applies just as much to a pediatric service as to a medical service. Pediatrics is no more a specialty than is internal medicine, the distinction between the two being that the former deals with that third of the population that is growing and maturing, whereas the latter deals with the two-thirds that have completed their development and may be experiencing degenerative changes. Therefore, the existence of a pediatric service and medical service in a general hospital permits a great economy in the utilization of consultant and specialty services. Moreover, it provides a continuity of care of patients from infancy and childhood through adolescence and adult life and an integration of family health and medical services which are highly desirable.

Table I

Comparison of approximate figures for Children's Medical Service, illustrating growth from 1941 through 1949

	1941	1949
Full-time physicians with salary	1	3
Part-time physicians with salary*	0	8
Part-time physicians without salary	17	31
House Officers	5	10
Clinical and Research Fellows	1	15
Research Technicians	1	7
Out-patient new patients**	1200	2500
Out-patient return patients**	3900	6000
Out-patient total visits**	4100	8500
Total pediatric beds—M.G.H., Burnham, Eye and Ear Infirmary	80	130
Ward beds—M.G.H. or Burnham***	30	85
Average ward patients per day***	23	70
Total ward patients per year, M.G.H.***	350	1100
Pediatric Baker-type beds	?	21
Pediatric Baker-type patients	?	450

*Harvard Pediatric Study Staff not included

**Approximations

***Beds and patients in Emergency Ward, White 12, Eye and Ear Infirmary, and Baker Nursery not included, as numbers have remained fairly constant

In addition to the above, the Children's Service has obtained clinical opportunities at the Blossom Street Well-Baby Clinic, the Florence Crittenton Home, and in the Harvard Pediatric Study in Cambridge.

Rotation of house officers, through assignments at the Haynes Memorial Hospital and the Providence Lying-In Hospital, supplements the experience in contagious disease and care of newborns provided at the Burnham Memorial Hospital for Children, Massachusetts Eye and Ear Infirmary, M.G.H., Phillips House, and Baker Memorial Hospital.

This Children's Service is, perhaps, particularly fortunate in the degree of integration of total resources available for the care of its patients, teaching, and research. The physical facilities provided by the Burnham Memorial Hospital for Children, the MGH Emergency Ward, the isolation unit on the twelfth floor of the White Building, the Mallinckrodt metabolic unit in the Bulfinch Building, the Children's Unit in the remodeled Massachusetts Eye and Ear Infirmary, the Phillips House, and the Baker Memorial Hospital are excellent and diversified. The physicians caring for the infants, children, and adolescents in these various units and teaching the house staff and students include not only the pediatricians and the excellent general internists and surgeons, but also the outstanding specialists of this hospital. Among these last are the Harvard Medical School professors who are the chiefs of the following specialty or consultant groups at the M.G.H.: cancer, cardiology, dermatology, endocrinology, gastroenterology, gynecology, neurology, neurosurgery, ophthalmology, orthopedic surgery, oto-laryngology, psychiatry, rheumatology, and thoracic surgery. In addition to consultants in each of these various fields being available on call, each of these groups holds a consultant teaching conference every week, at which our pediatric cases may obtain the great benefit of group consultations.

This association with authorities in fields other than pediatrics is of obvious value in our teaching of pediatrics (*see* Table II). It is also essential to the training of the internists and surgeons in such a teaching center as the M.G.H. because they, as distinguished from pediatricians and "pediatric" surgeons, provide the medical and surgical care to some 70 percent of the children of this country. Incidentally, such education of internists in pediatrics seems more beneficial to the care of children in this country than having pediatricians spend a part of their training period in adult medicine learning geriatrics which they will never be concerned with again. The joint care of pediatric surgical patients by surgeons and pediatricians broadens the education and experience of both. The regular rotation of MGH medical interns through assignments in the Burnham Memorial Hospital for Children not only provides a period of pediatric training to internists but also makes the knowledge of the medical house staff available to the pediatric staff.

Table II

Teaching activities—Pediatrics
Massachusetts General Hospital

Lectures to 1st, 2d, and 3d year classes, Harvard Medical School
Two-fifths of 4th year clinical pediatrics
Elective course in 4th year pediatrics
Elective course in child psychiatry
Two-weeks' intensive graduate course in pediatrics (20-60 physicians)
Five-day graduate course in pediatric endocrinology (20-30 physicians)
Four- to eight-months' graduate course (4 graduate students at a time)
Teaching in child psychiatry to 4th year students, special graduate students and fellows, pediatric house officers, neurological service house officers, and psychiatrists from Veterans Hospitals
Pediatrics to Massachusetts General Hospital School of Nursing

We are very appreciative of the enthusiastic and expert services provided our infants, children, and adolescents by the other services, and also of the pleasant and effective relations that result from the notable lack of departmental possessiveness and jealousy here at the M.G.H. We trust the other departments benefit by this as much as we do, for the attainment by a hospital of its potentialities for quality and economy in teaching and care of patients is proportional not only to the diversity of its services but also to such integration as mentioned.

This coordination of pediatric and general hospital services favors not only breadth and quality in patient care and teaching but also an economy and organization of medical services that are important enough to deserve further comment. First, from such data as are available, provision of medical care to children under a prepayment plan that does not include parents and other adults may carry a cost per child that would deter voluntary enrollment in an insurance plan. The total services of the general hospital, therefore, are better suited to financing and distributing the costs of medical care by insurance than are the categorically limited services of a children's hospital. Second, the growing experience of our closely linked services of child psychiatry and adult psychiatry indicates the importance of dealing with the family as a whole rather than with a patient as an isolated individual. It is only by this means that the etiologic and therapeutic implications of the interrelationships of the individual child to his siblings, parents, inheritance, education, religious tradition, and economic and social status may be considered. Third, to give the family, which is the basic social unit of our society, the importance in medical care and education that it deserves, our teaching hospitals should provide means of integrating medical care in the home, the well-baby clinic, the ambulatory or outpatient clinic, and the hospital ward. As a step to this end, the Children's Service is expanding its home service to patients coming to the M.G.H. for care, who live in sections adjacent to the city and who have no private physician. In providing this family service, we hope the family physicians of the area, visiting nurses, and social service workers will participate as effectively as possible. This should permit an efficient and economical utilization of community professional personnel and facilities, and provide a service that will incorporate the neglected field of family medicine into the training of medical students, house officers, and nurses.

In a hospital like the M.G.H. that recognizes the significance of clinical investigation and provides facilities for this purpose in many departments, pediatric research profits greatly by close contact with the research in progress in other departments. Joint undertakings are possible, because many conditions occur in the child and in the adult. Some studies that are difficult to accomplish in a small and uncooperative human being are simple in a large and cooperative subject. The ready access to adult patients may speed the progress of an experiment. Some conditions occur in what might be called purer form in the child than in the adult and hence are more easily studied in the former. Examples of the benefit of integrated research, teaching, and care of patients by the pediatric and other services of the M.G.H. are indicated in Table III.

Table III

Studies pursued in conjunction with other Services

The problem	Cooperating Services
Diabetes	Internal medicine and pediatrics
Parenteral therapy of surgical patients	Surgery and pediatrics
Nephritis	Internal medicine and pediatrics
Burns	Surgery and pediatrics
Cancer	Huntington Memorial Cancer Hospital Service and pediatrics
Congenital anomalies	Cardiology, roentgenology, thoracic surgery, neurosurgery, orthopedic surgery, and pediatrics
Rheumatic fever	Cardiology and pediatrics
Rheumatoid arthritis	Arthritis Service and pediatrics
Psychiatry	Psychiatry and pediatrics
Nutrition	Gastroenterology and pediatrics
Poliomyelitis	Anesthesiology, laryngology, orthopedic surgery, physical medicine, neurology, psychiatry, and pediatrics
Allergic diseases	Allergy, dermatology, and pediatrics
Ulcerative colitis	Gastroenterology, surgery, psychiatry, and pediatrics

An undertaking yet to be accomplished to the satisfaction of all concerned is the operation of the Children's Medical Out-Patient on a real appointment basis. The aim is to have each patient, who is known to be coming to the clinic, given an appointment not only for a specified day but also for a specified time and specified doctor. Thus, doctor A will have appointments to see on day X new patient B at 9:45, new patient C at 10:15, new patient D at 10:45, return patient E at 11:15, and return patient F, who needs some special work-up that will be time consuming, at 11:30. Doctor A will be notified of these appointments the afternoon before day X. One doctor who will have no appointments will be in the clinic each day and thus be free to see patients who arrive without notification.

Finally, though the Burnham Memorial Hospital for Children was completed only 3 years ago and though our Child Psychiatry Service under Dr. Jessner has been functioning for but 2½ years, the demand for care of disturbed children is so great that the building of a seventh floor on the Burnham Memorial Hospital for Children is an imperative need. The plan has been drawn and a generous grant has provided one-third of the money to cover the estimated cost. We hope that others, by contributing their mite or much, will make possible the establishment of one of the few units in this country where children suffering psychiatric illness may be treated.

Allan M. Butler, M.D.,
Chief of Children's Medical Service

* * *

NEW TREATMENTS OF CEREBRAL VASCULAR ACCIDENTS

A number of papers claiming remarkable effectiveness of cervical sympathetic block with procaine in the treatment of hemiplegia from cerebral thrombosis or embolism have appeared, following an original suggestion made by Leriche in 1936. In this country, interest has recently been aroused by the enthusiastic reports of Gilbert and de Takats, and of Naffziger and Adams, and a popular article in *The Saturday Evening Post* entitled "They've learned something new about 'Strokes' ".

The careful studies of Cobb and his co-workers (The cerebral circulation: XXV. Remarks on clinical physiology. Ann. Int. Med. 7:292-302, 1933) cast serious doubts on the plausibility of these claims, as direct observations through a window in the skull of experimental animals showed very little dilatation of the cerebral vessels on interruption of the cervical sympathetic fibres. To Cobb and his group it seemed that a more effective increase in cerebral circulation could be brought about by inhalation of 5 percent carbon dioxide in oxygen.

The departments of the hospital interested in cerebral vascular disease are anxious to have an opportunity of studying a large number of cerebral vascular accidents and comparing the rate and extent of recovery in patients subjected to sympathetic block with untreated controls and others given inhalations of carbon dioxide in oxygen. The well-known variability of recovery from these conditions requires comparable observation of treated and control cases before any valid conclusions can be drawn. This has not been attempted by the authors of the previous reports, nor has the more physiological and simple method of treatment by carbon dioxide inhalation been given an adequate therapeutic test.

The undersigned are therefore requesting the staff to refer suitable cases in order that the value of treating cerebral vascular accidents by different methods purporting to increase collateral circulation may be assessed. It is very important to get the cases early; in fact, we would like to have them within a few hours of the thrombosis or embolism.

J. H. Means
Stanley Cobb
Charles S. Kubik
Henry K. Beecher
Donald P. Todd
James C. White

* * *

After serving devotedly and well for ten years as Chairman of the Ladies' Visiting Committee, Mrs. David B. Arnold resigned from her position on January 4.

In recognition of her many years of service, the Committee presented Mrs. Arnold with a very lovely silver bowl, of Paul Revere design, and bearing an etching of the Bulfinch Building and an inscription which expresses appreciation of Mrs. Arnold's generous services to the Ladies' Visiting Committee.

At the same meeting of the Committee, Mrs. Augustus Thorndike was elected as the new Chairman; Mrs. Edward D. Churchill was elected Vice Chairman; Mrs. Frederick Deane was re-elected Treasurer; Mrs. James T. Baldwin was re-elected Recording Secretary; and Mrs. Robert Baldwin was re-elected Corresponding Secretary.

* * *

The Board of Trustees has made two new appointments to the Administrative Staff. Mr. David C. Crockett, who has been Administrative Assistant to the Trustees for the past four years, is now Associate Director for resources and development in the hospital. Dr. Robert L. Berg (*M* 1944), who finished his residency here in December, is Assistant to the Director in the fields of research and education. The appointments became effective January 1.

* * *

Dr. Lezer has given us a new and higher figure for the MGH contribution to the 1950 Community Fund Drive. A final total of $20,121.08 was reached by the hospital, which, according to our arithmetic, is 137.8% of our quota, instead of the 121% reported in our January issue.

MASSACHUSETTS EYE & EAR INFIRMARY

The Infirmary paid tribute to Miss Annie Munro Robertson's loyal and faithful service as Assistant to the Director of the Massachusetts Eye and Ear Infirmary at a tea given at the Nurses' Residence on December 14. Miss Robertson, who resigned her position December 30, had been with the Infirmary for 23 years. Before a gathering of friends and co-workers, Dr. Nathaniel W. Faxon, former Director of the Infirmary, presented Miss Robertson with a wrist watch and a check from employees and staff.

The Board of Managers honored Miss Robertson with an Award of Merit "in recognition of loyal and distinguished service to the hospital and its patients above and beyond the requirements of duty", and an engraved silver tray. Also, in appreciation of her help and interest in their work, the Ladies' Visiting Committee presented Miss Robertson with a leather pocketbook and a check.

Miss Robertson was born in Danville, Quebec, and came to the United States in 1907 to enter the MGH Training School for Nurses, from which she graduated in 1910. During World War I she was an Army Nurse, stationed in France with Base Hospital #6 and a member of an operating team at the front with Dr. Lincoln Davis and Dr. Beth Vincent.

On her return from France she served in the OPD of the Montreal General Hospital until 1923, when she was called back to the M.G.H. to serve as Executive Assistant under Dr. Washburn. In 1927 she moved to the Infirmary as Assistant to the Director, where she served four Directors in the 23 years. Miss Robertson will make her home in Montreal with her sister, Miss Maude Robertson.

As successor to Miss Robertson, Mrs. Edward Wayland began her duties on January 1. An MGH graduate, from New Haven, Connecticut, Mrs. Wayland has had wide experience in executive management. She was Instructor of Nurses and Supervisor at the Infirmary shortly after her graduation and has filled several positions on the nursing staff at the M.G.H. After her marriage Mrs. Wayland held executive positions in Connecticut health agencies and hospitals, and from 1941 to 1945 was Superintendent of the Johnson Memorial Hospital in Stafford Springs, Connecticut.

The members of the medical, teaching, and social service staffs of the Winthrop Foundation were hosts on January 10 to a group of public and private school teachers at a symposium on "The rehabilitation problems of the deaf and hard-of-hearing child". Ninety teachers and principals attended the afternoon meeting, presided over by Dr. Donald K. Lewis, Associate Surgeon in charge of the Winthrop Foundation. "Medical aspects of rehabilitating the deaf and hard-of-hearing child" were discussed by Dr. Bernard Zonderman, Assistant Surgeon in charge of the children's study group at the Foundation. Miss Helen Patten, Director of the Speech Training Program, spoke on "Helping the deaf child to communicate". She was assisted by Miss Edith Rosenstein, speech teacher, and several young pupils. "Other community resources for the deaf and hard-of-hearing child" were reported by Miss Harriet Smith, Director of the Sarah Fuller Foundation for Little Deaf Children, and Miss Opal Fisher, Executive Director of the Boston Guild for the Hard of Hearing. Miss Madeline Shipsey, social worker for the Winthrop Foundation, spoke on "The social adjustment of the deaf child". The meeting closed with a sound movie entitled "Pay attention: Problems of hard-of-hearing children". This meeting was the second of a program inaugurated last year at the Winthrop Foundation.

The Executive Committee of the Infirmary held a special meeting on January 10 to make new medical appointments to the Ophthalmological and Oto-Laryngological staffs. For the ENT staff, Dr. Arnold S. Morel, Dr. Earle W. Rice, and Dr. Daniel E. M. McNamara were voted residencies, their services to begin at the discretion of Dr. LeRoy A. Schall. The Eye staff recommended Dr. Robert B. Leavelle, Dr. Raymond D. Sudarsky, Dr. Peter Beck, Dr. Joseph L. Dowling, Jr., Dr. Richard B. Chapman, Dr. Robert J. Herm, Dr. Carlos J. Margarida, with Dr. Bernard H. Zeavin, Dr. William E. Winn, Jr., and Dr. Wade Rockwood as alternates.

Miss Anita Mangiaracine, Director of the Bacteriology Laboratory at the Infirmary, spoke to the Medical and Surgical staffs of Murphy Army Hospital at Waltham on "Antibiotics" on December 17. Miss Mangiaracine has also had a paper accepted for publication by the *New England Journal of Medicine* on "Oral moniliasis following antibiotic therapy—A warning".

The Board of Trustees, at their meetings on December 15 and 29, voted:

To accept with regret the resignation of Dr. Somers H. Sturgis as Assistant Surgeon, effective January 1;

To invite Dr. A. L. d'Abreu to serve as Visiting Surgeon pro tem this winter;

To accept the proposal of the Bay State Medical Rehabilitation Clinic to establish a Rehabilitation Center in old Ward I;

To approve the appointment of Dr. Arthur L. Watkins as Medical Director of the Bay State Medical Rehabilitation Clinic.

To appoint:

Dr. Gordon Brownell as Associate in Physics, a three-year appointment effective January 1;

Dr. Manucher Javid as Second Assistant Resident in Neurosurgery for one year, beginning January 1;

Dr. J. Drennan Lowell as Assistant Resident in Orthopedic Surgery, beginning October 1, 1952;

Dr. Farahe Maloof as Assistant in Medicine, effective January 1;

Dr. Arthur F. O'Keeffe as First Assistant Resident on the Surgical Service, beginning January 1.

At their meetings during December 1950 and on January 3 and 10, 1951, the General Executive Committee voted to promote:

Dr. Ernest S. Crawford to the position of First Assistant Resident in Surgery, beginning January 1;

Dr. James J. Ferguson, Jr. from the position of Intern to that of Assistant Resident in Medicine, effective either July 1 or October 1, dependent upon the requirements of the military situation;

Dr. Stewart Ragland, Jr. from the position of Intern to that of Assistant Resident in Medicine, as of July 1.

To appoint:

Dr. Gregory Bard a Clinical Fellow in Physical Medicine for one year, beginning January 1;

Dr. Hudson H. Bates as Clinical Fellow in Psychiatry, effective January 1;

Dr. Jaime Cortazar as Graduate Student Assistant in Medicine, effective December 13, 1950;

Dr. Daniel Joly as Clinical and Research Fellow in Surgery for the period beginning January 2 and ending July 1;

Dr. Jules Laberge as Clinical Fellow in Radiology for one year, beginning January 1;

Dr. James R. O'Neill as Clinical and Research Fellow in Medicine, effective December 13, 1950;

Dr. William R. Waddell as Research Fellow in Surgery, beginning January 1, this appointment to run concurrently with his appointment as Resident in Surgery.

The General Executive Committee also voted to change Dr. Philip H. Henneman's title from that of Research Fellow in Medicine to that of Clinical and Research Fellow in Medicine, effective as of July 1, 1950.

* * *

At its meeting in Cleveland in December, the Board of Trustees of the American Medical Association elected Dr. Arthur L. Watkins a member of the Council on Physical Medicine and Rehabilitation.

* * *

Some time ago Mr. George E. Hamilton, genial custodian of our doctors' parking lot, instituted the custom of giving a prize each year to the person who had done the best job of parking. The prize for 1950—a box of nice chocolates—was awarded to Miss Muriel Dow of the O.P.D. Mr. Hamilton says that Miss Dow has set an example which might well be emulated by some of our doctors. He submits the following motto for general adoption: "Take an extra minute and park your car properly. We need every available inch of room."

GYNECOLOGICAL OUT-PATIENT CLINIC

The Gynecological Out-Patient Clinic was first opened on January 1, 1948, at the same time that the new Vincent Memorial Hospital was dedicated. The Vincent Memorial had existed as the Gynecological Service of the Massachusetts General since 1942, with Dr. Joe V. Meigs as Chief of Staff, and had been housed on White 7 and 8 during the war years. With the completion of the new Vincent Hospital and the opening of the ward beds came a new arrangement with the Surgical House and Resident Staff, i.e., they served full time on the Gynecological Service. Because of the need for additional ward bed patients and because of the need to teach the Resident Staff the office practice of gynecology, an Out-Patient Clinic became necessary. This Clinic has become an important cog in the gynecological machinery—feeding the ward with patients and serving as a teaching center for students, house officers, and postgraduate physicians.

The enthusiasm of the Resident and Visiting Staff has been real and helpful, and the Clinic has rapidly expanded during its brief three-year existence. At first, there were few new patients—only 4 in a five-month period in 1948. Now, approximately 25 new patients and 250 old patients are seen each month.

The physical set-up has had to expand to meet these increasing needs. The Clinic opened in a part of the Female Out-Patient Department. Considerable improvement has taken place, in spite of shortages and hospital deficits. All of the rooms have been attractively repainted and new flooring put down, and each room is fitted out with examining table, chairs, and writing desk. The dressing room now has four cubicles for disrobing and individual lockers for clothes. The hall has been changed into a waiting room, complete with magazines, tables, and electric fans—thoughtful gifts from the Vincent Club. The set-up of the Clinic has been rearranged so that there is no longer need to pass through examining rooms *en route* to the laboratory. In recent months, the remaining room on the floor, formerly occupied by the Veterans' Language Clinic, has been turned into a teaching room. This additional space has allowed us to function much more efficiently, giving the medical students a place to assemble. Here, also, the instructor has available a large blackboard. The discussion of the patient's illness is carried on here, avoiding the congestion in the laboratory or hall that used to occur. The patient can no longer overhear remarks about the possible seriousness of her disease. The Clinic secretary uses this room, too, and here the dictation is done which has so improved our records and our public relations.

For the past year the Clinic has had a full-time secretary to whom the Staff dictates all histories and descriptions of physical examinations. This has been made possible by funds resulting from the annual two-week Postgraduate Course in Gynecology presented by the department. This arrangement speeds up the Clinic and has vastly improved the records. The secretary helps to advance the public relations of the Gynecological Clinic. A letter is sent to every local doctor who refers a patient to the Clinic. If the patient is admitted to the house, a summary of the house admission is included. Our relations with the L.M.D. have so improved as a result, that several have commented favorably on the change.

We have been particularly fortunate in securing, through Mrs. Paul G. Courtney, Chief of the Volunteer Service, four Nurses' Aides. These Aides have given regularly of their time and energy, coming daily from 10 A.M. to 1 P.M. They do many tasks which free the nurses for more specialized duties. They manage the dressing room, chaperon the patients, run errands, and help in countless ways. These devoted women have materially aided the Staff in the care of the patient.

The majority of the patients on the Gynecological Ward come from the Out-Patient Clinic. In order to have the ward beds full, so that the Resident Staff can learn gynecological surgery, an active Out-Patient Clinic is a necessity. Each visiting man has a day in the Out-Patient and additional help is secured from members of the Obstetrical Staff. Visiting and Resident Staff can see patients together and free discussion of cases results. It is in the Out-Patient that the Resident Staff is offered the opportunity to learn about the problems seen in gynecological practice, especially problems in sterility and endocrinology.

The Gynecological Service has a teaching responsibility to the Harvard Medical students who take their 2d and 3d year surgery at the Massachusetts General Hospital. Each day four students report and work with the Staff. It is here that the art of physical diagnosis and the principles of gynecology can best be demonstrated and learned. Here the student is offered the opportunity to examine and treat his first patients, under the direct supervision of some member of the hospital Staff. Since he works both in the Out-Patient and on the hospital ward, he may follow the patient from admission to the Clinic through the hospital treatment and follow-up.

The Gynecological Service gives, for the Harvard Medical School, a six-months' Postgraduate Course. The men who have taken this course have been either doctors from foreign lands or American doctors in search of additional training for their American Board of Obstetrics and Gynecology requirements. These graduate students take an active part in the Out-Patient routine. Instruction in the medical aspects of gynecology often interests these men more than the very technical surgical procedures.

The Gynecological Out-Patient Department, in its three-year existence, has grown rapidly and is now a valuable part of the Gynecological Service.

Francis M. Ingersoll, M.D.,
Chief of Gynecological Out-Patient Clinic

Dr. Somers H. Sturgis left the Vincent Memorial Hospital on January 1, to assume his new duties as Chief of Gynecology at the Peter Bent Brigham Hospital. He will be greatly missed here by both patients and staff. We are sure he will be most successful in his new work, and we wish him the best of luck.

Dr. John McL. Morris is planning to go to Europe on a Damon Runyan Fellowship of the American Cancer Society to do some work in Stockholm and in England on radiation sensitivity of cancer. He plans to leave in February and return here next year. There is mounting evidence to the effect that he will take a bride with him. The wedding is to be a small one, just before the Morrises' departure on the Gripsholm on February 15.

STAFF PUBLICATIONS

The final installment of titles of 1950 publications by members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary staffs appears below. No 1951 titles were received before the deadline date for this issue. The lists, as they have appeared in THE NEWS since last summer, will now be assembled and published as the Massachusetts General Hospital—Massachusetts Eye and Ear Infirmary Publications for 1950.

Because the plan to cover in this way all 1950 staff publications was not inaugurated until the middle of the year, it was necessary to include each month early 1950 titles as well as current ones. But, now that we have caught up with ourselves, the convenience of finding current, or very nearly current, titles in the list each month will be greatly appreciated by everyone on our staffs. Therefore, please send your titles *promptly* to Cora F. Holbrook, Editor of THE NEWS, together with 1) classification of material, 2) title of article, 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following 1950 titles were submitted, in addition to the 194 already published in THE NEWS:

Dermatology

Blank, I. H., and Coolidge, M. H.
Degerming the cutaneous surface. I. Quaternary ammonium compounds.
J. Invest. Dermat. 15:249-256.

Blank, I. H., and Coolidge, M. H.
Degerming the cutaneous surface. II. Hexachlorophene (G-11).
J. Invest. Dermat. 15:257-263.

Blank, I. H., Coolidge, M. H., Soutter, L., and Rodkey, G. V.
A study of the surgical scrub.
Surg., Gynec. & Obst. 91:577-584.

Blank, I. H., and Miller, O. G.
A method for the separation of the epidermis from the dermis.
J. Invest. Dermat. 15:9-10.

Frazier, C. N., Bensel, A., and Keuper, C. S.
Phenomena of disease in rabbits fed cholesterol and inoculated with Treponema pallidum. II. Infectivity of blood.
Am. J. Syph., Gonor. & Ven. Dis. 34:453-459.

Frazier, C. N., and Leeper, R. W.
The treatment of common skin diseases.
M. Clin. North America 34:1473-1486.

General Medicine

Aub, J. C.
This business of cancer research.
Cancer Research 10:399-402.

King, D. S.
Medical progress: Tuberculosis.
New England J. Med. 243:530-536, 565-572.

Nathanson, I. T.
Hormonal treatment in cancer.
M. Clin. North America 34:1409-1417.

General Surgery

Anderson, R. M., Schoch, W. G., and Faxon, H. H.
Cardiac arrest.
New England J. Med. 243:905-909.

Daland, E. M.
Cancer of the breast.
In Cancer — A manual for practitioners, 2d Edition, Boston, American Cancer Society (Mass. Div.) Inc., pp. 116-125.

Daland, E. M.
The incidence of swollen arms after radical mastectomy and suggestions for prevention.
New England J. Med. 242:497-502.

Daland, E. M.
Symptoms, examination, and principles of treatment.
In Cancer — A manual for practitioners, 2d Edition, Boston, American Cancer Society (Mass. Div.) Inc., pp. 40-43.

Dobyns, B. M.
Present concepts of the pathologic physiology of exophthalmos.
J. Clin. Endocrinol. 10:1202-1230.

Halsted, J. A., Harris, E. J., and Bartlett, M. K.
Involvement of the stomach in familial polyposis of the gastro-intestinal tract.
Gastroenterology 15:763-770.

Ratcliffe, J. W., Bartlett, M. K., and Halsted, J. A.
Diverticulosis and acute diverticulitis of the jejunum.
New England J. Med. 242:387-390.

Taylor, G. W.
Surgical management of cervical lymph node metastases.
Radiology 55:60-61.

Taylor, G. W., and Wallace, R. H.
Carcinoma of the breast: Fifty years experience at the Massachusetts General Hospital.
Ann. Surg. 132:833-843.

Gynecology and Obstetrics

Nathanson, I. T.
Extraperitoneal iliac lymphadenectomy in the treatment of cancer of the cervix.
Prog. in Gynec. 2:565-573.

Nathanson, I. T.
Hormones in relation to tumors of the female.
Prog. in Gynec. 2:218-238.

Laboratory Science

Chantrenne, H., and Lipmann, F.
Coenzyme A dependence and acetyl donor function of the pyruvate-formate exchange system.
J. Biol. Chem. 187:757-767.

DeVries, W. H., Govier, W. M., Evans, J. S., Gregory, J. D., Novelli, G. D., Soodak, M., and Lipmann, F.
Purification of coenzyme A from fermentation sources and its further partial identification.
J. Am. Chem. Soc. 72:4838.

Dienes, L.
Isolation of L type cultures from Clostridia.
Proc. Soc. Exper. Biol. & Med. 75:412-415.

Dienes, L., Weinberger, H. J., and Madoff, S.
Serological reactions of L type cultures isolated from Proteus.
Proc. Soc. Exper. Biol. & Med. 75:409-412.

Dienes, L., Weinberger, H. J., and Madoff, S.
The transformation of typhoid bacilli into L forms under various conditions.
J. Bact. 59:755-764.

Engel, L. L.
The chemical estimation of steroid hormone metabolites.
In Recent progress in hormone research, vol. 5, New York, Academic Press, Inc., pp. 335-372.

Engel, L. L., Slaunwhite, W. R., Jr., Carter, P., and Nathanson, I. T.
The separation of natural estrogens by counter-current distribution.
J. Biol. Chem. 185:255-263.

Gottschalk, C. W.
An experimental and comparative study of renal interstitial pressure. (Abstract)
Am. J. Physiol. 163:716.

Hoagland, M. B., Grier, R. S., and Hood, M. B.
Beryllium and growth. I. Beryllium-induced osteogenic sarcomata.
Cancer Research 10:629-635.

Lipmann, F.
Biosynthetic mechanisms.
In Harvey Lectures, XLIV, Springfield, Ill., Charles C. Thomas, pp. 99-123.

Loftfield, R. B.
Synthesis of C-14 carboxyl-labeled tyrosine and diiodotyrosine.
J. Am. Chem. Soc. 72:2499-2500.

Raker, J. W., Taylor, I. M., Weller, J. M., and Hastings, A. B.
Rate of potassium exchange of the human erythrocyte.
J. Gen. Physiol. 33:691-702.

Weinberger, H. J., Madoff, S., and Dienes, L.
The properties of L forms isolated from Salmonella and the isolation of L forms from Shigella.
J. Bact. 59:765-775.

Zamecnik, P. C.
The use of labeled amino acids in the study of the protein metabolism of normal and malignant tissues: A review.
Cancer Research 10:659-667.

Zamecnik, P. C., and Frantz, I. D., Jr.
Peptide bond synthesis in normal and malignant tissue.
In Cold Spring Harbor symposia on quantitative biology, XIV, Cold Spring Harbor, Long Island, N. Y., The Biological Laboratory, pp. 199-208.

Neurology, Neurosurgery, and Psychiatry

Ballantine, H. T., Jr., Bolt, R. H., Heuter, T. F., and Ludwig, G. D.
On the detection of intracranial pathology by ultrasound.
Science 112:525-528.

Brewster, H. H.
Grief: A disrupted human relationship.
Human Organization 9:19-22.

Cobb, S., and Shands, H. C. (Editors)
Case report — Psychiatric conference: Cases chosen to illustrate the relation between psychiatric and medical factors in the production of symptoms and in the course of the illness.
Am. Pract. & Digest Treat. 1:1292-1295.

Stafford-Clark, D.
Painful myostatic dystonia: A diagnostic problem treated by psychotherapy and unilateral lobotomy.
Am. Pract. & Digest Treat. 1:1137-1143.

Ophthalmology

Cogan, D. G., Kubik, C. S., and Smith, W. L.
Unilateral internuclear ophthalmoplegia: Report of eight clinical cases with one postmortem study.
Arch. Ophth. 44:783-796.

Dunphy, E. B.
Ocular conditions associated with idiopathic hyperlipemia.
Am. J. Ophth. 33:1579-1586.

Dunphy, E. B.
Ocular therapeutic principles and practical applications.
Arch. Ophth. 44:797-812.

Goldhaber, P., Zacharias, L., and Kinsey, V. E.
Vitamin E deficiency in chicks. II. Plasma xanthophyll levels and vitamin E deficiency symptoms.
J. Nutrition 42:453-462.

Merriam, F. C., and Kinsey, V. E.
Studies on the crystalline lens. III. Incorporation of glycine and serine in the proteins of lenses cultured in vitro.
Arch. Ophth. 44:651-658.

Schepens, C. L., and Bahn, G. C.
Examination of the ora serrata.
Arch. Ophth. 44:677-690.

Sloane, A. E.
Refraction Clinic.
Am. J. Ophth. 33:1917-1919.

Sloane, A. E., and Gallagher, J. R.
Changes in vision during adolescence.
Am. J. Ophth. 33:1538-1542.

Sloane, A. E., and Gallagher, J. R.
The vision of adolescent boys.
Am. J. Ophth. 33:1746-1750.

Zacharias, L., Goldhaber, P., and Kinsey, V.E.
Vitamin E deficiency in chicks. I. The effects of dietary supplements on plasma tocopherol levels and vitamin E deficiency symptoms.
J. Nutrition 42:359-373.

Orthopedic Surgery

Barr, J. S.
Poliomyelitic hip deformity and the erector spinae transplant.
J. A. M. A. 144:813-817.

Barr, J. S., Stinchfield, A. J., and Reidy, J. A.
Sympathetic ganglionectomy and limb length in poliomyelitis.
J. Bone & Joint Surg. 32-A:793-802.

Oto-Laryngology

Nachlas, N. E.
Thyroglossal duct cysts.
Ann. Otol., Rhin. & Laryng. 59:381-390.

Pathology

Kulka, J. P., Pearson, C. M., and Robbins, S. L.
A distinctive vacuolar nephropathy associated with intestinal disease.
Am. J. Path. 26:349-377.

Pediatrics

Crawford, J. D., Osborne, M. M., Jr., Talbot, N. B., Terry, M. L., and Morrill, M. F.
The parathyroid glands and phosphorus homeostasis.
J. Clin. Investigation 29:1448-1461.

Currens, J. H., and Crawford, J. D.
The electrocardiogram and disturbance of potassium metabolism.
New England J. Med. 243:843-850.

* * *

We feel that Dr. Means's account, given in our January issue, of the birth of the MGH Club of Richmond may be the first (or is it the first?) of a growing line of siblings here in the U. S. A. And now, from Dr. Paul D. White, comes this announcement of a group outside this country which wishes to establish a relationship-of-sorts with the Massachusetts General Hospital. Here is Dr. White's note:

> I thought you might be interested in a recent experience of mine in Havana, where I found a great desire by the staff of the University Hospital and the Rector of the University of Havana (who is a pediatrician) for a close friendly contact and cooperation with the Harvard Medical School and the Massachusetts General Hospital. They have plans down there for a greatly expanded "Monobloque" University Hospital. The Minister of Health, whom I met, spent three years in medical studies in Boston many years ago and also has a warm regard for Boston medicine and a desire for such closer cooperation.

CHILDREN'S MEDICAL SERVICE STAFF

Front row: Dr. Leslie Corsa, Jr., Dr. John D. Crawford, Dr. Nathan B. Talbot, Dr. Allan M. Butler, *Chief of Service,* Dr. Benjamin F. Miller, Dr. Gertrud C. Reyersbach

Middle row: Adrienne M. Campbell, technician, Dr. John B. Reardan, Dr. Charles H. Read, Jr., Dr. Frederic M. Blodgett, Dr. Doris R. Bennett, Dr. Edgar J. Schoen, Dr. Franklin L. DeBusk, Dr. Charles A. Leach, Jr., Dr. Stanley Berlow, Marguerite Wood, technician

Back row: Lois Gessman, technician, Dr. John F. Hogan, Jr., Dr. Hans G. Keitel, Dr. Gerald A. Kerrigan, Dr. Leonard W. Cronkhite, Jr., Elsie A. MacLachlan, technician, Aniela S. Zygmuntowicz, technician, Margaret Berg, technician, Mary Frances Morrill, technician, Dr. Iwao Uyeda

My visit was due to an invitation to take part in honoring a notable Cuban physician, Dr. Francisco Cabrera Saavedra, the centenary of whose birth was celebrated in December. I was asked to give three lectures.

Dr. Henry M. Griffiths (*clin. fel. S* 1950) sent us this very cordial note just before he left for South Africa.

I would like to tell you that if anyone from the M.G.H. is coming to South Africa, my home and my services are entirely at his disposal to help make his visit a pleasant one. This will enable me to return, in some way, at least a part of the many kindnesses I have received during my pleasant stay in Boston for study at the M.G.H.

My home address is: Main Road, Rondebosch, Cape Town, South Africa.

This letter arrived from Dr. George A. Culver (*a.r. An.* 1950). It bears the address: Baylor University, College of Medicine, Houston 5, Texas.

I am Chief of Anesthesia at the Veterans Administration Hospital and Assistant Professor of Anesthesia for Baylor. There is plenty to keep me busy, but I miss the atmosphere and associations of good old M.G.H.

I look forward to receiving THE NEWS.

New addresses:—

Dr Thornton Brown (*r.s. Or.* 1948), 234 Marlboro St., Boston, Mass.

Dr. Hugh Chaplin, Jr. (*M* 1948), Blood Transfusion Unit, British Postgraduate Medical School, Hammersmith Hospital, Ducane Road, London, W 12, Eng.

Lt. William N. Christenson, MC, USNR (*a.r. Psychiat.*), 1117th ASU Hospital, Camp Edwards, Mass.

Dr. Howard S. Colwell (*EM* 1916), 309 Edwards St., New Haven 11, Conn.

Dr. David W. Compton (*r.p. An.* 1946), 2740 61st St. SE., Mercer Island, Wash.

Dr. Diane Croll (*r.p. P* 1948), Department of Internal Medicine, University Hospital, Iowa City, Iowa.

Dr. F. Chester Durant (*past dn. s.*), Box 91, South Freeport, Maine.

Dr. John S. Harter (*WS* 1935), 212 Brown Bldg., Louisville, Ky.

Dr. Robert D. Heath (*a. r. Or. S* 1950), 30 W. Bells Mill Road, Chestnut Hill, Philadelphia, Pa.

Dr. Robert H. Hepburn (*r.s. U* 1943), 85 Jefferson St., Hartford, Conn.

Major Roy W. Leeper, MC, USAR (*r.p. D* 1950), Murphy Army Hospital, 424 Trapelo Road, Waltham, Mass.

Lt. John W. Littlefield, MC, USNR (*M* 1948), 10 Cushing St., Providence 6, R. I.

Dr. Burness E. Moore (*r.p. Psychiat.* 1942), 1148 Fifth Ave., New York 28, N. Y.

Lt. John B. Reardan (*CM*), Div. Surgeon Bldg. #240, SFPE Fort Mason, San Francisco, Cal.

Dr. Earl S. Seale (*a.s. Oph.*), 99 Bay State Road, Boston 15, Mass.

Dr. Joseph L. Shugar (*a.r. Or. S* 1950), Apt. 1, 70 Middlesex Road, Waltham, Mass.

Dr. John D. Wade (*clin. & res. fel. S* 1950), 20 West Camus Road, Fairmilehead, Edinburgh, Scotland.

Lt. Weldon W. West, MC, USAR (*S* 1948), 3130 N. El Dorado St., Stockton, Cal.

Major James G. Wood, Jr., MC, USAR (*clin. fel. R* 1950), APO 438, c/o Postmaster, San Francisco, Cal.

Brief bits:—

Dr. Joseph S. Barr, Chief of our Orthopedic Service, was made President-elect of the American Academy of Orthopedic Surgeons at their annual convention in New York in February 1950. Dr. Barr assumed the duties of President at the annual convention held this year in Chicago on February 1.

Dr. Robinson LeR. Bidwell, II (*ES* 1943) is the father of a daughter born on December 26. Dr. Bidwell's address is 203 State St., Portland, Maine.

Dr. Edward D. Churchill, Chief of Surgical Services at M.G.H., gave the "1950 Lecture in Surgery" for the Royal College of Physicians and Surgeons of Canada, in Montreal on December 12. His title was "Wound-shock". At this convention Dr. Churchill was made a Lecturer of the College.

Dr. Edward A. Gall (*r.p. P* 1937) was appointed to the position of Professor of Pathology in the College of Medicine of the University of Cincinnati in 1948, and Director of the Laboratory of Pathology of the Cincinnati General Hospital.

Dr. Robert G. Greene, who was to have begun as Assistant Resident in Orthopedic Surgery here on July 1, was called to active military service on December 15.

Miss Lucy G. Morse, past Head of our Occupational Therapy Department, is starting a curative workshop in Lansing, Michigan. Her address is 1227 West Ionia St.

* * *

The Class of 1924, Massachusetts General Hospital School of Nursing, presented the Burnham wards with a record player and a set of unbreakable records for children, as a Christmas present this year.

The Pediatric Service, through its Assistant Supervisor in Pediatrics, Jeanne Ross, R.N., expresses its pleasure and appreciation. Such a gift offers the children hours of recreation and helps them to develop interest and independence in selecting and providing their own entertainment. Even pre-school children enjoy the songs and stories, and soon learn, with very little help, to play the records they wish to hear.

THE NEWS

MASSACHUSETTS GENERAL HOSPITAL 1811

No. 99 Boston, Mass. March 1951

DEPARTMENT OF ANESTHESIA

INVESTIGATION

Just as pain is the central reason for the clinical anesthetist's existence, so too pain provides a wide field for study. The width and depth of this field extend beyond any simple limits, for problems of anesthesia are inextricably bound up with problems of cellular irritability. And this is as fundamental a characteristic of living tissue, of life itself, as one could ask for. The irritability of a cell, the response of a cell to a stimulus is, I suppose, the most elemental form of consciousness. The specific lines of work we follow come from the problems suggested in these statements.

Our principal clinical as well as laboratory interest has to do with pain, how to measure it, and what the factors are which modify its perception and the reaction to it. We have learned how to measure pain in terms of pain relief. The method Dr. Denton and I devised has been improved by Dr. Keats, so that it is quite exact. In this, groups of 20 or 25 patients having pain are studied. The factor of interest is the percentage that get satisfactory pain relief from a given procedure. These data are compared with the relief obtained from a placebo on one hand and morphine on the other. All observations are made without the active participants knowing what agents were used.

During this work we found an interesting thing: It is necessary to study pain of pathological origin to get dependable results. Experimentally produced pain has little or no value and can be seriously misleading. The use of experimentally produced pain, whether by heat to the forehead, skin pricks, electric shocks to teeth, tourniquet pain, or whatever, has led to confusing and foolish statements, such as the "finding" that aspirin has no analgesic power, and so on.

The original painful stimulus is modified if it is a consequence of disease or serious trauma, so that it is a very different thing to work with than experimental pain, lacking as it does serious import. With our method we have at last a means of attacking problems of pain and of pain relief in a quantitative manner.

A second line of work has to do with the alternating consciousness and unconsciousness of sleep and the influence of drugs on sleep. Dr. Brazier in this laboratory has discovered the first good end-point of wakefulness, essential in the study of sleep. With the onset of sleep the origin of the spontaneous electrical activity in the brain shifts from two centers near the occiput to the two centers in the frontal region of the brain as sleep begins.

Using techniques we have evolved and standardized, we have been able to measure the deleterious effects of a common sleeping pill many hours after its ingestion, even though the dilution of the pill was one part pill in 700,000 parts of man at the beginning. Mr. Goodnow took a principal part in this work. As an aside, I can say that the data obtained in this study offer measured evidence of persistent impairment by even a single sleeping pill and should be useful in supporting tighter social legislation concerning the sale of such agents.

There is a close relationship between the two lines of work just referred to: We have shown for the first time that an ordinary dose of a sleeping pill (a hypnotic, so-called) has real pain-relieving power, less than but similar to that of the narcotics. Since both types of agents have hypnotic power the classic difference between them (power to relieve pain) disappears. There are other close relationships between the two types of work, but there is not space enough to go into them here.

A third and final line of work is a necessary foundation for the first two: to establish what are the metabolic effects of the central nervous system depressants, the anesthetic agents. To understand the effects of the agents we employ in the first two lines of work, we must understand how the agents used alter the normal state of the body — to take one example, acid-base balance. In the literature on the metabolic effects of anesthesia one can find almost any statement he wants. A very large part of the work reported in this field is entirely undependable as far as man is concerned, and for two reasons: it was obtained in anoxic subjects, and most of the subjects others have used were animals, not man. The frog and the dog are less comparable to man than some have supposed. Practical benefits have come out of our basic pharmacological work in this field. For instance, all pharmacology books describe how ether anesthesia produces acidosis. It does, indeed (but not of the type described), in the dog. It does not produce either type of acidosis (metabolic or respiratory) in adult man.*

The three lines of work are really inseparable. Whatever we do fits into the framework described above and is directed toward the specific goals mentioned there. Vagueness and diffuseness are not necessarily related to a wide view or to an extensive endeavor. The test of success must, of course, be sought in the published work. Notwithstanding the broad field, we believe that our focus is sharp.

THE CLINIC

Since the war we have greatly expanded the clinical activities of the Anesthesia Service: ether, divinyl ether, cyclopropane, ethylene, and nitrous oxide are in common use for inhalation anesthesia. Although we have been more restrained than some in our enthusiasm for cyclopropane and ethylene, we use them steadily in order to keep our hand in for the occasions when they may truly be indicated. Pentothal is widely used for intravenous anesthesia, but within the boundaries we were able to define rather exactly during the war. Avertin remains for rectal anesthesia more as a historical curiosity than as an important adjunct. However, it has an occasional field of usefulness in children. We were berated a dozen years ago for criticism of avertin. The view expressed at that time has been accepted and now the agent, not our view, is generally considered to be dangerous. All of the common regional blocks are in steady use, as well as the various techniques of spinal anesthesia, single shot, continuous or catheter spinal. Reports of persisting nerve damage from over the country as a whole are causing us to retrench somewhat as far as continuous and catheter spinals are concerned. Curare is used cautiously. I should like to say more about that in a moment.

The Anesthesia Service provides aspiration bronchoscopy coverage round the clock. Thanks to the indoctrination the residents receive under Dr. Benedict in his Bronchoscopic Clinic, this works well.

Inhalation therapy, principally oxygen therapy, is carried on throughout the Hospital as one of the activities of the Anesthesia Service. The loyal support of the Hospital's administration has made it possible for us to have the best equipment obtainable.

The clinic offers a rich vein of material for the study of human pharmacology. As indicated above, some of these studies are concerned with basic pharmacology and physiology, and others with applied. An advantage we have over the usual type of basic scientific laboratory is this great opportunity to study man. In our view the hospital offers, for the protection of the subject, the proper place to study man. Much of the work referred to in the section on Investigation is based upon the clinical material available.

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*While many had discussed the probable evils of high carbon dioxide tensions in thoracic surgery, Miss Murphy and I were able to show by actual measurement that dangerously high tensions existed. This work has been widely confirmed and is being continued by Dr. John P. Bunker and Dr. Ellis N. Cohen. We are now studying the effect of these high carbon dioxide tensions on the fixed acids that accumulate in the blood.

We also carry out other work in the clinic; for example, we are attempting to make a realistic approach to the hazards of the various anesthetic agents and techniques. This requires study of many thousands of cases. To this end we are directing a simultaneous inquiry in ten university hospitals over a five-year period. Data obtained under these circumstances would, of course, describe results found under the best of conditions. With this study only half done, it is clear that even these "best" data are not good enough. In addition to the goals mentioned, other points of value emerge: It is more dangerous to be a negro than a white man and undergo anesthesia; it is more dangerous to be a child than an adult; curare has dangers not yet adequately recognized. In short, this study makes very clear where trouble zones lie and where work is needed.

One of the most important functions of the clinic is to train men and women, physicians and nurses. There are in our Department six different categories of trainees: anesthesia residents, fellows in anesthesia, surgical residents on the Anesthesia Service, dental residents on the Anesthesia Service, medical students, and nurses. The work of Dr. Briggs, Dr. Donaghy, and Dr. Todd has been of great importance in these activities.

Interrelationships within the Hospital and with the University

From one point of view, anesthesia is the narrowest field in medicine. From another, and better, viewpoint a properly set-up department of anesthesia is a broad and inseparable part of the life of the hospital as a whole and of its medical school. We are concerned not at all with whether anesthesia is or is not a specialty.

Since very few outside the Department know the extent to which we have entered into the life of the Massachusetts General Hospital and the Harvard Medical School, it may be well to summarize our general interrelationships. Our home is, quite properly, I think, within the Department of *Surgery*, where Dr. Churchill got me interested in anesthesia and helped in countless ways. It was he who laid the first plans for the Department of Anesthesia. Our clinical activities have already been mentioned. These, with a modest share in the training of the surgical residents, give us a claim to the Department of Surgery. (I have referred elsewhere in this article to our close relationship with the *Bronchoscopic Clinic*.)

I really believe that all surgical residents who have spent two months on our service would agree that they are better surgeons for it; at any rate, we can testify that they are easy for us to live with as they rise to responsible positions on the House Staff.

Several lectures at the School, in the Department of Surgery, as well as clinical teaching of medical students, increase our feeling of belonging to the Department of Surgery.

Our roots go down very deep into the Department of *Medicine*, too, for it was Dr. Means who first interested me in respiration and who first started me out on research in medicine. We hope he will not be embarrassed by the responsibility he must share for our present state.

In physical terms we have some activities in the Department of Medicine: all oxygen therapy on the Medical Service is under the charge of the Anesthesia Department. A joint research effort with Dr. Walter Bauer's group on the pain of arthritis was temporarily held up by the war, but got under way in January with Dr. Louise Clark.

In *Cardiology*, the advice and support of Dr. Paul D. White and, later, Dr. Bland has helped us out of many a hole.

In *Psychiatry and Neurology*, Dr. Cobb has always been ready with help in problems of consciousness and unconsciousness, and he is to be a principal participant in a new comparative study on narcoanalysis which has just been started in our laboratory with Dr. Lincoln Clark. Dr. Brazier, from Dr. Cobb's Department, is now part-time in ours and is an indispensable associate in neurophysiological matters. She has been the chief stimulus to the work of Dr. Rudin of our Department. (Dr. Rudin has only recently shown how it is possible to "dis-articulate" the central nervous system and study individually some of the tracts. This opens up a new field in experimental neurophysiology.)

Men from the *Neurosurgical Service*, as well as medical students, can often be found in our laboratory studying the electrical characteristics of the dorsal columns of cats or the cockroach's ganglia. On the clinical side, Dr. James White has been a great help to us in regional block problems.

We give clinical training to residents in *Dentistry* and help with their Out-Patient Department problems.

At the Medical School I give the eight lectures on the anesthetic agents in the Department of *Pharmacology*, through the courtesy of Professor Krayer. We have for several years had a salaried consultant from the Department of *Biochemistry*. We owe a very great debt to Professor A. Baird Hastings for his tirelessness in helping us over obstacles in acid-base equilibria. These close relationships with the basic science laboratories at the Medical School go back to the very beginning of our Department, when Professor Alexander Forbes gave me not only laboratory space and equipment in the Department of *Physiology* which I did not then have, but, even more important, gave me his very close association. These things, plus lively participation with the medical students (three National Scholars are either working in our laboratory or are planning to do so), bind us close to the other end of town. One of our most important academic relationships is across the river, where Professor Frederick Mosteller of the Department of *Social Relations* is the mathematician member of our Department, as a consultant. Without his help we never could have worked out the mathematical validation of our work on pain and pain relief, nor could we have demonstrated the psychomotor impairment by hypnotic doses of barbiturates referred to elsewhere in this report.

These relationships and many others that could be mentioned have produced demonstrable fruition, not only in anesthesia but in other fields as well. We take a certain pride in that seven men who at one time worked in our laboratory now occupy professorships in fields other than anesthesia; in addition, we have supplied four professors of anesthesia.

Clearly, we have shown that anesthesia can have broad relationships, and it does indeed cut across not only many clinical fields but also across several basic science disciplines, to its own enrichment.

Personnel and training

More than sixty persons are occupied full time in the Department of Anesthesia. Of these, there are twenty physicians and fifteen nurses occupied primarily with clinical activities. We can be required to cover thirty-four operating rooms simultaneously. This includes the Massachusetts Eye and Ear Infirmary and the McLean Hospital. Some 19,000 anesthesias are administered each year. In the past 10 years the time spent in actually administering anesthesia has increased 90 percent, as shown by a careful study of the Department's code card system.

Three to five physicians at various times are concerned chiefly with the laboratory. We usually have three foreign doctors in training in the Department. Two of the most important individuals on our staff serve as part-time consultants. They are, as mentioned, Frederick Mosteller, Associate Professor of Mathematical Statistics, and Christian Anfinsen, lately succeeded by Claude Villee, Assistant Professors of Biochemistry in Harvard University. Their importance to the Department has been commented upon elsewhere in this report.

Because of the crowding of surgery into a relatively small part of the day, anesthetists with comparatively few ward duties need other activities to occupy their time. Laboratory or clinical research work fills this need for several of the staff and about half of the residents. Research by the advanced residents is neither encouraged nor discouraged. When undertaken, it is carried out in addition to full-time clinical duties. Those with a real flair for it are given whatever facilities they need. The work produced by these men can hold its own with work produced by full-time investigators. From the point of view of teaching, our goal is to inculcate in these men first-hand knowledge of what a well-designed and exactly-controlled project should be, whether in laboratory or in clinical research.

In comparison with surgery, the techniques of anesthesia are relatively simple and can be mastered by two years of faithful application. We do not agree that the three years required by some training centers are necessary. We have a pretty good opportunity to judge the soundness of this view and of our training in general, since we rotate some of our men through four other hospitals where we can compare them with men from other departments. The two most important rotations are through the Children's Hospital in Boston (Dr. Robert Smith) and the Children's Hospital in Philadelphia (Dr. Margery Deming).

The six different groups of trainees have been discussed under the section on Interrelationships.

Quarters

After 14 years of existence, the Anesthesia Department has grown to include more than 60 persons. These individuals overflowed corridor office space, they crowded into the quarters of others, and camped in space not their own. I should like to acknowledge here with heartfelt thanks the discernment and steady support of the Trustees who recognized our ill-housed state, and a year and a half ago authorized the use of departmental funds and supplemented them, so that two floors have been constructed above the Vincent operating rooms in the White Building. There we have six new laboratories, including two sound-proofed constant-temperature rooms, as well-equipped a laboratory for neurophysiological work as there is in Boston, and seven new offices, including a fine conference room where our not large but excellent pharmacology library is housed. These quarters are a convenience and a responsibility.

Financial support

Support became much fuller just after the war, and the rapid growth of the Department of Anesthesia during this post-war period illustrates the fertilizing power of money.

With an annual collected income of about a quarter of a million dollars, the Department operates without cost to the Hospital. More than half of this income is derived from patients' fees and about half from outside sources for the support of the laboratory. Even with conservative figuring, this represents the annual income on more than six million dollars — a substantial addition to the Hospital's resources.

The sources of the funds for the support of the laboratory may be of interest. They are as follows: The writer occupies an endowed chair in Harvard University. The Hospital makes a contribution to his support, as well as to the support of the laboratory.

The Hospital's Committee on Research has on two occasions provided very important help in terms of credit. This is the way it worked: It is not always easy in these days of frenzied finance to get a good investigator lined up simultaneously with a supporting grant. On two occasions the Committee on Research has agreed that the projects in mind and the investigators at hand were worth hanging onto. The Committee agreed to provide funds against the time when a grant could be obtained from outside sources. We have gone ahead and raised the needed funds and the Committee on Research has, essentially without cost to itself, provided important financial support in terms of credit. We hope our credit remains good.

Robust support has come from the United States Army's Office of Research and Development, first under the chairmanship of Colonel William S. Stone and now of Colonel John R. Wood. The Committee on Narcotics and Drug Addiction of the National Research Council, under the chairmanship of Dr. Isaac Starr, has given us not only essential financial backing but also stimulating suggestions; and so, too, have the National Institutes of Health with the firm backing of Dr. Nathan B. Eddy, and in a most important way so, also, has Mr. Edward Mallinckrodt. All have made it possible for us to achieve our present state; all of these institutions and agencies and individuals have our warm thanks.

Notwithstanding our good working quarters, notwithstanding all of the short-term grants we can use soundly, there remains a financial problem of no mean size. We urgently need to be able to make *long-range* plans; we urgently need funds that will make it possible to project our work into the future in a way that will make for maximum productiveness.

In conclusion

We have moved in the past 14 years from the attic of the Bulfinch to our present quarters. We have worked on the central nervous system depressants and have shown how important the hospital is in research in this branch of human pharmacology. We have perhaps helped to clarify the essential role of the hospital in such work. We have established a pattern for the sound and safe appraisal in man of new central nervous system depressants, and are making progress in getting an understanding of the basic mechanisms involved. We have demonstrated the utter dependence of work as broad as this on key consultants. We have passed from the stage of modest resources to generous short-term support, but we still have a grievous need for hard money to make long-range planning possible. We have had some successes and we have made many mistakes, and it would be hard to tell which taught us more. We have as able a group of associates as have ever been assembled for work in this field. And finally, we have shown that all of these activities can be carried on with, indeed are an inseparable part of, a well-rounded training program.

We are grateful for the firm support of the Staff and the Administration. I, personally, should like the Trustees to know how responsible their informed and sturdy support has been for whatever we have accomplished. We have no boastful feeling as we stop to consider the present. We do give recognition to perhaps the only place that could have made this particular type of development possible, the place known all over the world by the three letters, M. G. H.

Henry K. Beecher, M.D.,
Chief of Anesthesia Service

* * *

ANOTHER MGH "FIRST"

On the morning of January 30, 1951 an event of prodigious significance occurred within our walls. Many times since the opening of the Massachusetts General Hospital in 1821 have we been the first to solve a baffling pathologic problem or to demonstrate the successful use of a new technique developed by some member of our staff. But never before in the entire history of M.G.H. —or of mankind, for that matter—has an event of such world-shaking implications taken place anywhere on earth. Here is a brief account of what transpired:

January 30 was a normal winter day. The sky was clear. The wind was SSW and gentle. The barometer read 29.7 and was steady. All was serene in and around the hospital There was no forewarning of what was about to happen. And then — boom! bang! — the THING! Without benefit of contributors, editors, or printer (as was proved conclusively by a thorough questioning and cross-examination by Drs. Clark and Clay of every member of the hospital family — and, of course, no MGH-er's word is *ever* to be doubted) there appeared in the morning mail the now-famous "97A" issue of The News. The paper was consistent in every detail with our regular format (except for a slight alteration of the masthead), but was noticeably superior in the quality of material to our usual publications. The above facts were startling enough in themselves, but when we came to the realization that not only had "97A" published itself with no human participation, but also had folded itself and enclosed itself within addressed envelopes, the event — to us — assumed proportions of the metaphysical and we decided that a swift and expert investigation was indicated.

As soon as the turmoil had somewhat subsided, a hastily assembled committee from our professional staff, headed by Dr. Soutter, was called into extraordinary session behind closed doors. This committee agreed at once that no less a person than the most astute scientist available should be summoned immediately to study the problem. A hurried telephone call to M.I.T. resulted in the appearance, within a matter of minutes, of Dr. Asa Trumps, G.T.H., Pd.Q., Houdini Professor at the Institute, and his able assistant, Dr. Ile B. Darned, Q.E.D.

To the amazement of all who watched and listened, these experts solved the mystery inside the short space of an hour. They recognized at once that the appearance of "97A" during the period of the test explosions in Nevada was no mere coincidence — in fact, their instruments at M.I.T. had registered the likelihood of just such a phenomenon at the time of the second explosion which took place on January 28. To the complete satisfaction of the entire committee, Dr. Trumps proved with his slide-rule that the interval of time between the January 28 explosion and the appearance of "97A", divided by the square root of MGH's polar distance and multiplied by the cosine of the sine, plus the particular type of potentialities released by the second explosion and brought to us on the SSW wind, would inevitably result in such a creation as "97A" and at the very time and place in which it appeared. And thus, again, has M.G.H. another "first" to emblazon upon its escutcheon.

But the end is not yet. Other triumphs are likely to follow. Dr. Trumps has been appointed to our staff as Chief of the newly inaugurated Hogwash Department, and will serve on a 24-hour per day schedule, in order to be on hand in the event of another such manifestation. Reports of any further developments in this field will appear in THE NEWS. In the meantime, Dr. Trumps calls attention to the fact that this type of atomic energy, like lightning, can strike twice in the same place, and he warns every MGH-er to guard assiduously against indulging in any and all questionable thought processes, lest —to such a thinker's embarrassment—his cerebral activities appear in published form on all the desks at M.G.H.

The Board of Trustees, at their meetings on January 12 and 26, voted:

To permit Dr. Farahe Maloof, Assistant in Medicine, to see a limited number of private patients at the hospital.

To appoint:

Dr. Francis G. Barnum as Assistant in Medicine;
Dr. Charles D. Cook as Assistant to the Children's Medical Service;
Mr. Alphonso L. d'Abreu as Visiting Surgeon pro tem, from January 22 to March 5;
Dr. Robert B. Dodd as Assistant Anesthetist, beginning January 1;
Dr. Harry Choa-Hung Fang as Assistant Resident in Psychiatry, beginning July 1;
Dr. Anne P. Forbes as Assistant Physician;
Dr. Emil J. Ganem as Clinical Associate in Urology;
Dr. Melvin J. Glimcher as Third Assistant Resident in Surgery, beginning July 1;
Dr. William R. Harris as Assistant Resident on the Orthopedic Service, beginning July 1;
Dr. William N. Jones as Assistant in Orthopedic Surgery;
Dr. Rita M. Kelley as Assistant in Medicine;
Dr. William V. McDermott as Assistant in Surgery;
Dr. Alexander G. Matoltsy as Research Associate in Dermatology;
Dr. Federico Mora as Third Assistant Resident in Surgery, beginning July 1;
Dr. Remedios K. Rosales as Resident in Neuropathology, beginning January 1;
Dr. Elliott B. Sweet as Assistant Resident on the Orthopedic Service, beginning July 1, 1953;
Dr. Joseph B. Tanner as Assistant Resident on the Orthopedic Service, beginning April 1, 1952;
Dr. D. Vernon Thomas as Assistant Anesthetist, beginning March 1.

At their meetings on January 10, 17, 24, and 31, the General Executive Committee voted:

To accept the resignation of Dr. J. Robert Lyman from the position of Clinical Assistant in Medicine, assigned to the Allergy Clinic;
To change Dr. Lincoln D. Clark's title from Clinical and Research Fellow in Psychiatry, assigned to Anesthesia, to Clinical and Research Fellow in Psychiatry and Anesthesia.

To appoint:

Dr. Anne Godley as Clinical and Research Fellow to the Children's Medical Service;
Dr. Oscar L. Liboro as Clinical Fellow in Surgery, assigned to Endoscopy, from February 1 through April 30;
Dr. Lidio Mora as Clinical and Research Fellow in Medicine, to become effective upon receipt of his temporary license to practise medicine in this State;
Dr. John D. Reid as Research Fellow in Pathology for six months, beginning January 1;
Dr. Walter A. Reif as Fellow in Anesthesia for one year, beginning April 1;
Dr. James E. Simpson as Clinical and Research Fellow in Orthopedic Surgery for six months, beginning December 29, 1950.

ANTIQUE CHINA SALE

As soon as it can be arranged (probably during the second week in March), there will be a sale of the lovely old Onion Pattern and Wedgwood china, formerly used in the Massachusetts General Hospital. Those interested in acquiring souvenir pieces — both useful and decorative — are advised to watch the hospital bulletin boards for date of sale.

STAFF PUBLICATIONS

A recent issue of the *Journal of the American Medical Association* includes a notice which reads, in part:

> The October numbers of the nine specialty journals of the American Medical Association were published with a number of changes which are intended to identify them more closely with the Association and to help meet certain problems facing these journals. The titles of the publications have been changed to include the designation "A.M.A." as part of the title, so that the new titles appear as, for example, *A.M.A. Archives of Surgery* and *A.M.A. Archives of Internal Medicine.* This change was undertaken after consideration by the chief editors of the journals and their editorial boards and the Board of Trustees. . . .
>
> Several inquiries have arisen from libraries regarding the cataloging or indexing of the journals with the new titles. Beginning with volume 49 (January — June 1951) the *Quarterly Cumulative Index Medicus* will list these journals under the new titles, so that the letters A.M.A. will be considered as an integral part of the titles. For the completion of volume 48 (July — December 1950) the *Quarterly Cumulative Index Medicus* will continue to use the old titles without the designation A.M.A. The changes were made before the current volume numbers were completed because of certain production difficulties which required a number of changes in October.

From now on, the titles of the nine A.M.A. specialty journals, when they appear in THE NEWS, will include the new designation. These journals are:

1. A.M.A. American Journal of Diseases of Children
2. A.M.A. Archives of Dermatology and Syphilology
3. A.M.A. Archives of Industrial Hygiene and Occupational Medicine
4. A.M.A. Archives of Internal Medicine
5. A.M.A. Archives of Neurology and Psychiatry
6. A.M.A. Archives of Ophthalmology
7. A.M.A. Archives of Otolaryngology
8. A.M.A. Archives of Pathology
9. A.M.A. Archives of Surgery

Please continue to send your titles promptly to Cora F. Holbrook, Editor of THE NEWS, together with 1) classification of material, 2) title of article, 3) title of publication in which it appears, together with the volume number and page numbers. For books, give the publisher's name and address.

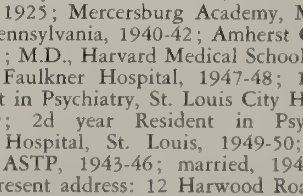
The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following new title has been submitted — the only one, so far, for 1951:

Ophthalmology

Kinsey, V. E.
The chemical composition and the osmotic pressure of the aqueous humor and plasma of the rabbit.
J. Gen. Physiol. 34:389-402.



BIOGLET

Dr. Frank R. L. Egloff, Assistant Resident in Psychiatry—born in Boston, Massachusetts, July 6, 1925; Mercersburg Academy, Mercersburg, Pennsylvania, 1940-42; Amherst College, 1942-43; M.D., Harvard Medical School, 1947; Intern, Faulkner Hospital, 1947-48; 1st year Resident in Psychiatry, St. Louis City Hospital, 1948-49; 2d year Resident in Psychiatry, Barnes Hospital, St. Louis, 1949-50; U. S. Army: ASTP, 1943-46; married, 1947; two sons; present address: 12 Harwood Road, East Natick, Massachusetts; family home: 6 Westmoreland Place, St. Louis, Missouri.

Dr. William H. Trethowan, Assistant Resident in Psychiatry—born in London, England, June 3, 1917; M.A., M.B., B. Chir., Cambridge University, M.R.C.S., L.R.C.P., Guy's Hospital, 1942; Casualty Officer.

House Physician, and Resident Medical Officer, Guy's, 1943; Lieutenant, R.A.M.C., 1944; Major, Medical Specialist, R.A.M.C., 1946-47; M.R.C.P., Medical Registrar, Guy's Hospital, 1947-48; D.P.M., Psychiatric Registrar, Maudsley Hospital, 1948-50; married; 3 children.

Dr. Lyman C. Wynne, Assistant Resident in Psychiatry—born in Tyler, Minnesota, September 17, 1923; Harvard College, 1941-43; U. S. Army: Yale, Fort Devens, Harvard Medical School, 1943-46; M.D., Harvard Medical School, 1947; Medical Intern, Peter Bent Brigham Hospital, 1947-48; U. S. Public Health Service, Research Fellow in Mental Health at Harvard University, Department of Social Relations, 1948-49; Moseley Traveling Fellow from Harvard Medical School, at the National Hospital for Nervous and Epileptic Diseases, Queen Square, London, England, and the Tavistock Institute of Human Relations, London, 1948-49; Rantoul Fellow in Social Psychology, Harvard Department of Social Relations, 1949; married; one daughter, born in London.

When asked to write something for our column of THE NEWS, my first thought was that the restricted life in a resident training program offered nothing of general interest and the prospect appeared somewhat discouraging, until it occurred to me that out of a year spent as a research fellow in the Yale University School of Medicine I might be able to piece together a picture of that University, over and above the fact that football at Yale appears to be in a somewhat disheartening period of ascendancy over Harvard.

The formal history of the School of Medicine began in 1810 with the founding of the Medical Department—a direct offshoot of Yale College. This placed Yale sixth in the chronological list of Medical Schools in the United States, but local patriot-historians would be quick to point out that the first actual M.D. degree in America, an honorary one, was given by Yale College in 1723 to Daniel Turner, an eminent London physician. Since Dr. Turner's degree had been preceded by a large gift of books to the College, his enemies of that period suggested that the letters stood for "Multa Donavit". Be that as it may, there is little question but that Yale has established a historical priority. However, in self-defense, any Harvard man going to New Haven in the future would do well to read Dr. Turner's acceptance speech which included the interesting remark that he "appreciated it just as much as if it had been from an institution of higher learning"!

The first Professor of the Theory and Practice of Physic, Surgery and Obstetrics was Nathan Smith, who had already founded the Dartmouth Medical School in 1797 and who was the guiding light of the new school at Yale until his death in 1829. Througn the years, standards of teaching and practice were of the highest, and in 1879 the Yale Medical Department placed itself in the front rank, as regards its standards, by introducing a stated matriculation examination and a three-years' graded course, lengthened in 1896 to four years.

The geographical affinity of the present School on Cedar Street and the New Haven Hospital was accompanied by a close integration of the teaching in the clinical and preclinical courses, culminating in the present "full-time" faculty on the clinical as well as preclinical levels. The advantages of proximity are not to be underestimated, and throughout his entire course the student is conscious of the close liaison between the basic sciences and the art of the practice of medicine. Perhaps this accounts for the surprising extent to which the medical students at Yale actively collaborate in the investigative work going on in the various departments.

It would not be possible to write about Yale in this era without referring to the imprint left by the late Dr. Harvey Cushing (*SS* 1896) who spent the years following his retirement from Harvard in 1932 on the faculty of the University where he had begun his education. The intangible evidences of his genius can still be gleaned from the present members of the faculty, so many of whom were his associates; and the Yale Medical Library stands as a commemoration of his tangible contributions to the School. By happy design, this Library was built in the exact center of the Sterling Hall of Medicine—the huge, rambling building which houses the various departments, lecture halls, and laboratories. The donation to the Library of Cushing's great collection of Vesaliana and other incunabula, together with the books of his fellow bibliophile and lifelong friend, A. C. Klebs, has made the historical section one of the most interesting in the world, and a place where, to quote from the lines of George Stewart over the fireplace, one "may freely take and know the rich companionship of others' ordered thought." Since this Library was Cushing's dream during his years at Yale, it is fitting that the core and center of the building which forms a Y, is a Rotunda which was given by his classmates in his memory.

These rambling comments obviously have not produced any very clear picture of the School of Medicine as it exists today, but the names of Long, Lindskog, Peters, Fulton, Blake, Harvey, Gardner, Greene, and others, suffice to indicate the work which is going on. Merely a list of names, however, fails dismally in conveying the general atmosphere which is one of stimulation, interchange, and cooperation. Like any University town or city, life is pleasant, activities endless, and friendliness universal. The Connecticut countryside is beautiful in the spring and fall, and the Sound is close in the summer. Harvard and the M.G.H. are well represented on the Yale faculty by Drs. Salter, Bill Glenn, Wister Meigs, and others, so it is not an entirely strange and foreign land.

If I have communicated any of the nostalgia which writing these lines has evoked, perhaps someone else on the House Staff will be stimulated to head south on the Wilbur Cross Parkway and spend as enjoyable and stimulating a year as I did.

William V. McDermott, Jr., M.D.,
Resident in Surgery

[Dr. McDermott has been appointed Assistant in Surgery on our Visiting Staff since he wrote the above article. *Editor*]

MASSACHUSETTS EYE & EAR INFIRMARY

The Infirmary feels deeply the loss of Henry W. Porter, member of the Board of Managers, who died on January 29 after a short illness. Mr. Porter was a member of the Executive Committee, and also Chairman of the Medical Social Service Advisory Committee, the Public Relations Advisory Committee, and the Industries Committee for Fund Raising. Since 1945 he has been a wise counselor and helpful friend to the Infirmary.

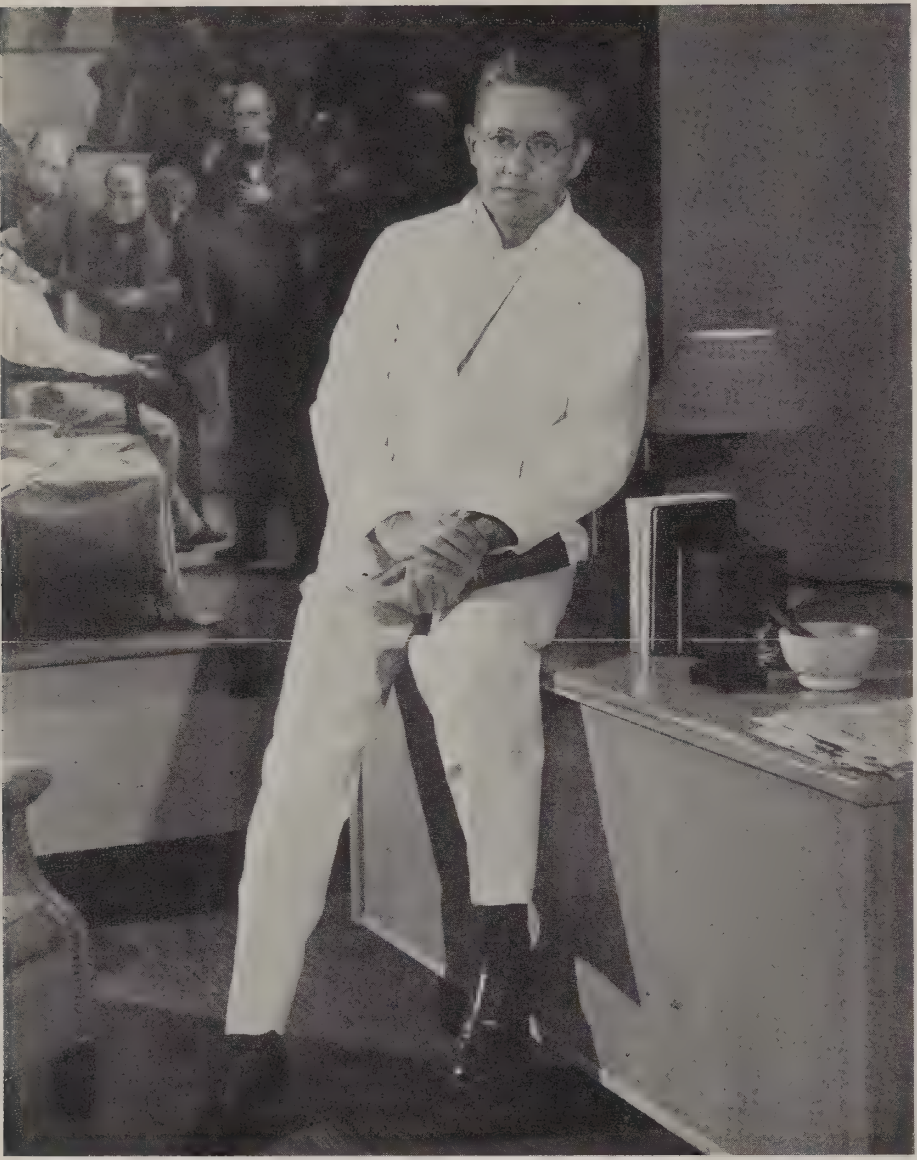
Mr. Porter's family requested that, instead of flowers for his funeral services, donations be sent to the Infirmary, where a memorial to him will be incorporated into the Building Fund.

The Department of Ophthalmology has inaugurated new duties for the Senior Eye Resident. Hereafter he is to be called the Chief Resident. His mornings will be devoted to assisting the surgeons at private operations. In the afternoons he will be assigned to the Retina Service, to examine patients with Dr. Schepens. He will also act as a consultant to other residents who have problems on their services, and will arrange for the biweekly instructional talks to the residents.

Dr. David D. Donaldson read a paper on the "Radiation cataract in experimental animals" at the quarterly meeting of the Bio-Medical Program Directors of the U. S. Atomic Energy Commission, held February 21 in New York City. The paper covers recent investigations in this field, done in collaboration with Dr. David G. Cogan, Director of the Howe Laboratory. It includes a report on work done in X-radiation and neutrons (atomic bomb and cyclotron). The study seeks to determine how much radiation produces cataracts in experimental animals and, ultimately, in humans.

At the January 12 eastern meeting of the Triological Society, held in Philadelphia, Dr. Francis L. Weille, Surgeon in Oto-Laryngology, spoke on "Surgical problems involved in the removal of glomus-jugulare tumors". Dr. LeRoy A. Schall, Chief of the ENT Service, Dr. Moses H. Lurie, Surgeon in Oto-Laryngology, and Dr. George Kelemen, Assistant Surgeon in Oto-Laryngology, gave a paper on "The embryonic hearing organ after maternal rubella".

Dr. Lyman G. Richards, Surgeon for Bronchoscopy and Esophagoscopy, was



No. 31 in a series of Staff photographs
Dr. Henry K. Beecher, Chief of Anesthesia, in his new quarters

interviewed on television on January 15, as a representative from a Red Feather Service. Dr. Richards's topic was "Foreign bodies in the esophagus", illustrated by X-rays and instruments used in the removal of the foreign objects. He repeated his talk at the Annual Meeting of the Board of Managers, held February 14.

Dr. Edwin B. Dunphy, Chief of the Eye Service, read a paper before the Detroit Ophthalmological Society on January 25. His subject was "External eye disease — its relations to constitutional disease".

New addresses:—

Dr. Mariano M. Alimurung (*past gr. stud. Cardiology*), Santo Tomas University Hospital, Manila, P.I.
Dr. Harry A. Durkin (*CM* 1915 & *WM* 1917), 102 North St., Peoria, Ill.
Dr. Boy Frame (*M* 1949), Medical Dept., Grace New Haven Community Hospital, New Haven, Conn.
Dr. W. Philip Giddings (*WS* 1939), 528 Main St., Bennington, Vt.
Dr. R. Earle Glendy (*a.r.p.* 1934), Suite 218, 920 S. Jefferson St., Roanoke, Va.
Lt. Hermes C. Grillo, MC, USNR (*S* 1948), Chelsea Naval Hospital, Chelsea, Mass.
Lt. Robert W. Hopkins, MC, USNR (*S* 1948), Chelsea Naval Hospital, Chelsea, Mass.
Dr. Gale H. Keyes (*M* 1947), 74-21 260th St., Glen Oaks Village, Floral Park, N. Y.
Dr. John McL. Morris (*ES* 1941), c/o Dr. Hans L. Kottmeier, Radiumhemmet, Stockholm 60, Sweden.
Dr. Louis Nathan (*Or.* 1930), 475 Commonwealth Ave., Boston, Mass.
Dr. Robert M. O'Brien (*Or.* 1941), 4161 Lindell Blvd., St. Louis 8, Mo.
Dr. Tracy J. Putnam (*ES* 1923), 450 N. Bedford Drive, Beverly Hills, Calif.
Lt. Edgar J. Schoen, MC, USNR (*CM* 1950), U. S. Naval School of Aviation Medicine, Pensacola, Fla.
Major Donald W. S. Stiff, MC, USAR (*r.p. R* 1950), 141st General Hospital, APO 1005, San Francisco, Calif.
Lt. Weldon W. West, MC, USAR (*S* 1948), Brooke General Hospital, San Antonio, Tex.

Brief bits:—

Dr. Bradford Cannon, Assistant Surgeon on our staff, gave two lectures recently at the University of Kansas Medical Center on "Tissue transplantation" and "Repair of open wounds".

Dr. Edwin F. Cave, Visiting Orthopedic Surgeon at M.G.H., has returned from a trip to Los Angeles and Chicago. On January 23 he addressed the Postgraduate School of the University of California on "Injuries to the knee". In Chicago, on January 29, he spoke before the Annual Meeting of the American Academy of Orthopedic Surgeons on "The use of intramedullary nails in pathologic conditions of the femur".

Harold Emrich, until recently Chief Accountant at the hospital, has been called back into military service as an MP at Fort Sam Houston, San Antonio, Tex. Before coming to the hospital, five years ago, he had served for five years with the U. S. Army in both the European and Pacific Theatres.

Dr. Edward M. Greene (*EM* 1889) adds the note "Age 90" on his subscription renewal card for The News. Dr. Greene and Dr. Hardy Phippen are the only two living alumni of the Class of 1889. Everyone who read it still remembers that amusing letter of Dr. Greene's, in our March 1948 issue, which recounted some of the doings at M.G.H. when he was a House Officer.

Dr. C. Guy Lane, a member of our Board of Consultation, says that much of his professional mail is being sent to his Marlborough Street apartment. He has asked us to announce that his office address is still 416 Marlborough.

Major Roy W. Leeper (*r. D* 1950) returned to active duty in the Army on December 16, as Chief of Dermatology and Syphilology at Murphy Army Hospital. He says the Dermatology Ward has 36 beds which are occupied primarily by frostbite cases. He does not expect this to be his permanent station, and says he will notify us of future moves.

Dr. Tracy B. Mallory, Chief of Pathology, is back at work after a long illness.

Dr. Arrigo Poppi of the medical faculty of the University of Bologna has returned to Italy after having spent several months in the Cardiac Laboratory as a Fulbright Fellow. Dr. Poppi was well known to many members of the 6th General Hospital because of his hospitality to them during their sojourn in Bologna during World War II.

This letter from Dr. Somers H. Sturgis (*ES* 1933) arrived soon after the Great Event.

To the Editor of "97A":

Congratulations! Not even when I was an editor of the *Lampoon* did we achieve quite such a shocking, whimsical, *and* humorous hit! No explanation! Not even April 1! I enjoyed every bit of it! But why? Was it the war in Korea? No matter—it was AI.

I miss everybody at the M.G.H. How could I help it after 20 years, man and boy? Started interning in 1931.

The Brigham is a busy beehive of intense activity. Lots of fun. With much gratification to me, I was recently promoted to Assistant Clinical Professor of Gynecology at Harvard.

The News has always been swell! Keep it up.

Dr. Anthony T. Licciardello (*M* 1948) wrote us the following letter on January 14.

Since leaving the M.G.H. I have been pleasantly engaged in medicine at the V.A. Hospital in Newington, Conn., as Intermediate and now Chief Medical Resident. The work has been good, material plentiful, and instruction excellent. Trudy and I live in a Quonset hut on the hospital grounds amidst a very congenial group of doctors, wives, and numberless children. We have none of our own to report as yet.

Have just received orders to go to Lovell General Hospital at Fort Devens, so The News may be mailed to that station. It is difficult to leave these secure surroundings for the uncertainties of Army life, but perhaps things will be eventful enough to warrant a longer letter at some future date.

We are looking forward to having The News follow us, wherever we may be.

THE NEWS

Boston, Mass. ONE HUNDREDTH ISSUE April 1951

One of the greatest civilizing influences in the world is communication. Our troubles with Russia are, in large measure, due to the fact that the American people cannot communicate with the Russian people. Newspapers are among the important means of communicating. When any community grows beyond the point at which any of its members can easily communicate verbally with any other of its members, it needs a newspaper of some sort.

When the Massachusetts General Hospital opened its wards in September 1821 it had a population of 11 doctors, 1 house officer (house officers were called apothecaries until 1828), a mere handful of non-professional employees, and only 1 patient on September 3, with not another application for admission until September 20. Today it has over 450 doctors on the visiting staff, 120 fellows, more than 100 members of the house staff, about 25 clinical assistants, 360 full-time graduate nurses, 390 nurses in training, nearly 1,000 beds, and about 1800 non-professional personnel. Then, in addition, there are bed patients now averaging over 650 per day, with out-patient visits approximating 700 daily. In other words, today M.G.H. is a microcosm of souls.

Obviously, for such a community a newspaper is a necessity. The M.G.H. now has two: *The News* and *The World*, the latter directed more especially toward our non-professional personnel.

As is not unusual under such circumstances, several abortive attempts were made to start hospital newspapers here before *The News* got under way in 1942. A publication, called the *Bulletin*, was issued from December 10, 1913 through July 1, 1926. It was a small 7" x 4¾" affair, sometimes filling only three pages. There were 34 issues in all. Then, in May 1928, another publication titled the *M.G.H. News*, of approximately the same dimensions as the present paper, was started. For most of its life there were only two issues a year—spring and autumn numbers. It was discontinued with the autumn 1931 issue, in "the interests of economy".

The combination of the Archives Room with *The News* headquarters has proved a happy one. Both enterprises owe their founding in large measure to the late Dr. Frederic A. Washburn.

The News got going well during World War II days under the editorship of Helen Boyer. Since 1944 Cora F. Holbrook has been its able editor, and under her devoted care it has steadily grown in both intellectual and physical stature.

On this occasion of its 100th issue all members of the hospital family can take great satisfaction that our hospital possesses such a worthy and excellent organ.

J. H. Means, M.D.,
Chief of Medical Services

* * *

HOW FIRM A FOUNDATION

When your children ask their fathers in time to come, saying, What mean ye by these stones? Then ye shall answer them. . . .

—*Joshua* 4: 6-7

The Massachusetts General Hospital was incorporated by legislative action on February 25, 1811. The Asylum for the Insane was opened on October 6, 1818. The cornerstone of the General Hospital in Boston was laid on July 4, 1818 and the hospital opened on September 1, 1821.

These prosaic statements give no indication of why or how the Massachusetts General Hospital came into being, yet it is obvious that great need for such an institution existed, that this need was recognized, and that powerful forces were called upon to meet it. This is the story of the founding of the hospital, as told by the original documents.

In the year 1839 the Reverend John Bartlett, pastor of the Second Congregational Church in Marblehead for twenty-eight years, wrote the following letter in response to an inquiry from his son, Dr. John S. Bartlett of Boston. The letter is in our Archives collection.

Marblehead, Mass.
Friday Eve 29, 1839

My dear son,

You ask me to state what I remember of my agency in the commencement of the Massachusetts Hospital and of the McLean Asylum. I believe I have told that the first measures in the very earliest stage of that concern originated with me. From Nov. 3, 1807 to 1810 I was chaplain at the Almshouse in Boston. Dr. Jno. Gorham was the physician of the staff the first and part of the second year of my residence, and Dr. Parker (son of the Bishop) the rest of the time. You know that I was ever interested in your profession, and having there a fine opportunity of indulging my taste, I pursued the study of it from the mere love of it. Much of my time was devoted to the sick, but the portion of the diseased which most interested me was the insane. There were generally from 10 to 20 in the house, and although the care was taken of them, which the circumstances of the house would afford, yet there was no proper place for their confinement and rest, a 20-foot building, with several cells opening into a long entry, in each of which cells was a board cabin or berth, with loose straw, a pail for necessary purposes, was their only accommodation. The violent were confined in strait jackets, and the filth and wretchedness of the place were dreadful. At that time there were no places of refuge for the insane in Massachusetts except in a few private houses in the country, owned and managed by Doctors, such as Willard's of Uxbridge, etc., etc. The mode of managing the insane then was most cruel and unfavorable to recovery. Whipping, etc., was often resorted to (not at the Almshouse) but in these country places. The physicians at the Almshouse were humane, good men, but the subject of insanity they did not appear to understand; or rather, no facilities were afforded them for the employment of those moral remedies, which Pinel and others had so successfully applied in France. This wretchedness of this class of patients and their miserable condition in the Almshouse moved my feelings exceedingly. I gave my mind intensely to the study of the causes and remedies of mania in its various kinds. I went to Philadelphia, N. York, examined the hospitals there, read Pinel and all the accounts I could procure of the Asylums in France, and England. I became deeply convinced of the importance of a similar Asylum in Massachusetts. What prompted me to action was, several persons of respectability seized suddenly deranged, and brought to the Almshouse, were put in these cells. Among others, a Capt. Jones seized suddenly on Change violently deranged. He was a stranger, commander of a vessel, and instantly put into a strait jacket, and locked up in one of these cells.

I sat down to my desk and wrote from 15 to 25 billets addressed to some of the wealthiest and most respectable gentlemen of Boston, requesting them to meet at Conant Hall on the Monday evening following, to take into consideration the importance of adopting some measures for the establishment of a Hospital for the Insane. Among these gentlemen were Sam Smith, Barney Smith, Francis D. Channing, Esq., Thomas Perkins, Col. Joseph May, Drs. J. C. Warren, James Jackson, Jno. Gorham, several others. They met agreeably to notice. Inquired who called them together and why. I gave a representation of the sad condition of the insane, the need of an Asylum, etc. They listened with interest and agreed that something should be done. They adjourned to the next Monday, when they met and formed themselves into a society for the purpose. At these meetings I was Secretary. They adjourned for another week. When they met Doctors Warren, and Jackson, and Gorham suggested the Expediency of uniting with this object, the establishment of a Hospital for the sick. Some fears were expressed that by proposing too much, neither object could be obtained. Consequently, subscriptions were first solicited for the Insane Hospital. Lt. Gov. Phillips subscribed $20,000.

At this third meeting, I observed to the Gentlemen that as I was a young man and little known, it would be better that some other more known should be chosen Secretary. Accordingly they chose Mr. Codman (Richard, I think), son of Stephen Codman, Esq.

Yours in haste,
J. Bartlett

The above letter, written twenty-one years after the opening of the Asylum for the Insane, gives us a graphic picture of the deplorable condition of the mentally ill and sick poor as witnessed by Bartlett during the early 1800's; and so deeply was he disturbed by the suffering of these unfortunates that he called together the group of distinguished Boston citizens, mentioned above, to discuss with them means of remedying the situation.

A letter, recently discovered in the John Collins Warren papers (Vol. VI), now in the Massachusetts Historical Society, establishes the date of the second meeting as March 8, 1810. This letter reads as follows:

Boston, March 9th 1810

Dear Sir,

At the request of a number of gentlemen assembled at Vila's Hall the last evening I communicate to you their proceedings.

Voted—That a Committee be appointed to consider & report on the expediency of establishing a General Hospital for the reception of the Sick, Lunatics & pregnant Women, who may need such an Asylum.

Voted—That Doct. John Warren
Hon. John Phillips
Peter C. Brooks, Esq.
Sam'l Smith, Esq.
Docts. James Jackson
John C. Warren
John Gorham be a
Committee for this purpose.

Permit me, Sir, in behalf of the Gentlemen who assembled, respectfully to solicit your attention to this important subject.

Yours resp^{y}.
John Bartlett, per order

Doct. John Warren

There is this superscription in the hand of John Collins Warren, "Vote of a committee on the subject of a Hospital. 1st proposition."

This committee met. They gave their "attention to this important subject". Action passed into the hands of men of great local influence: John Phillips, twelve years later the first mayor of Boston; Peter C. Brooks, then probably the wealthiest man in the city; and other prominent citizens.

Others, even earlier, had recognized the want of a hospital in Boston. "Thomas Boylston, Esq., by will dated Nov. 12, 1798, proved in 1800, made the town of Boston his residuary devisee in trust, among other objects, to erect a small-pox hospital and a lunatic hospital. The testator was, unfortunately, a member of the firm of Lane, Frazier, and Company, of London, which became insolvent. Hon. William Phillips, by a codicil dated April 18, 1797, proved in 1804, bequeathed the sum of five thousand dollars to the town of Boston for this object."*

So the time was ripe for the issuance of the famous letter of Drs. Jackson and Warren.

Boston, August 20, 1810.

Sir,—It has appeared very desirable to a number of respectable gentlemen, that a hospital for the reception of lunatics and other sick persons should be established in this town. By the appointment of a number of these gentlemen, we are directed to adopt such methods as shall appear best calculated to promote such an establishment. We therefore beg leave to submit for your consideration proposals for the institution of a hospital, and to state to you some of the reasons in favour of such an establishment.

It is unnecessary to urge the propriety and even obligation of succouring the poor in sickness. The wealthy inhabitants of the town of Boston have always evinced that they consider themselves as "treasurers of God's bounty;" and in Christian countries, in countries where Christianity is practised, it must always be considered the first of duties to visit and to heal the sick. When in distress, every man becomes our neighbor, not only if he be of the household of faith, but even though his misfortunes have been induced by transgressing the rules both of reason and religion. It is unnecessary to urge the truth and importance of these sentiments to those who are already in the habit of cherishing them,—to those who indulge in the true luxury of wealth, the pleasures of charity. The questions which first suggest themselves on this subject are, whether the relief afforded by hospitals is better than can be given in any other way; and whether there are, in fact, so many poor among us as to require an establishment of this sort.

The relief to be afforded to the poor, in a country so rich as ours, should perhaps be measured only by their necessities. We have, then, to inquire into the situation of the poor in sickness, and to learn what are their wants. In this inquiry, we shall be led to answer both the questions above stated.

There are some who are able to acquire a competence in health, and to provide so far against any ordinary sickness as that they shall not be deprived of a comfortable habitation, nor of food for themselves and their families; while they are not able to defray the expenses of medicine and medical assistance. Persons of this description never suffer among us. The Dispensary gives relief to hundreds every year; and the individuals who practise medicine gratuitously attend many more of this description. But there are many others among the poor, who have, if we may so express it, the form of the necessaries of life, without the substance. A man may have a lodging; but it is deficient in all those advantages which are requisite to the sick. It is a garret or a cellar, without light and due ventilation, or open to the storms of an inclement winter. In this miserable habitation, he may obtain liberty to remain during an illness; but, if honest, he is harassed with the idea of his accumulating rent, which must be paid out of his future labours. In this wretched situation, the sick man is destitute of all those common conveniences, without which most of us would consider it impossible to live, even in health. Wholesome food and sufficient fuel are wanting; and his own sufferings are aggravated by the cries of hungry children. Above all, he suffers from the want of that first requisite in sickness, a kind and skilful nurse.

But it may be said, that instances are rare among us, where a man, who labours, with even moderate industry, when in health, endures such privations in sickness as are here described. They are not, however, rare among those who are not industrious; and who, nevertheless, when labouring under sickness, must be considered as having claims to assistance. In cases of long-protracted disease, instances of such a description do occur amongst those of the most industrious class. Such instances are still less rare among those women who are either widowed, or worse than widowed. It happens too frequently that modest and worthy women are united to men who are profligate and intemperate, by whom they are left to endure disease and poverty under the most aggravated forms. Among the children of such families also, instances are not rare of real suffering in sickness. To all such as have been described, a hospital would supply every thing which is needful, if not all they could wish. In a well-regulated hospital, they would find a comfortable lodging in a duly attempered atmosphere; would receive the food best suited to their various conditions; and would be attended by kind and discreet nurses, under the directions of a physician. In such a situation, the poor man's chance for relief would be equal perhaps to that of the most affluent, when affected by the same disease.

There are other persons, also, who are of great importance in society, to whom the relief afforded by a hospital is exceedingly appropriate. Such are generally those of good and industrious habits, who are affected with sickness, just as they are entering into active life, and who have not had time to provide for this calamity. Cases of this sort are frequently occurring. Disease is often produced by the very anxiety and exertions which belong to this period of life; and the best are the most liable to suffer. Of such a description, cases are often seen among journeymen mechanics and among servants.

Journeymen mechanics commonly live in small boarding-houses, where they have accommodations which are sufficient, but nothing more than sufficient, in health. When sick, they are necessarily placed in small, confined apartments, or in rooms crowded with their fellow-workmen. They are sheltered from the weather, and have food of some sort; and these must, in many cases, be the extent of their accommodations. Persons of this description would do well to enter a hospital, even if they had to pay the expense of their own maintenance. In most cases, they would suffer less, and recover sooner, by so doing. When, as sometimes happens, they have not the means of payment, they become objects of charity; and the welfare of such persons should be considered among the strong motives in favour of establishing a hospital.

Servants generally undergo great inconveniences, at least when afflicted with sickness, and oftentimes much more than inconveniences. With so much difficulty is the care of them attended in private families, that many gentlemen would pay the board of their servants at a hospital, in preference to having them sick in their own houses. In some cases, however, neither the master nor servant can afford the expense of proper care in sickness. Not uncommonly, a young girl is taken sick in a large family, where she is the only servant. She lodges in the most remote corner of the house, in a room without a fireplace. The mistress is sufficiently occupied with the unusual labours which are thrown on her at a time perhaps when she is least fitted to perform them. Under such circumstances, how can the servant receive those attentions which are due to the sick? Of what use is it that the physician leaves a prescription to be put up at the Dispensary? He goes the next day, and finds that there has not been time even to procure the remedies which he had ordered; meanwhile, the period in which they would have been useful has passed by, and the incipient disease of yesterday has now become confirmed.

Persons of these descriptions would not be disposed to resort to a hospital on every trivial occasion. But, when afflicted with serious indisposition, they would find in such an institution an alleviation of their sufferings, which it must gladden the heart of the most frigid to contemplate.

There is one class of sufferers who peculiarly claim all that benevolence can bestow, and for whom a hospital is most especially required. The virtuous and industrious are liable to become objects of public charity, in consequence of diseases of the mind. When those who are unfortunate in this respect are left without proper care, a calamity, which might have been transient, is prolonged through life. The number of such persons, who are rendered unable to provide for themselves, is probably greater than the public imagine; and, of these, a large proportion claim the assistance of the affluent. The expense which is attached to the care of the insane in private families is extremely great; and such as to ruin a whole family that is possessed of a competence under ordinary circumstances, when called upon to support one of its members in this situation. Even those who can pay the necessary expenses would perhaps find an institution, such as is proposed, the best situation in which they could place their unfortunate friends. It is worthy of the opulent men of this town, and consistent with their general character, to provide an asylum for the insane from every part of the Commonwealth. But if funds are raised for the purpose proposed, it is probable that the Legislature will grant some assistance, with a view to such an extension of its benefits.

Of another class, whose necessities would be removed by the establishment of a hospital, are women who are unable to provide for their own welfare and safety in one of nature's most trying hours. Houses for lying-in women have been found extremely useful in the large cities of Europe; and, although abuses may have arisen in consequence, these are such as are more easily prevented in a small than in a large town.

There are many others who would find great relief in a hospital, and many times have life preserved when otherwise it would be lost. Such especially are the subjects of accidental wounds and fractures among the poorer classes of our citizens; and the subjects of extraordinary diseases, in any part of the Commonwealth, who may require the long and careful attention of either the physician or surgeon.

It is possible that we may be asked whether the almhouse does not answer the purposes for which a hospital is proposed. That it *does not,* is very certain. The town is so much indebted to the liberality of those gentlemen who, without compensation, superintend the care of the poor, that we ought not to make this reply without an explanation. The truth is that the almshouse could not serve the purpose of a hospital, without such an entire change in the arrangements of it as the overseers do not feel themselves authorized to make, and such as the town could not be easily induced to direct or to support.

The almshouse receives all those who do not take care of themselves, and who are destitute of property, whether they be old and infirm, and unable to provide means of assistance; or are too vicious and debauched to employ themselves in honest labour; or are prevented from so employing themselves by occasional sickness. This institution, then, is made to comprehend what is more properly meant by an almshouse, a bridewell or house of correction, and a hospital. Now, the economy and mode of government cannot possibly be adapted at once to all these various purposes. It must necessarily happen that in many instances the worst members of the community, the debauched and profligate, obtain admission into this house. Hence it has become, in some measure, disreputable to live in it; and, not unfrequently, those who are the most deserving objects of charity cannot be induced to enter it. To some of them, death appears less terrible than a residence in the almshouse.

It is true that the sick in that house are allowed some greater privileges and advantages than are extended to those in health; yet the general arrangements and regulations are, necessarily, so different from those required in a hospital, that the sick—far from having the advantages afforded by the medical art—have not the fair chance for recovery which nature alone would give them. Most especially they suffer for the want of good nurses. In these officers must be placed trust and confidence of the highest nature. Their duties are laborious and painful. In the almshouse, they are selected from among the more healthy inhabitants; but, unfortunately, those who are best qualified will always prefer more profitable and less laborious occupations elsewhere. It must, then, be obvious that the persons employed as nurses cannot be such as will conscientiously perform the duties of this office.

In addition to what has already been stated, there are a number of collateral advantages that would attend the establishment of a hospital in this place. These are the facilities for acquiring knowledge, which it would give to the students in the medical school established in this town. The means of medical education in New England are at present very limited, and totally inadequate to so important a purpose. Students of medicine cannot qualify themselves properly for their profession, without incurring heavy expenses, such as very few of them are able to defray. The only medical school of eminence in this country is that at Philadelphia, nearly four hundred miles distant from Boston; and the expense of attending that is so great, that students from this quarter rarely remain at it longer than one year. Even this advantage is enjoyed by very few, compared with the whole number. Those who are educated in New England have so few opportunities of attending to the practice of physic, that they find it impossible to learn some of the most important elements of the science of medicine, until after they have undertaken for themselves the care of the health and lives of their fellow-citizens. This care they undertake with very little knowledge, except that acquired from books;—a source whence it is highly useful and indispensable that they should obtain knowledge, but one from which alone they never can obtain all that is necessary to qualify them for their professional duties. With such deficiencies in medical education, it is needless to show to what evils the community is exposed.

To remedy evils so important and so extensive, it is necessary to have a medical school in New England. All the materials necessary to form this school exist among us. Wealth, abundantly sufficient, can be devoted to the purpose, without any individual's feeling the smallest privation of any, even of the luxuries of life. Every one is liable to suffer from the want of such a school; every one may derive, directly or indirectly, the greatest benefits from its establishment.

A hospital is an institution absolutely essential to a medical school, and one which would afford relief and comfort to thousands of the sick and miserable. On what other objects can the superfluities of the rich be so well bestowed?

The amount required for the institution proposed may, at first sight, appear large. But it will cease to appear so, when we consider that it is to afford relief, not only to those who may require assistance during the present year or present age, but that it is to erect a most honourable monument of the munificence of the present times, which will ensure to its founders the blessings of thousands in ages to come; and when we add that this amount may be raised at once, if a few opulent men will contribute only their superfluous income for one year. Compared with the benefits which such an establishment would afford, of what value is the pleasure of accumulating riches in those stores which are already groaning under their weight?

Hospitals and infirmaries are found in all the Christian cities of the Old World; and our large cities in the Middle States have institutions of this sort, which do great honour to the liberality and benevolence of their founders. We flatter ourselves that in this respect, as in all others, Boston may ere long assert her claim to equal praise.

We are, sir, very respectfully, your obedient servants.

James Jackson.
John C. Warren.*

The result of this letter was a petition by James Bowdoin and others to the Legislature. The next document from which we can quote is the "Report of the Committee of both Houses of the Massachusetts Legislature, to whom was referred the petition of James Bowdoin and others, praying for the aid of the Government in the establishment of a General Hospital."

COMMONWEALTH OF MASSACHUSETTS

The Committee of both Houses, to whom was referred the petition of James Bowdoin and others, praying for the aid of the Government in the establishment of a *General Hospital,* for the reception of sick and insane persons, have attended that service, and beg leave, respectfully, to state, for the consideration of the Legislature, the principal objects of the proposed institution, the nature of the aid solicited from the Government, and the most prominent advantages, which, in the opinion of your Committee, would accrue to the Commonwealth, from granting the prayer of the petition.

A number of opulent and charitable citizens of Boston and the vicinity (among whom are the petitioners) having contemplated the advantages which have resulted to other countries, and to some of our sister states, particularly New-York [sic] and Pennsylvania, from the establishment of similar institutions, have been long desirous of raising a fund, by private subscription, for this benevolent purpose. They wait only for the countenance and patronage of the Legislature, in laying a foundation for such an establishment, as a signal to commence their operations, and to proceed in the execution of their humane and honourable project.

It is contemplated by the petitioners, that the proposed Hospital shall be erected in the vicinity of the metropolis, in some healthy and retired situation, on a plat of ground sufficiently extensive to afford air and exercise for patients of every description, and for the erection of all necessary offices, connected with the institution; that the scite [sic] of these buildings shall be so remote from the town, as to be exempted from the confusion of a large and populous city; and yet so near as to insure the best medical assistance, and the advantages to be derived to the community from improvement in medical science.

The Hospital, thus established, is intended to be a receptacle for patients *from all parts of the Commonwealth,* afflicted with diseases of a peculiar nature, requiring the most skilful treatment, and presenting cases for instruction, in the study and practice of surgery and physic.

Among the unfortunate objects of this charitable project, particular provision is to be made, for such as the wisdom of Providence may have seen fit to visit with the most terrible of all human maladies— *a deprivation of reason.*

For the accommodation of *lunatic* and *insane persons,* an arrangement is intended, either by the erection of a separate building, or by appropriating different wards in the same building, detached in such a manner as will effectually guard against the injuries resulting from an indiscriminate communion with patients of a different description.

From the information which your Committee have received, as to the result of experiments in the cities of New York and Philadelphia, as well as from the opinions of professional gentlemen, of the highest reputation and most extensive experience, your Committee are fully convinced a *Lunatic Hospital* may be conveniently and advantageously connected, with one for the reception of other patients. While, therefore, every possible comfort and relief, which the most skilful practice and attentive nursing can afford, is to be extended to a class of patients, comparatively few, and whose long continuance in a Hospital, exclusively devoted to them, would necessarily limit the advantages of such an institution, the circle of charity is to be more widely extended, by embracing all whose bodily diseases and situation in life, may render them proper subjects of admission to a *General Hospital.*

Your Committee think it unnecessary to attempt a precise enumeration of *all,* who are contemplated by the petitioners to come within the scope of their project. Persons of every age and sex, whether permanent inhabitants of the town, or occasional residents therein, citizens of every part of the Commonwealth, as well as strangers, from other states and countries, those in indigent circumstances, who, while in health, can gain by their labour a subsistance [sic] for themselves and families, but, when assailed by disease are deprived of the ordinary comforts of life, and by such privations become the victims of disorders, which would yield to salubrious air, suitable medicine and regimen, accompanied by the united efforts of the physician and the nurse, these are among that wretched portion of the community, for whom it is intended to open a tranquil and comfortable asylum.

Of the persons thus enumerated, your Committee are assured, by the most respectable authority, that one in three who annually die, might, by proper accommodations, skilful treatment, and faithful nursing, in all probability, be snatched from the grave, and restored to health and usefulness in society. But it is not to the indigent alone that the advantages of this institution are to be extended. Experience in other states has proved, that persons requiring the best surgical and medical aid, and having the means of defraying the moderate expenses incident to such a situation, will frequently, from choice, resort to a Hospital, as furnishing the most convenient accommodations, and the surest means of restoration to health.

This brief exposition of the benevolent views of the petitioners, it is confidently hoped, will satisfy an enlightened Legislature, that the project is not the result of a narrow and selfish policy, intended to secure to the inhabitants of the metropolis, local privileges and advantages, at the expense of the Commonwealth.

When it is considered how great a portion of the population of the town of Boston, is composed of mechanics, journeymen and apprentices, labourers, and domestic servants, mere sojourners in the city, with no connections near at hand, ready to pour oil and wine into their wounds, when they are in need of relief, it cannot be doubted, that the plan of a general hospital, is the offspring of a liberal and expansive benevolence, ranging far beyond the confines of a single town, and seeking for objects of solace and comfort, among the whole family of man!

As to the aid which the petitioners solicit from the Legislature, your Committee are fully satisfied it is by no means beyond the importance of their object and for which the Commonwealth will forever receive, a most ample equivalent, in the public advantages to be derived from the proposed institution.—They ask for an act of incorporation, to enable them to manage their funds in such a manner, as to ensure the success of their project.—They ask, also, for a grant of the Province house, the value of which may be estimated at from thirty to forty thousand dollars. This estate, it is well known, has long been unproductive, and is daily diminishing in value.

By the terms of the proposed grant, according to the request of the petitioners, it is not to take effect, until the sum of one hundred thousand dollars, shall have been raised by private subscription or donation. This sum, it is well ascertained, will be furnished by the voluntary contributions of the petitioners, and other opulent individuals, who are zealously engaged in the project, and who are ready to erect the superstructure, whenever the corner stone shall have been laid by the Commonwealth. Although this sum, with the proposed grant, would not be adequate to the perfect accomplishment of the plan, yet no reasonable doubt can exist, that the progressive accumulation of the fund, from the munificence of other individuals, who will be eager to "go and do likewise," will ensure its speedy and effectual execution.

Among the paupers in the alms-house, in the town of Boston, who are chargeable to the Commonwealth, there are, at this time, fifty five [sic] invalids, who are supported at the rate of one dollar and fifty cents per week, making, in the whole, an *expence* of *four thousand two hundred and ninety dollars per annum.* Were the proposed Hospital now in operation, most of these patients would be at once transferred to it, where they would be attended without any charge to the government, and an annual expenditure, from the public treasury would thus be saved, far exceeding the interest of the property proposed to be granted.

When it is considered how many sick and disabled paupers are supported in other parts of the Commonwealth, at the charge of the Government, who would be entitled to a place in this general asylum, and how rapidly this expence is increasing, by the constant influx of foreigners, it is believed the most rigid calculation will warrant the inference, that the proposed appropriation would be a gain to the treasury, and an alleviation of the burdens of the people.

In this view of the subject, the petitioners may be considered, as rather soliciting for an opportunity to give to the public, than as requesting a grant for mere local advantage, or individual emolument.

The immense benefits to be derived from a General Hospital, as a school for improvement in surgery and physic, are too obvious to require illustration. It is well understood that for want of such an institution, many students belonging to Massachusetts, resort annually to New-York [sic] or Philadelphia, for the completion of their medical education. The location of the proposed Hospital, is intended to be such as will accommodate students in the metropolis, and at the University in Cambridge, and the skill thus acquired, by the increased means of instruction, will be gradually, and constantly diffused, through every section of the Commonwealth.

Influenced by these considerations, and deeply impressed with the belief, that the object of the petitioners is highly honourable to themselves, and would conduce to the glory of the Commonwealth; contemplating the permanent nature of the intended institution, and reflecting that it is the duty of enlightened Legislators, to provide not only for the present generation, but to be active and vigilant in advancing the happiness of their posterity, your Committee most cheerfully accord with the benevolent wishes of the petitioners, and report that they have leave to bring in a bill, conformable to the prayer of their petition; which is respectfully submitted by

WM. KING, *Per Order.*

Although not officially dated, this report was undoubtedly prepared in 1810. It was an admirable document, except for the argument that the establishment of a private charitable hospital would relieve the public treasury of the just expense of caring for indigent patients; one hundred forty years later we find the Legislature of Massachusetts following this same procedure. Private charity is still called upon to subsidize public responsibility.

The bill referred to in the report of the Committee was presented and passed on February 25, 1811, in the following form:

An Act to incorporate certain persons, by the name of

The Massachusetts General Hospital

Sect. 1. *Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same,* That James Bowdoin, John Adams, Elbridge Gerry, Theophilus Parsons, William Gray, John Thornton Kirkland, Harrison Gray Otis, Christopher Gore, William Eustis, William Phillips, John Quincy Adams, Henry Dearborn, Levi Lincoln, Isaac Parker, Joseph B. Varnum, George Cabot, Perez Morton, Thomas Dawes, Thomas Hazard, jun., Thomas Cutts, Israel Thorndike, Matthew Bridge, Samuel Brown, James Perkins, David Tilden, John Lowell, Samuel Dana, Joseph Story, William King, Samuel Fowler, Marshall Spring, Thomas H. Perkins, Thomas C. Amory, Benjamin Bussey, Aaron Hill, William Heath, Thomas Kittredge, James Prince, Benjamin Greene, Thomas Melville, Joseph Collidge, Elias H. Derby, John C. Jones, Jonathan Davis, Jonathan Harris, James Mann, Timothy Childs, Daniel Kilham, Benjamin Crowninshield, Arnold Welles, Jonathan Amory, Robert Hallowell, Andrew Cragie, John Warren, Richard Sullivan, and William Payne, together with such other persons as may hereafter be admitted members of the Corporation hereinafter created, according to the By-laws thereof, be, and they hereby are incorporated and made a body corporate and politic, by the name of THE MASSACHUSETTS GENERAL HOSPITAL, and by that name may sue and be sued, and shall have and use a common seal, to be by them devised, altered, and renewed at their pleasure.

Sect. 2. *And be it further enacted,* That the said Corporation may take and receive, hold, purchase, and possess, of and from all persons disposed to aid the benevolent purposes of this institution, any grants and devises of lands and tenements, in fee simple, or otherwise, and any donations and bequests, and subscriptions of money, or other property, to be used and improved for the erection, support, and maintenance of a General Hospital for sick and insane persons. *Provided,* that the income of said Corporation, from its real and personal estate together, do at no time exceed the sum of thirty thousand dollars. [This last proviso was stricken out by amendment in 1886, Chapter 131.]

Sect. 3. *And be it further enacted,* That it shall be in the power of the Legislature of this Commonwealth, or of any committee or officer, duly appointed by them for that purpose, to introduce into the said Hospital, all such lunatic and sick persons as may hereafter be chargeable to this Commonwealth, and who would otherwise receive support and medical and other necessary aid and assistance at the expense of the public Treasury, as soon as said Hospital may be in readiness, and to have provided for them therein suitable apartments, bed-clothing, board, and nurses, and the most skilful medical advice, free of all cost to the Commonwealth, and at the sole charge of the funds of the Corporation. *Provided,* the whole number of patients so received into said Hospital, at the request of the Legislature, or of officers appointed by them for that purpose, shall at no one time exceed thirty, unless the Trustees of said Corporation shall consent to the admission of a further number of the State's poor. [Repealed and substituted, 1813, Chapter 42, Sec. 1, which provided that the Corporation should appropriate from its funds for the support of these persons an amount equal to simple interest on the money received from the sale of the Province House. Furthermore, this obligation was entirely wiped out by Resolves of Massachusetts, 1815, Chapter 171. Vol. VII, p. 163.]

Sect. 4. *And be it further enacted,* That in consideration of the obligation aforesaid imposed upon said Corporation in the foregoing section, the estate commonly called the Old Province House, with all the lands under and appurtenant to the same, be and are hereby given and granted unto said Corporation in fee simple, to be sold at the discretion of said Corporation, and the proceeds thereof to be held and applied, as a foundation of a General Hospital. *Provided, however,* that before such sale shall be made, the said Corporation shall give bond to the Treasurer of this Commonwealth, with surety or sureties, to be approved of by His Excellency the Governor and Council, for the time being, that the proceeds of said sale, with the interest thereon, shall be paid into the Treasury, for the use of the Commonwealth, within five years from the passing of this act, unless an additional sum of one hundred thousand dollars shall have been raised and provided by private subscriptions or donations, other than grants from the Commonwealth for the purposes of this act. [Amended 1813 and 1815, allowing until Feb. 25, 1821 to raise the money and making the raising of $100,000 the sole condition to be applied to the sale of the Province House.]

Sect. 5. *Be it further enacted,* That the said General Hospital shall be under the direction and management of twelve Trustees, who shall be chosen annually, and shall remain in office until others are chosen and qualified in their stead; four of which Trustees shall be chosen by the Board of Visitors, and the remaining eight by the Corporation aforesaid. [Amended 1819 and finally in 1864, Chapter 46, that the four Trustees are to be appointed by the Governor with the consent of the Council.]

Sect. 6. *And be it further enacted,* That the said Corporation may, at their first or any subsequent meeting, choose all necessary and convenient officers, who shall have such powers and authorities as the said Corporation may think proper to prescribe and grant to them, and who shall be elected in such manner, and for such periods of time, as the by-laws of the said Corporation may provide. And said Corporation may further make and establish such by-laws and regulations, for the internal government and economy of the Hospital, as they may think proper, not repugnant to the Constitution and Laws of this Commonwealth.

Sect. 7. *And be it further enacted,* That the Governor, Lieutenant Governor, the President of the Senate, and Speaker of the House of Representatives, with the Chaplains of both Houses, for the time being, be, and hereby are made and constituted a Board of Visitors of the said Hospital; with authority to visit the same semi-annually, and as much oftener as they may think proper, in order to inspect the establishment, and the actual condition of the sick, to examine the by-laws and regulations enacted by said Corporation, and if they see fit to disallow and annul the same, and generally to see that the design of the institution be carried into effect, in a careful, tender and effectual manner; and especially to see that the State has its full proportion of patients in the Hospital, as provided in the third section of this act, and that the said patients are suitably attended to, and comfortably maintained. [That part allowing the Board of Visitors to annul the bylaws repealed, 1813, Chapter 42.]

Sect. 8. *And be it further enacted, by the authority aforesaid,* That in case of the separation of the District of Maine, and the erection of it into a separate State, pursuant to the provisions of the Constitution of the United States, the amount of the sale of the Province House shall be carried into the estimate, with the other public property of the Commonwealth.

Sect. 9. *And be it further enacted,* That it shall be lawful for the Corporation, at any general meeting of the members thereof, to alter or change the name of said Corporation, either by substituting the name of any distinguished benefactor, who may contribute a sum exceeding the amount given by the Commonwealth, or by adding the name of such benefactor to the name given to said Corporation by this act, in case the sum so given by such benefactor shall not exceed the sum given by the Commonwealth. And upon such change so as aforesaid made, the said Corporation shall have a right to assume and take such name, and shall have, hold and enjoy all the powers and privileges given by this act, notwithstanding such alteration and change.

Sect. 10. *And be it further enacted,* That James Bowdoin, Esq., be and hereby is authorized to call the first meeting of said Corporation, by notification, and therein to appoint the time and place of said meeting: *Provided,* that no notification shall be deemed valid, unless it be published in all the newspapers printed in Boston, for six weeks in succession.

Sect. 11. *Be it further enacted,* That the Legislature shall have power to alter, amend, or repeal this act, whenever they shall be of opinion that the public good may require it: *Provided,* that no such alteration, amendment, or repeal, shall be made in such manner as to revest in the Commonwealth the grant herein made, or the proceeds thereof, after a private subscription for the purposes of this act shall have been actually commenced. (Repeal, 1813, Chapter 42, Sec. 4.)

Sect. 12. *Be it further enacted,* That the said Hospital may be erected in any place not included within the territorial limits of the town of Boston. (Repeal, 1813, Chapter 42, Sec. 4.)

On February 26, 1811 the situation was as follows: The need for and desirability of a hospital had been demonstrated and accepted. Doctors and "opulent citizens" had been interested. The Legislature had passed an Act of Incorporation and the Commonwealth offered to aid the project through a grant of the Province House. However, certain steps remained to be taken. The corporate organization had to be formed and money collected.

The first meeting of the 56 persons named in the Act, who formed the corporation, was held on April 23, 1811. The Honorable John Adams, second President of the United States, was the moderator; Richard Sullivan was chosen secretary; and a committee was appointed to prepare bylaws, which were adopted on July 5. "Trustees were not chosen till Feb. 2, 1813. The Corporation was organized by a President and Vice-President, Treasurer and Secretary; the Secretary being, *ex officio,* Secretary of the Board of Trustees. . . . At the first meeting of the Trustees, Feb. 23, 1813, held at the house of Colonel T. H. Perkins, the draft of an address to the public was read, adopted, and ordered to be printed, 'with a suitable circular letter to every clergyman in the Commonwealth'."*

On January 9, 1814 another very long address to the public, written by President Quincy of Harvard, having been approved by the Overseers of the Poor, was adopted and a committee appointed to solicit subscriptions. The basis of the subscription was announced to be that "no sum subscribed shall be demanded, unless, before Jan. 1, 1815, the sum subscribed by individuals to the institution shall amount to at least a hundred thousand dollars"; but still, in spite of this provision, probably because of the depressed condition of trade in Boston, caused by the War of 1812, "on Jan. 18, 1815, the proposed subscriptions were suspended."*

The reason for the lack of progress between 1810 and 1815 is readily understood when one reviews the history of this period, beginning with the Embargo Act of 1807, its repeal in 1809, followed by the Nonintercourse Act applying to Great Britain and France, and the vacillating foreign policy of the United States, culminating in actual war from June 18, 1812 to 1815. Although the Treaty of Ghent was signed on December 24, 1814, the Battle of New Orleans was fought on January 8, 1815 before the news of the Treaty had reached America. Considering the effect of all this upon New England and its shipping, it is extraordinary that the people of Boston had the courage to proceed as far as they did in the formation of the Corporation and even to contemplate raising one hundred thousand dollars to build a hospital.

In spite of the disruption of war, by April 14, 1816 Boston had recovered sufficiently for the Trustees to order a new address to be drafted, printed, and distributed. A fresh impetus was given to the project in December, when $5,000 was received from the Humane Society for the Insane Hospital. This encouraged the Trustees to order the purchase of the Barrell Place (or Joy Estate) in Charlestown, for the Insane Hospital, to appoint Ward Committees for the collection of subscriptions, and to authorize Mr. Lowell to prepare a new address to the public. Affairs moved rapidly now. On December 29, 1816 the Ward Committees reported that in three days the subscriptions were $78,802; by January 5, 1817 they reached $93,969. The present site of the General Hospital on Allen Street was purchased on March 30, 1817, and on April 6 Drs. Samuel Danforth, Isaac Rand, John Jeffries, Lemuel Hayward, David Townsend, Thomas Welch, Aaron Dexter, and William Spooner were chosen Consulting Physicians; Dr. James Jackson, Acting Physician; and Dr. John C. Warren, Acting Surgeon.

Altogether there were 1047 subscribers; 245, by giving $100 or more, became members of the Corporation. William Phillips gave $20,000. "The importance of this donation can hardly be over-estimated. It encouraged the friends of the project, and awakened a corresponding liberality in others."*

The present hospital seal was prepared and adopted on November 30, 1817, "the device being an Indian with his bow in one hand, and an arrow in the other; and on his right a star, being encircled with the inscription, 'MASSACHUSETTS GENERAL HOSPITAL, 1811'."*

Early in this year, 1817, the Trustees had presented a petition to the Legislature which resulted in the following resolve, passed June 12, 1817:

Resolved, That the stone to be employed in the erection of the Massachusetts General Hospital shall be hammered and fitted for use, so far as the same can be done, by the convicts at the State Prison of this Commonwealth, in such manner as the Trustees of said Institution for the time being, or their agent, may request, free of expense to said Corporation, as soon as may be, after such stone shall be delivered at said Prison wharf, for that purpose: *Provided,* that nothing herein contained shall be so construed as to prevent or retard the fulfilment of any existing contract for stone work, with any other person or persons whatever. And provided, also, that the materials to be worked shall be delivered free of expense to the Commonwealth, at such part of the Prison limits as the Warden may direct, and removed from thence when directed by the Warden, also free of expense to the State. (Resolves of Mass., 1817, Chapter 25, Vol. VII, p. 418.)

Encouraged by this generous action of the Legislature, the Trustees ordered on December 7, 1817 that the Hospital be built "of stone, and *of that kind called granite.*" Granite is a hard, enduring stone and Chelmsford granite which the Trustees chose seems to be especially hard. One cannot help sympathizing with the convicts who had to "dress" this resistant material. By another resolve passed in 1824, we learn that the cost of this convict labor was $4,176.43 and that it was borne by the Commonwealth.

"On Saturday, the 4th of July [1818], the corner-stone of the Hospital in North Allen Street, in pursuance of the vote of the Trustees, was laid in Masonic form by the Grand Lodge of Massachusetts, in presence of his Excellency the Governor, his Honor the Lieutenant-Governor, the Honorable Council, many charitable societies, the Selectmen and Board of Health of the town of Boston, the members of the Corporation of the Massachusetts General Hospital, and a great concourse of citizens, who assembled to witness the ceremony.

"Under the stone was placed, in addition to a number of coins, a silver plate or tablet, whereon was engraved the following inscription:—

"The Corner-stone of this Edifice,
DESIGNED AS A GENERAL HOSPITAL, FOUNDED BY THE MUNIFICENCE OF
THE COMMONWEALTH OF MASSACHUSETTS, AND OF MANY OF ITS LIBERAL CITIZENS, WAS LAID AT THE REQUEST OF THE TRUSTEES
OF THE MASSACHUSETTS GENERAL HOSPITAL,
BY THE GRAND LODGE OF
MASSACHUSETTS,

FRANCIS J. OLIVER, Esq., Grand Master.
His Excellency JOHN BROOKS, Governor.

His Honor WILLIAM PHILLIPS, Lieut.-Governor, President of said
Corporation, and a most munificent donor.

The Municipal and Military Officers of Boston assisting at the Ceremonies;

THIS FOURTH DAY OF JULY, A.D. MDCCCXVIII. AND OF THE INDEPENDENCE OF THE UNITED STATES, XLIII.
ANNO LUCIS, 5818."*

During the preceding two years work had been going on to prepare the Barrell Place and on October 6, 1818 the first patient was admitted to the Asylum. In 1823 John McLean bequeathed to the hospital $25,000 payable on the death of his widow, and also made the hospital his residuary legatee. The residue amounted to over $90,000. As a result, this unit of the Massachusetts General Hospital was designated by vote of the Trustees in 1826 as the McLean Asylum.

On September 1, 1821 the Bulfinch Building was finished, the doors were opened, and two days later the first patient was admitted. After ten years of labor the Massachusetts General Hospital was ready to begin, in full, its mission—to care for the sick and the insane, to assist in the education of those engaged in this care, to encourage study into the cause, amelioration, and prevention of disease, and to set an example of the practice of all these functions.

Nathaniel W. Faxon, M.D.,
Director Emeritus

BIBLIOGRAPHY

History of the Massachusetts General Hospital, 1810-1851. N. I. Bowditch.

History of the Massachusetts General Hospital, 1872-1900. Mrs. Grace W. Myers.

The Massachusetts General Hospital: Its development, 1900-1935. Frederic A. Washburn, M.D.

Report of the Committee of both Houses of the Massachusetts Legislature, to whom was referred the petition of James Bowdoin and others, praying for the aid of the Government in the establishment of a General Hospital.

Acts and Resolves relative to the Massachusetts General Hospital, 1811-1905.

A history of our country. David S. Muzzey.

Quotations marked * are taken from Bowditch.

The 1839 Bartlett letter transcribed from the original letter in our Archives Department.

Report of the Committee of both Houses of the Massachusetts Legislature transcribed from one of the original pamphlets in our Archives Department.

The Act from *Acts and Resolves relative to the Massachusetts General Hospital, 1811-1905,* collected and published by the Hospital.

RESEARCH BUILDING DEDICATION

May 16, 1951

May 16 is a very important date on our MGH calendar of events, for at that time our new Research Building will be dedicated. Approximately 10,000 invitations to the ceremony will be sent out. Each contributor to the Building Fund will be invited to attend.

The morning exercises will be held in the OPD Amphitheatre. The program, as completed to date, includes the following speakers and the subjects of their addresses:

10:00-10:15 Dr. William H. Sweet. "Uses of nuclear disintegration in the diagnosis and treatment of brain tumor".

10:15-10:30 Dr. A. Baird Hastings. "Observations on the effects of ions and hormones on carbohydrate metabolism".

10:30-10:45 Dr. Fritz A. Lipmann. "Some observations on metabolic effects of the thyroid hormone".

10:45-11:00 Dr. Brown M. Dobyns. "The behavior of human thyroid tumors transplanted to the anterior chamber of the guinea pig's eye".

11:00-11:15 Dr. Paul C. Zamecnik. "Studies on intermediary metabolism of the rat hepatoma".

11:15-11:30 Dr. Henry K. Beecher. "The perception and measurement of pain".

11:30-11:45 Dr. William T. Salter. "Inotropic (digitalis-like) action of blood serum on the myocardium".

11:45-12:00 Dr. Francis O. Schmitt. "Fibrogenesis of certain connective tissues constituents in vitro".

12:00-1:00 Sir Charles R. Harington. The Edward P. Richardson Lecture.

The afternoon exercises on the Bulfinch lawn will begin at 2:30. Mr. Francis C. Gray, Chairman of our Board of Trustees, will extend the greetings of the Board to the assembled guests. The speakers on the afternoon program will be Dr. James R. Killian, Jr., President of Massachusetts Institute of Technology and a member of the Scientific Advisory Committee of the hospital, Sir Charles Harington, Director of the National Institute of Medical Research, England, and Dr. Dean A. Clark.

The Research Building will be open for tours during the entire day.

The following Massachusetts General Staff Associates Committee was appointed by the Board of Trustees on December 29, 1950, in accordance with the nominations submitted as a result of the balloting by the hospital Staff:

For the Trustees
Mr. Francis C. Gray
Mr. Phillips Ketchum
Mr. Ralph Lowell

For the Staff
Dr. Miles P. Baker
Dr. Marshall K. Bartlett
Dr. Edward F. Bland
Dr. Robert R. Linton
Dr. Richard H. Sweet
Dr. Howard Ulfelder
Ex officio
Dr. Dean A. Clark

The purpose of this Committee is to continue the study of the problem of the formation of a professional group at the hospital.

The Vincent Club is putting on its annual production, the 1951 Vincent Show, on April 4—7 at New England Mutual Hall, for the benefit of the Vincent Memorial Hospital. The Show this year will be a cavalcade of show business from 1900 to the present day.

Tickets are on sale at the Box Office, New England Mutual Hall, 225 Clarendon Street, weekdays from 9:30 to 5:30 and on Saturdays from 10 to 4.

The Board of Trustees, at their meetings on February 7 and 23, voted:

To accept the resignation of Dr. Augustus S. Rose with regret and congratulations on his new position;

To grant leave of absence to Dr. Carl W. Gottschalk, Assistant Resident in Medicine, from February 1 to April 1, for special service in the armed forces.

To appoint:

Dr. Roger R. M. Borghgraef as Fellow in Anesthesia, to carry on the duties of an Assistant Resident in Anesthesia for one year, beginning July 1, 1953;

Dr. Edward D. Churchill as Chairman of the Committee on Research;

Dr. Fa-Chi Dunn as Assistant Resident in Dermatology, beginning July 1;

Dr. Kurt Leonhardt as Fellow in Anesthesia for one year, beginning April 1;

Dr. H. Eugene Patterson as Assistant Resident on the Children's Medical Service from February 1 to October 1;

Dr. Samuel R. Schuster as Third Assistant Resident in Surgery, beginning July 1;

Dr. Peter E. Sifneos as Assistant Resident in Psychiatry, beginning January 1, 1952;

Dr. Rhett Talbert as Assistant Resident in Neurology for six months, beginning July 1, 1951, and as Resident in Neurology, beginning January 1, 1952.

At their meetings on February 14 and 21, the General Executive Committee voted:

To promote Dr. Lawrence J. Barrows to the position of Resident in Neurology for six months, beginning July 1;

To change Dr. John J. Cranley, Jr.'s title from that of Clinical and Research Fellow in Surgery to that of Clinical Assistant in Surgery.

To appoint:

Dr. Raymond Adams to the position of Clini-

cal Fellow in Neurology for one year, beginning July 1;
Mr. Raymond S. Quick as Research Fellow in Physics, assigned to the Radiological Department for one year, beginning April 1;
Dr. Jaimie S. Rodriguez as Clinical and Research Fellow in Medicine, effective as of December 15, 1950;
Dr. Gordon D. Winchell as Clinical Assistant in Medicine.

* * *

Contributions amounting to $507 were received by The News during 1950. This amount, over and above the regular subscription fee, was donated toward the support of the paper. A note of appreciation is always sent to each contributor when his check arrives, but we thought you might like to know the total amount of these contributions for the year.

* * *

DOROTHEA GANO LOOFBOUROW

I have been asked to try to give concrete form to the feelings of many people who would like to express their admiration for Dr. Dorothea Loofbourow, a member of the Medical Staff of this hospital from 1944 until her death on January 31. This has become easier to do as the little expressions of admiration and affection have multiplied. Although it is ironic comfort, one of the effects of death is to enable the living to grasp, through the accumulation of small tributes which, singly, seem feeble, the full significance of the life which has ended.

Those who knew her remember especially the time and patience she gave to anyone whom she felt she could help. Several members of the staff have spoken of her willingness to stay long after hours at clinic, in order to see patients who worked and could not come at other times. Another, less orthodox, aspect of her medical work was her ability to feel genuine interest in the personal problems of her patients, and in this characteristic she perhaps unusually resembled the old family physician. When she died, one of her clinic patients wrote, "I considered her a real friend, and now I have lost her. She always called me 'Sophie' when it came my turn to see her at the Hypertension Clinic. You would not think such a simple gesture could make me feel so proud and happy." One of the most striking reactions among her patients was the feeling of personal possession: each one felt that he knew her better than anyone else.

As a person she was both extremely vital and very feminine. "My doctor was a woman! A little bit of a woman!" writes one patient; and it is interesting that she never lost this quality in a predominantly masculine profession. The same patient remarks about her integrity—her inability to assume a mask—and it was, perhaps, this quality which led her to use rather than hide her femininity. Tenderness, tact, patience, and tartness were all utilized to help her patients as fully as she was able to do. The constant eagerness which characterized her was the delicate but unquenchable source of her energy—an energy which often was supplied by pure will, for she was not a strong woman. Her sudden death, preceded by no long period of illness, was the only conceivable one for her: a flame that was, and suddenly is no more. For those who remain, there is left the memory of her warmth and inner strength.

M. M.

LAWRENCE RAYMOND MORRISON

1897 - 1950

Ray Morrison was a sensitive, brilliant man with great courage and singleness of purpose. He wanted to be a neuropathologist; for this he trained himself thoroughly and at this he worked throughout his all-too-few professional years. The tragedy of his untimely death at fifty-three, in the midst of his greatest creative work, was unexpected and sudden. It was the end of his twenty-year fight against tuberculosis. Stricken in 1931, just as he was getting into his stride as an investigator, he was unable to work for four years and underwent many thoracic operations. In 1935 he was able to take up part-time teaching and research, but this was interrupted by much illness and more surgical treatment. He gradually gained strength, so that from 1940 until his death he was able to work full time as an experimental neuropathologist at the Massachusetts General Hospital and teach neuropathology at the Harvard Medical School. Only those who worked with him knew how his marvelous enthusiasm for his work lifted him above pain and fatigue. His shy manner and dry humor were sometimes surprising opposites in his complex character. He worked in a special field, but easily learned new methods from others. Little went on in the hospital and in the world about him that he did not see. He enjoyed reading and art, and could draw well. He was married to Hazel Simmons in 1929. A daughter was born in 1930 and a son in 1931. They lived in Brookline and spent their summers at Sheffield in the Berkshire Hills.

Morrison was born in West Springfield, Massachusetts, in 1897. He attended Tufts College (1920) and then Tufts Medical School, where he graduated as Doctor of Medicine in 1924. He had a general internship at St. Luke's Hospital in New Bedford, and a year of psychiatry at the Danvers State Hospital. He then began his special training by working for six months under Barrett at the Psychopathic Hospital in Ann Arbor, Michigan. In 1926-27 he spent a year in Ferraro's laboratory at the Psychiatric Institute in New York City. The following year he held the Laan Fellowship at the University of Utrecht in Holland. There he worked on anatomy under Winkler and pathology under Radimaker. This was a great stimulus, and he always spoke with happiness of the experience and with admiration for Professor Winkler. Returning to America in 1929 he took up his life's work, teaching neuropathology at the Harvard Medical School and running the histological laboratory of the Neurological Unit at the Boston City Hospital, where he became Neuropathologist in 1930. A year later came his illness. On returning to work he transferred his research to the laboratories of the Massachusetts General Hospital, where he carried on his investigations up to the time of his death. From 1929 to 1941 he was an Assistant in Neuropathology at the Harvard Medical School. In 1941 he was advanced to Instructor and in 1948 to Associate. Although his bibliography consists of only fifteen titles, it is remarkable in that it shows the consistency of his effort to do fundamental research along experimental lines. It also shows the long-range manner in which he outlined problems and carried them through. Each of his publications is a real monograph and is of a high standard of excellence. He never published anything trivial or "preliminary".

His first paper(1) was a description of the work done with Ferraro in New York during 1926 and 1927. It was an investigation of the effect of illuminating gas upon the cells of the central nervous system, and turned his interest toward experimental work and the effects of anoxia, trends which strongly influenced his later investigations. The following year he was enjoying his "Wanderjahr" in Holland, and in Winkler's laboratory produced an important anatomical study(2) showing a tract from the pallidum to the reticular formation of the brain stem. His interest in the demyelinating disorders became apparent shortly after his return to Boston, by his work with Putnam (5)(6) on experimental sclerotic plaques, his study(3) of the effects of electric shock upon the brain, and especially his important description(4) of the role of the oligodendroglia in myelinogenesis. It was just as he was developing new methods for this research that he fell ill.

Returning to research just before the war, his interest in the effects of oxygen deprivation on the brain led to his being chosen to investigate for the Navy the cerebral effects of anoxia in a quantitative way. Qualitative work had been done before, but he first showed(7) what sort of lesions appeared, and where, after producing known amounts of asphyxia for measured periods of time. It was a laborious investigation, including physiological and chemical determinations along with histopathological observations.

His last five years Morrison devoted to two related lines of research—the investigation of the neuropathology of rheumatoid arthritis and the effects on the nervous system of allergic reactions. He showed that a disseminated encephalomyelitis could be produced in animals by the use of homologous antigens(9) and was tracking down the part played by enzymes(10) in such phenomena. His latest paper on immunological aspects of encephalomyelitis(11) is now in press. This work represents an original and hopeful attack upon the obscure problem of the etiology of such diseases as multiple sclerosis.

In relation to arthritis he worked for years as neuropathological adviser to Dr. Walter Bauer's laboratory group. This resulted in a general paper(8) outlining the problem in 1947. To evaluate the post-mortem changes, he found it was necessary to know just what changes occurred in the spinal cord with advancing age. Morrison therefore prepared as controls specimens from 50 spinal cords of persons aged from 10 to 90, and described and photographed the changes in nerve cell, axon, myelin, glia, and connective tissue. This makes a unique book which will soon be brought to completion. In the post-mortem study of many arthritic patients he had found nodular inflammatory lesions in the interstitial tissues of nerve and muscle. This material(13) is also being prepared for publication. In addition, he was making preparations of synovial cells stained by DaFario's method to see whether there was any relation between the secretion of synovial tissue and the Golgi apparatus.

At the time of his death Morrison was still in the midst of all this activity, enthusiastic and always pushing himself to the limit of his strength. His loss is a very real one to Science. His friends and colleagues have lost a companion of rare quality.

S. C.

Bibliography

1. Ferraro, A., and Morrison, L. R. Illuminating gas poisoning. An experimental histopathological study. Psychiatric Quart. *2*: 506, 1928.
2. Morrison, L. R. Anatomical studies of the central nervous system of dogs without forebrain or cerebellum. Haarlem, De Erven F. Bohn, 1929.
3. Morrison, L. R., Weeks, A., and Cobb, S. Histopathology of different types of electric shock on mammalian brains. J. Indust. Hyg. & Toxicol. *12*: 324, 1930.
4. Morrison, L. R. Role of oligodendroglia in myelinogenesis. Tr. Am. Neurol. A. *57*: 444, 1931.
5. Putnam, T. J., McKenna, J., and Morrison, L. R. Studies in multiple sclerosis. Histogenesis of experimental sclerotic plaques and their relation to multiple sclerosis. J.A.M.A. *97*: 1591, 1931.
6. Putnam, T. J., McKenna, J., and Morrison, L. R. Experimental demyelination. Tr. Am. Neurol. A. *57*: 451, 1931.
7. Morrison, L. R. Histopathologic effect of anoxia on the central nervous system. Arch. Neurol. & Psychiat. *55*: 1, 1946.
8. Morrison, L. R., Short, C. L., Ludwig, A. O., and Schwab, R. S. Neuromuscular system in rheumatoid arthritis. Electromyographic and histological observations. Am. J. M. Sc. *214*: 33, 1947.
9. Morrison, L. R. Disseminated encephalomyelitis experimentally produced by use of homologous antigen. Arch. Neurol. & Psychiat. *62*: 688, 1949.
10. Morrison, L. R., and Zamecnik, P. C. Experimental demyelination by means of enzymes, especially the alpha toxin of Clostridium welchii. Arch. Neurol. & Psychiat. 63: 367, 1950.
11. Morrison, L. R., and Waksman, B. H. Tuberculin type sensitivity to spinal cord antigen in rabbits with isoallergic encephalomyelitis. (J. Immunol. — in press)
12. Freund, J., Lipton, M. M., and Morrison, L. R. Demyelination in the guinea pig in chronic allergic encephalomyelitis. Arch. Path. *50*: 108, 1950.
13. Morrison, L. R. Alterations in the spinal cord with advancing age. (To be published)
14. Morrison, L. R. Lesions of nerve and muscle in rheumatoid arthritis. (To be published)
15. Morrison, L. R. The Golgi apparatus and synovial activity. (To be published)

OCCUPATIONAL MEDICINE CLINIC

The Occupational Medicine Clinic began its work on February 1, 1949, supported by a grant from the National Institute of Health. The grant provides funds for out-patient and in-patient study of appropriate clinical material thought to be job-related. No surgical cases are accepted, and dermatological material is accepted only for consultation for diagnostic opinion.

The Massachusetts General Hospital has taken an interest in diseases of industrial origin since 1913, when Dr. David L. Edsall formed an Industrial Clinic. From that time on, until late in the twenties, cases thought to be of industrial origin were seen in the Out-Patient Clinic, with considerable interest on the part of the house staff, visiting physicians, and Social Service Department under Miss Ida M. Cannon's direction. Dr. Wade S. Wright was actively in charge of this work. During the 1920's definitive work on lead poisoning was done at this hospital under the direction of Dr. Joseph C. Aub, supported by funds from the lead industries. With this background, it has been quite natural for interest in occupational diseases to be renewed. Dr. Faxon and Dr. Means have given generously of interest and support in launching the work that is now going on under the title of the Occupational Medicine Clinic. In spite of the restrictions on Federal funds for peacetime research, it is very gratifying to be able to report that funds are to be available in 1951, as previously. In launching this activity, an Advisory Committee was set up, the membership of which is as follows: Drs. Joseph C. Aub, Earle M. Chapman, Dean A. Clark, Nathaniel W. Faxon, Francis T. Hunter, Donald S. King, C. Guy Lane, Arthur L. Watkins, and Alton S. Pope, Deputy Commissioner of Public Health. The group is called together only once a year, but advice and help from the individual members is generously available when needed.

The Occupational Medicine Clinic is greatly benefited by a close liaison with the Division of Occupational Hygiene of the Massachusetts Department of Labor and Industry. The chemists and engineers are able, in field and laboratory studies, to evaluate exactly the qualitative and quantitative hazard in the individual case under study. With such data, correct occupational etiology can usually be established. Also, unusual cases, or groups of cases, come to light through the activities of the Division of Occupational Hygiene. Dr. Harriet L. Hardy, now in charge of the Occupational Medicine Clinic here at Massachusetts General Hospital, serves in a consultant capacity on the staff of this division of the Department of Labor. When problems in diagnosis of chest disease arise, cases are frequently referred to the Department of Physiology of the Harvard School of Public Health for certain tests of pulmonary function. This liaison has grown to be of great mutual interest and will undoubtedly expand as cases are referred to the Occupational Medicine Clinic following community and industrial chest surveys. From time to time the special skills of members of the Department of Biology at the Massachusetts Institute of Technology are enlisted. For example, the study of tissue for the presence of potentially toxic dusts, such as talc, by means of X-ray diffraction or polarizing light is used to identify refractal crystals in biopsy or autopsy material. This type of joint effort will undoubtedly grow as special problems are presented by ever-changing industrial operations.

The work of the Occupational Medicine Clinic divides itself into three categories. On Wednesday mornings Dr. Hardy is in the Out-Patient Medical Clinic and sees cases that have been referred by outside physicians, unions, State agencies, lawyers, or members of the hospital staff for study. This activity has been slow in growing, but at present an average of two cases each week are seen. The cases may be diagnostic problems sent in from Community Chest X-ray surveys or State tuberculosis sanitoria. There are problems in differential diagnosis sent in from visiting physicians who are considering possible industrial etiology of anemias, liver disease, and vague gastrointestinal disturbances, such as may be produced by chronic lead intoxication. It is hoped that this out-patient work will expand. Dr. Earle Chapman is planning to assign a fourth year medical student to help study such cases as might be worth while in the teaching of the problems of occupational disease.

The second phase of Occupational Medicine Clinic activity is the in-patient work, which depends upon the clinical material that presents itself. The presence of certain industries in this community — such as storage battery manufacturing, fluorescent lamp manufacturing, artificial leather industry, and, during the war years, the manufacturing of explosives — determines the kinds of cases that appear for study. Cases of chronic beryllium poisoning from fluorescent lamp manufacturing continue to present themselves, even though beryllium was discontinued in the making of fluorescent lamps in May 1949. The study of this disease is of great interest and importance, because of the seriousness of the prognosis, the widespread systemic effects in affected individuals, and the continuing appearance of new cases. Since it was discovered that ACTH and cortisone have a transient brilliant success as therapy in the treatment of beryllium disease, the Occupational Medicine Clinic has participated in the attempt to understand and evaluate the usefulness of these materials. One case was studied in cooperation with Dr. Albright's group in the Mallinckrodt Ward, in order to collect complete and accurate metabolic data. A study of two cases of lead poisoning at this hospital, and two at the

Veterans Hospital in West Roxbury (in collaboration with Dr. Ronald C. Bishop, recently a member of the Massachusetts General Hospital house staff), has been undertaken to determine whether or not citrate salts are, as has been claimed, successful in the treatment of this disease. A small interesting series of cases of pneumoconiosis has been thoroughly studied, with the help of basic pulmonary function testing, at the Department of Physiology of the Harvard School of Public Health. An attempt has been made to treat such cases with intermittent oxygen therapy under pressure, as suggested by Dr. Motley and his group at Jefferson. This is a worth-while project in rehabilitating men with chronic respiratory disease to the point of returning at least one of these men to more active employment.

A third and important activity of the Occupational Medicine Clinic is to answer consultations in all parts of the Massachusetts General and in other hospitals in this community and in those near by. This service creates and increases interest in diagnosis and brings to light proper problems for clinical investigation in the field of occupational disease. There have been more than thirty such consultations in the past year, and it is hoped that this type of activity will grow as it becomes known that such service is available.

Dr. Hardy was invited by the Royal Society of Medicine in London to read a paper last September on the subject of beryllium intoxication. She spent six weeks in Europe visiting hospitals and universities which are interested in occupational medicine, and plants and governmental agencies concerned with worker illness. She spent a month in Wales, Scotland, and England, and made brief visits to Sweden, Holland, and Belgium. The new World Health Organization was visited to discover what plans are being made for the collection of data concerned with occupational disease from various countries and for the dissemination of such information, together with the authority and means of preventing worker illness. The trip was of great professional benefit, especially in view of the fact that in the European countries the tradition in the field of occupational medicine is considerably older and is dignified by excellent clinical attention. In general, the American interest has been in measuring toxic materials and developing engineering devices for protecting the worker against these materials, with very little interest in knowledge of the clinical effects of industrial insults. Dr. Hardy presented the information gathered on the problem of beryllium intoxication to the scientists at Harwell, which is the atomic energy laboratory in England. She also gave a lecture on the medical aspects of radiant energy at the Institute for Public Health in Stockholm, and presented similar material before a medical staff meeting of the Leiden Clinic at the invitation of Dr. Andries Querido, who recently served for a year as Clinical and Research Fellow on the Medical Staff at the Massachusetts General.

From this description it can be seen that the work of the Occupational Medicine Clinic is a young, enthusiastic attempt to study the problem of etiologic relationship and pathogenesis of insulting exposures in all types of occupations. An important sequel to the investigative and consultative capacity of the Occupational Medicine Clinic is the urge to communicate in informal teaching the existing data and possible implications in clinical medicine of work-acquired intoxications. The problem of discovering appropriate clinical material has not been completely solved. Cases of occupational illness are being solicited with great caution, because of medico-legal complexities, from lawyers, unions, and the Massachusetts Industrial Accident Board. Interest and referrals from members of the Massachusetts General Hospital staff, past and present, will be most welcome. The Occupational Medicine Clinic has an office in old Ward E, and the telephone extension is 820. Consultation requests are gladly answered at any time.

Harriet L. Hardy, M.D.,
Head of Occupational Medicine Clinic

* * *

Dr. J. H. Means was married on February 17 to Carol Lord Butler of Bangor, Maine, daughter of the late Frederick Taylor Lord, M.D., Visiting Physician at the Massachusetts General Hospital from 1912 to 1934 and a member of the Board of Consultation from 1934 until his death in 1941, and of Mabel Clapp Lord, a member of the Ladies' Visiting Committee from 1923 to 1940.

* * *

The National Research Council announced in a recent press release:

> It is now definitely known that synthetic compounds—especially methadone and its derivatives, manufactured from readily available domestic chemicals—can do everything that morphine can do in the relief of pain and in other medical usages of morphine.
>
> Among the many scientists who have aided in this work, particular credit is due to Dr. Henry K. Beecher of Harvard Medical School, to Drs. Lyndon Small and Nathan Eddy of the Public Health Service's National Institutes of Health in Bethesda, Maryland, and Dr. Harris Isbell of the Service's Federal Narcotics Hospital at Lexington, Kentucky.

* * *

Brief bits:—

Dr. Walter S. Burrage, Head of the MGH Allergy Clinic, was elected Vice President of the American Academy of Allergy at its annual meeting in New York on February 6.

Dr. Stanley Cobb, Chief of our Psychiatry Service, delivered a lecture at the meeting of the Toronto Academy of Medicine on March 6. His subject was "Some principles and applications of Psychosomatic Medicine".

Dr. Elmer F. Franseen (*j.r.s. Or.* 1947) is practising orthopedics at 20 Maple St., Springfield, Mass., in association with Dr. Parker C. Carson (*r.s. Or.* 1940).

The General Store celebrated its 10th anniversary on March 5. Congratulations for a job well done and best wishes for continued success.

MASSACHUSETTS EYE & EAR INFIRMARY

Miss Helen Patten, Director of the Speech Clinic for the Hard of Hearing Child in the Winthrop Foundation, has recently returned from a visit to Port au Prince, Haiti, where she demonstrated her methods of teaching speech and lip-reading. Miss Patten was the guest of St. Margaret's Episcopal Convent, which runs the only school for handicapped children in Haiti. Cases of cerebral palsy, cleft palates, and blindness are accepted at the school, as well as those of deafness.

Miss Patten spent most of her time training native teachers in the basic fundamentals of speech therapy. She also gave demonstrations to the doctors and health workers of the community, and to the State Health Department.

Dr. David Donaldson, Fellow in Ophthalmic Research in the Howe Laboratory, will leave in mid-April for Japan. He will conduct a survey of the existing radiation cataracts produced by the atomic bombs at Nagasaki and Hiroshima and will make a complete photographic record with his stereoscopic color camera of each stage of cataract development. The Atomic Bomb Casualty Commission of the Atomic Energy Commission is sponsoring Dr. Donaldson's trip and will publish the results of his findings.

Dr. Robert Sinskey, also, will go to Japan. He will examine new groups of exposed persons for potential cataracts. He has just completed a two-months' apprenticeship in the Howe Laboratory, learning Dr. Donaldson's stereoscopic camera technique.

"Retinitis pigmentosa" is the subject of Dr. Bernard Zeavin's research in the Howe Laboratory. A native of Winnipeg and a graduate of the University of Manitoba, Dr. Zeavin has recently been appointed to a year's fellowship in ophthalmic research.

Dr. Daniel E. Martinez of Monterrey, Mexico, started his residency in Oto-Laryngology on March 1. A graduate of the University of Mexico, Dr. Martinez interned at Quincy City Hospital.

The Annual Meeting of the New England Oto-Laryngological Society was held at the Infirmary on Wednesday, March 28. The morning meeting was devoted to clinical presentation of cases from the Infirmary, with Dr. LeRoy A. Schall, Chief of our Oto-Laryngology Service, presiding. A buffet luncheon preceded the afternoon session, which was conducted by Dr. Robert L. Goodale, President of the N.E. Society and Surgeon in

Oto-Laryngology on our staff. Among the items on the program were: Three cases at the Murphy Army Hospital, presented by Lt. Col. A. H. Delman, M.C., Chief of the EENT Section at Murphy; two motion pictures—one on the fenestration operation, presented by Dr. George E. Shambaugh, Jr. of Chicago, and another on tonsillectomy, using a modification of the Davis type mouth gag, presented by Dr. Rudolph E. Swenson of Plymouth, Massachusetts, Assistant in Oto-Laryngology on our staff. The guest speaker for the afternoon was Dr. William Dameshek of Boston, whose subject was "Blood dyscrasias as related to Oto-Laryngology".

STAFF PUBLICATIONS

Titles of the latest publications by members of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary staffs are listed each month in THE NEWS as a convenience for our readers. For that reason we ask you to send promptly all titles of your latest publications to Cora F. Holbrook, Editor of THE NEWS, together with 1) classification of material, 2) title of article, 3) title of publication in which it appears, together with the volume and page numbers. For books, give the publisher's name and address. The classification of material still continues to be omitted in many instances. It would save your editor considerable time and trouble if you would remember to include that information.

The deadline date for each issue of THE NEWS is the 12th of the preceding month.

All requests for reprints are to go directly to the individual authors, and *not* to Treadwell Library nor to THE NEWS.

The following new titles have been submitted:

Anesthesia

Beecher, H. K.
Early care of the seriously wounded man.
J.A.M.A. 145:193-200.

Beecher, H. K.
Principles, problems, practices of anesthesia for thoracic surgery.
A.M.A. Arch. Surg. 62:206-238.

Beecher, H. K.
Spinal anesthesia (Correspondence).
Surg., Gynec. & Obst. 92:256.

Rudin, D. O., Fremont-Smith, K., and Beecher, H. K.
Permeability of the dura mater to epidural procaine in dogs.
J. Appl. Physiol. 3:388-398.

General Medicine

Benedict, E. B.
Gastritis.
In Current therapy—1951, Philadelphia, W. B. Saunders Co., pp. 199-202.

Oto-Laryngology

Nachlas, N. E.
Rhinolith as a cause of suppurative rhinitis.
New England J. Med. 244:15-16.

Sterility

Simmons, F. A.
Diagnosis and treatment of the infertile male.
In Monographs on surgery—1951, New York. Thomas Nelson & Sons, pp. 267-307.

Miscellaneous

Mosher, H. P.
The expression of the face and man's type of body as indicators of his character.
Laryngoscope 61:1-38.

Books

DeLorme, T. L., and Watkins, A. L.
Progressive resistance exercise: Technic and medical application.
New York, Appleton-Century-Crofts, Inc.

* * *

The following notice concerning Kurt H. Thoma, D.M.D., Chief of our Dental Service from 1943 to 1948 and now a member of our Board of Consultation, was sent to us from the Minneapolis office of *Dental Survey*. It reads:

> Dr. Kurt H. Thoma of Brookline, Massachusetts, is the first dentist to receive a high honor in dentistry in which the recipient was chosen by popular vote of the entire profession.
>
> The Fauchard Medal, for outstanding contributions to dentistry, was presented to the distinguished dental educator and author at the annual banquet of the Pierre Fauchard Academy in the Stevens Hotel, Chicago, on February 3.
>
> The medal winner was named by the Academy on the basis of results of a nation-wide poll conducted in *Dental Survey*, nationally circulated dental monthly. This was the fourteenth presentation of the medal which in previous years was awarded on decision of the Academy board of trustees.
>
> Dr. Thoma, now Professor Emeritus, began teaching in the Harvard Dental School in 1912; he is the author of standard textbooks on oral anesthesia, pathology, surgery, diagnosis, and radiography.
>
> In his acceptance speech, Dr. Thoma paid tribute to Pierre Fauchard (father of modern dentistry, for whom the Academy is named) not only for valuable knowledge and superior technics which he made public, but for the fact that he was willing to share this knowledge for the common benefit at a time when such secrets were jealously guarded for selfish profit and gain. It is through such sharing, continued Dr. Thoma, that dentistry in its many phases has attained its present high level.
>
> In conclusion Dr. Thoma pointed out: "Today a new emergency is with us, requiring preparation for adequate civil defense. The dentist and dental specialist have again the opportunity to take an active part in a true service to the community by organizing for emergency care of injured persons and giving treatment for injuries of the head and face. I am sure Fauchard would not be disappointed in the development of dentistry during this first half of the century."

Dr. Edwards sent us the following article for the House Staff column just before he left last July for a year's leave of absence. Although Dr. Edwards is not here at present, his description of an idyllic vacation may well serve as a suggestion for others who love quietude and nature in the raw. For that reason we give you his article now. *Editor*

In answer to a request for a contribution to the House Staff column, I thought perhaps a description of an enjoyable outing up at the Canadian lakes might be of interest. Two summers ago my wife and I, with our tiny Sealyham pup, drove west to Minnesota and through Duluth to the small town of Ely near the northern border of the state. On the shore of a large lake a few miles outside of town, in a little settlement called Winton, we left our automobile. The French-Canadian manager of "Wilderness Outfitters" on the edge of the lake was expecting us and had complete equipment packed for a two-weeks' trip. This included a canoe, tent, grill, air mattresses, food, and blankets—all of which was included in the reasonable charge of four dollars a day per person.

After loading up, the canoe was towed to the upper end of the lake behind a powerboat, then carried across a four-mile portage on top of what must have been the oldest station wagon in existence. There on the edge of Basswood Lake we took our leave of the driver from "Wilderness Outfitters" and of all vestige of civilization for the next two weeks. As the International Boundary bisects this lake and since most of our time would be spent on the Canadian side, we made our first stop at the Boundary Station on a small island a few miles up the lake. There we purchased our fishing licenses from a lonely Canadian stationed in a tiny hut.

The days that followed were wonderful fun. With complete freedom from rush and worry we paddled from one lake to another, camping when and where we pleased. Sometimes we changed camp site each night, again we stayed for several days in the same location, with short side trips to neighboring lakes for fishing or swimming. Nearly always we picked a small island in the center of a lake for pitching camp, chiefly because of danger from the many bears and moose in the vicinity on the mainland and because we were not allowed to carry a gun into Canada. We saw deer and moose on this trip, but no bear.

This beautiful area lies in Quetico Provincial Park. The land is flat but rocky, with thousands of lakes, usually joined by tiny rivers (so-called), or by short portages. There are no rapids for the "white water" enthusiasts, but the scenery matches any I've encountered, with large jagged boulders partially covered with evergreen forests rising out of the pale blue lakes. The water is cold and clear to a considerable depth. Fish are abundant and usually give an interesting account of themselves before being landed. Wall-eyed pike and pickerel are most common, with an occasional large and powerful muskie. Lake trout are less common but can be found. There are several Indian reservations along these lakes, where the males will dress in their feathers and pose for photographs for a price. Far from being picturesque, these Indians lead an unhealthy existence—living in thatched hovels, each with about a dozen hounds—so we avoided these areas as much as possible.

On previous trips with a group of boys, we had employed a guide. This time, however, we decided to try our luck with our own navigating. This proved easy enough once we could correlate distances on the map with distances on the water. We passed a few canoe-trippers like ourselves, usually at a distance. The only individual with whom we talked was a ranger whose fire prevention and weather station we passed. He turned out to be a student at the University of Manitoba, working on this job during his summer vacation. He paddled over one night and joined us for supper.

After two weeks our route ended back in Basswood Lake. We were met by the same ancient station wagon, and thus returned to civilization. We resolved to come back some day; and next time to rent an aluminum canoe which we had seen and which we had yearned for on some of the portages.

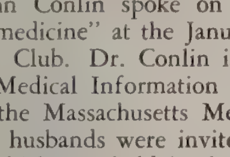
W. Sterling Edwards, M.D.,
2d Assistant Resident in Surgery

New officers for the Distaff Club were elected and took office in January. They are as follows: Eleanor DeLorme, President; Alice Rudin, Vice President; Peggy Manly, Treasurer; Ann Ragland, File Secretary; Emilye Brendler, Corresponding Secretary.

Dr. John Conlin spoke on "Current events in medicine" at the January meeting of the Club. Dr. Conlin is the Director of Medical Information and Education of the Massachusetts Medical Society. The husbands were invited to this meeting, which was held in the Nursing Supervisors' dining room at M.G.H.

The Distaff Club, a group comprised of the wives of the House Staff at M.G.H., holds regular meetings once a month at the hospital or in private homes. An invitation is extended to the wives of all new House Staff members to join our Club.

The group is an informal one, whose primary purpose is to offer the opportunity to the wives of the MGH House Staff to become acquainted with one another. Also, we offer assistance in finding apartments for those new to Boston. If you are interested in coming to our meetings, please telephone Emilye Brendler at Kenmore 6-3742.



In an earlier issue we began the account of Dr. Norton Folsom's administration. He was our eighth Director—or Resident Physician, as he was then called.

Dr. Folsom was a House Pupil at M.G.H. in 1863 and received his M.D. from Harvard in 1864. He had asked for permission to receive his medical degree in March instead of at the end of the college year so that he might apply for a position in a "colored regiment" in the War Between the States. After the war ended he served for three years as Assistant Physician at the Taunton Lunatic Asylum, followed by a similar service at the Bloomingdale Asylum for the Insane in New York City.

When he applied for the position of Resident Physician at Massachusetts General Hospital, the Superintendents of both of the above institutions recommended him very highly. Their letters are in our file, together with one from W. Arthur Conover, Brevet Colonel and late Medical Director, 25th Army Corps, Army of the James, and Medical Director of the Department of Virginia. Colonel Conover's letter is worth quoting. It reads:

> Having learned that Doctor Norton Folsom is an applicant for the position of Resident Physician of the Massachusetts General Hospital, it gives me great pleasure to recommend him to the Board of Trustees as a gentleman and physician, eminently qualified for the position, and one who would give you the greatest satisfaction in the discharge of his duties.
>
> Doctor Folsom served in the late war as Surgeon in Charge of Regiment, Surgeon in Charge of Hospital, Medical Inspector of 25th Army Corps, and Medical Director of the same, in all of which positions I was the Doctor's immediate Superior Officer, and I selected him to fill the responsible positions above mentioned simply on account of his ability to fill the same, and I can justly say no one could have discharged his duties more satisfactorily than he did.
>
> If you should choose the Doctor to fill the position he desires, I am confident you will never regret the act, but on the contrary, consider it most fortunate to have secured the services of so accomplished a gentleman, and one whose experience, ability, and energy cannot fail to accomplish all you desire in the perfecting and building up of your Hospital.
>
> My recommendation is written in strong terms, and I write in this language because I know from my own experience, no young man can bring more experience and knowledge of *Hospital Duties* than the Doctor, and I should like to see him fill so important a position, where in the discharge of his duties he would be a most useful member of society.

Dr. Folsom's letter accepting the position of Resident Physician is dated May 6, 1872. His administration, although brief, was a period of rapid expansion at Massachusetts General. Wards A and B—called the Jackson and the Warren in memory of the late Drs. James Jackson and J. Mason Warren—were begun in the summer of 1872. Probably due to Dr. Folsom's army experience, these buildings were patterned somewhat after army field hospitals. They were of iron and wood, and were connected with the main buildings by covered corridors. Particular attention was paid to ventilation, as that was considered essential for surgical cases. The next year, Ward C—called the Bigelow—was built; and 1875 saw the construction of the Townsend Ward D and the Allen Street House. Wards C and D were of brick and of a more permanent type than A and B.

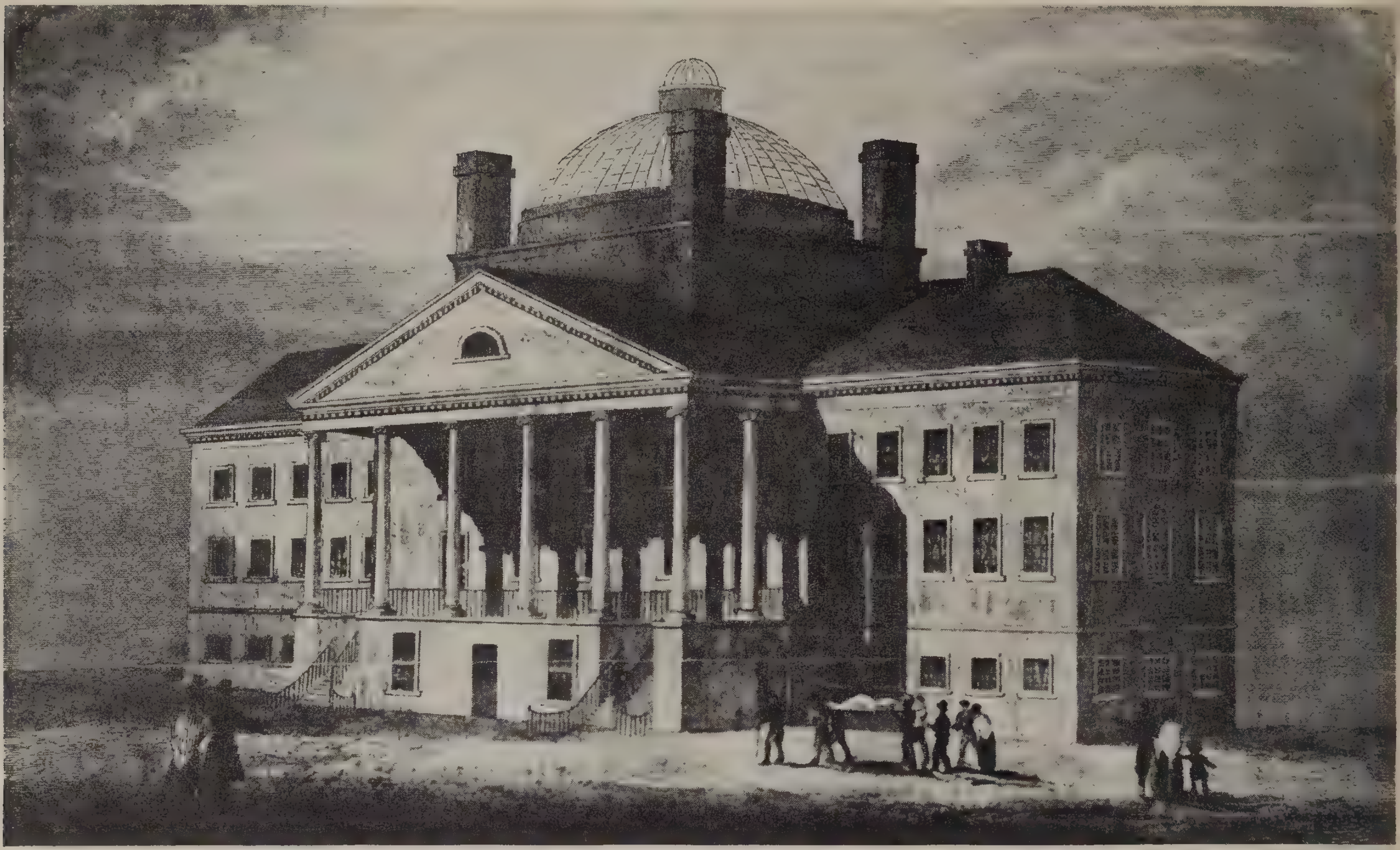
This interesting letter from Dr. Folsom to the Board of Trustees is dated March 19, 1875.

> I have just received a long letter from the President of the Johns Hopkins Hospital of Baltimore, which, after reciting the instructions of the founder to the Trustees—to whom he left about three millions of dollars for the Hospital, and whom he enjoined "to obtain the advice and assistance of those at home and abroad who have achieved the greatest success in the construction and management of Hospitals"— states that the building committee have been authorized "to confer with five distinguished physicians chosen from different parts of the country, who have made Hospitals their special study, and to obtain from them such advice as they may need, and to compensate them for it."
>
> They do me the honor to ask me to be one of these gentlemen, and ask me to embody in writing and send to them by the 1st of May next, such suggestions for their guidance in the construction and management of their Hospital, as my experience will enable me to make, and enumerate a number of points which they desire to be touched upon—and for this they offer a liberal recompense.
>
> This request, coming from a body of gentlemen of the high standing of these Trustees, is an exceedingly flattering one; and I recognize that the high reputation always maintained by our own Institution is the justification of their choice; as well as the interest in their undertaking which I was able to feel and show, at the time of two visits which they made here last year.
>
> Believing that I can comply with their request without neglecting my duties here, and without detriment in any way to this Hospital, I would respectfully ask permission of the Board to accept the remuneration offered.

Dr. Folsom and the four others chosen submitted separate plans for the organization of Johns Hopkins Hospital. These reports were published in 1875. As Dr. Washburn says, in his history of M.G.H., "A quotation from Dr. Folsom's report gives his idea of the duties of the Resident Physician (Director), and is probably a résumé of those duties at the Massachusetts General Hospital of this period." Here is the quotation:

> A Resident Physician—the executive officer; in constant and confidential communication with the Trustees, and in professional sympathy with the medical and surgical staff, he is better able to regulate action, and harmonize various interests, and to control subordinates of varied position and character, than a non-medical superintendent. His duties include those of a steward, and admitting physician; but he should have an assistant, and one or other should be always at the Hospital. Under the direction of the Trustees, he has control of the Hospital in all respects, except the treatment of patients. He makes all purchases for the regular needs of the Hospital, and receives all moneys paid for board or otherwise, and his accounts are settled monthly with the Treasurer. His decisions as to the admission of patients, their rate of board, shape the whole character of the charity. He appoints and discharges all employees not elected by the Trustees. He is responsible for the proper warming, ventilation, cleaning, and repair of the Hospital, and for the discipline of house officers, employees, patients, and visitors. He provides the diet and remedies ordered by the physicians and surgeons, and keeps records of applications, admissions, discharges, etc. He has custody of all property at the Hospital. In case of emergency, in the absence of the visiting physicians and surgeons, he acts for them in regard to treatment, and discharges patients if discipline requires it. He assigns patients to the proper ward and bed, and directs removal or change, when necessary. He orders all autopsies in writing, under rules made by the Trustees. He makes an annual report to the Trustees of the doings of the year, and the state of the Hospital.

Our file on Dr. Folsom reveals a misunderstanding concerning a matter of $500 drawn by Dr. Folsom for the services of a substitute during Folsom's absence on account of illness. The matter was referred to a committee on accounts who,



"How firm a foundation"

on January 14, 1876, reported that while Dr. Folsom was not authorized to draw the $500, he "did it under a misapprehension, supposing that he was entitled to fill his place at the expense of the Hospital, having previously obtained leave of absence from the chairman. Whether or not Dr. F. should return the sum so drawn, the committee beg to refer the question back to the consideration of the Board."

The next item in the file is brief and to the point. It is a four-line note from Dr. Folsom to the Board of Trustees, dated April 18, 1876, and reads:

> Gentlemen,
>
> I have the honor to present to you my resignation of the office of Resident Physician.

An examination of the minutes of the Trustees' meetings during this period fails to substantiate our supposition that Dr. Folsom's resignation may have been due to the $500 matter. The minutes contain the simple statement that his resignation had been received.

The last item in the file is a letter from Dr. Folsom written to the Medical Board on September 30, 1876. It reads:

> I thank the Medical Board most warmly for their appreciation of what I have done, and what I have tried to do, at the Hospital; and no less for the kindness and delicacy which mark the expression of it.
>
> Their letter will always be a valued memorial of their confidence and regard.
>
> I heartily return their good wishes.

New addresses:—

Dr. David W. Compton (*r.p. An.* 1946), 907 East Columbia, Seattle, Wash.
Dr. Leslie C. Dodson (*r.s.* 1932), 330½ Allen St., Owensboro, Ky.
Capt. Harold L. Emrich (*past Chief Accountant, M.G.H.*), Co. D, 307th MP Bn., Fort Sam Houston, San Antonio, Tex.
Dr. Joseph W. Gardella (*M* 1945), Mary Imogene Bassett Hospital, Cooperstown, N. Y.
Dr. G. Douglas Krumbhaar (*assoc. obst.*), 203 Commonwealth Ave., Boston, Mass.
Dr. Raymond F. Kuhlmann (*r.s. Or.* 1948), 256 Pearl St., Burlington, Vt.
Dr. Bernard Maisel (*r.p. P* 1943), 1 East 69th St., New York 21, N. Y.
Dr. Herbert C. Moffitt, Jr. (*EM* 1942), 909 Hyde St., San Francisco 9, Calif.
Dr. Charles W. Robertson (*P* 1942 & *ES* 1943), 203 Commonwealth Ave., Boston, Mass.
Dr. Robert N. Rutherford (*WS* 1938), 707 Broadway, Seattle 22, Wash.
Dr. Carl S. Sawyer (*D* 1943), 184 Waterman St., Providence, R. I.
Lt. James M. Shannon, MC, USAR (*S* 1948), 343rd General Hospital, APO 43, c/o Postmaster, San Francisco, Calif.
Dr. Sam M. Talmadge (*WS* 1938), 1010 Prince Ave., Athens, Ga.
Dr. Benjamin Tenney, Jr. (*WS* 1927), 203 Commonwealth Ave., Boston, Mass.
Dr. Blair van H. Thatcher (*ES* 1945), 18 Kraft Ave., Bronxville, N. Y.
Major John P. Wood, MC, USNR (*gr. asst.* R 1939), Tripler General Hospital, Honolulu, H. I.

* * *

Dr. Clay received the following letter from Dr. Gordon L. Block (*r.s. U* 1950). It is headed 1035 Carew Tower, Cincinnati 2, Ohio, and reads:

> I have just received my diploma from the M.G.H. It will occupy a prominent place in my office from this day hence.
>
> I have recently been appointed to the staff of the College of Medicine, University of Cincinnati, and am enjoying my first few months in practice. However, I do miss Boston and the M.G.H.

From 1 East Gilman Street, Madison 3, Wisconsin, comes this letter from Dr. John W. Littlefield (*M* 1948):

> Here is a check in order that I may receive THE NEWS for a year, with the hope that my corrected title and address will last that long. Though awaiting orders momentarily, I am to this date still a civilian and have started a fellowship in enzymology at the University of Wisconsin as of the first of February.
>
> Shortly before the New Year the chief of my service advised that I use the days before my reactivation in beachcombing around Charleston, S. C. This impressed me as unseemly for a new son-in-law, and we drove north to reach Madison a few hours after it had experienced -37° refrigeration. A cozy little spot forty miles west of here, called Lone Rock, hit -53°. The only organisms appreciating this climate seem to be the enzyme preparations.

We were very glad to receive this letter from Dr. Ellsworth H. Trowbridge, Jr. (*a.r.p.* N 1940).

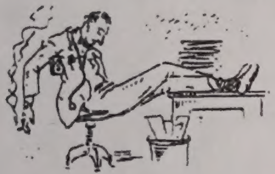
> I am now located in my new office at 1905 Bryant Building, 1102 Grand Avenue, Kansas City, Missouri. Included in the suite is a brain wave laboratory which is probably the highest electroencephalographic laboratory in the world.
>
> Besides private practice, we are in charge of the brain wave laboratory at the University of Kansas Medical School.

Letters from those who have been with us on fellowships from countries outside the United States are always particularly appreciated. This one has come from Dr. J. David Wade (*clin. & res. fel. S* 1950). His address is 20 West Camus Road, Fairmilehead, Edinburgh, Scotland, and reads:

> I am anxious to continue my subscription to THE NEWS, but find it is a very slow business obtaining permission to send you $2. The matter has to go to the Treasury, and you can imagine what that means!
>
> I have just had the pleasure of meeting Ben Rowe who was a surgical resident at M.G.H. last year. I shall further our acquaintance during the next month, when he will be at the Thoracic Unit in Edinburgh. He has just recovered from an unpleasant brand of the local flu and now considers he is fully acclimated to our weather and conditions.

THE NEWS

No. 80 Boston, Mass. June 1949



You probably looked for, and were disappointed that you did not find, a second contribution to the newly-launched House Staff column in your last copy of THE NEWS. Explanation: there was too little time between the announcement of the new section in the April issue and the deadline date for the May number—too little time for the preparation of an article by any one of our busy House Staff. We trust there will be no further interruptions in the schedule, for, as you read the following article and remember Dr. Rodkey's write-up on China, you will see that we were correct in our presumption that our House Staff has something of significance to say.

To the Editor:

The sketch by Dr. Grillo that heads your new department in THE NEWS deserves close examination. There are small details of it not to be passed over unappreciatively. I wonder why Dr. Grillo has his fellow wear a bow tie. The tie-wearing and the non-tie-wearing divisions of the House Staff are notably distinct, if not clearly understood by all observers. This is illustrated by an incident that occurred not long ago in our Emergency Ward. A young lady technician in one of the hospital laboratories cut her finger on a piece of broken glassware. When she presented herself at the E.W. desk she said she had been directed by her superior to request that the injury be treated by "one of the boys without a tie".

Let us back to the picture. A critical evaluation of the pose has been made by some of the staff. One of the critics believes the fellow does not doze, but patiently awaits X-ray reports to be processed.

On the other hand, it seems to me that the young doctor in the drawing does not sleep, but he does dream, half awake. There is a great difference between dreaming asleep and dreaming awake. The former is not reproachable, whereas the latter —which requires more delicate circumstances—has been scoffed at, and its devotees teased by the Philistines. Even Aldous Huxley, who once knew better, classes it poorly: "gossip, daydreaming, and mere self-expression, intrinsically unedifying." It is put in its better light in the closing chapter of *Walden*. "If you have built castles in the air your work need not be lost; that is where they should be. Now put the foundations under them. . . ."

Of course, daydreaming must have its proper time. I think there is only one time for really good daydreaming—during those long minutes that follow the lying down in bed and precede the coming of sleep. A minute is an hour of ideas. Sometimes sleep will overtake one amid those ideas, and sleeping dreams will grow from those of the half-awake. But that is less pleasant than suddenly to be alert, to stop short the free-winging thought, to be swiftly conscious, but for a brief second, that one's mind has been awake while one's body has slept; and then to plunge quickly into dreamless slumber.

Those thoughts-before-sleep are the forms and the perfections, the Entelechy, the may be; for when sleep climbs from the limbs to the brain, we become liberal arbiters.

The morning is clean; the body is rested; and the mind is emptied of the conqueror's schemes, the artist's triumphs, the engineer's plans. The maidens are not so fair in their mirrors as they were in their mind's half-asleep eyes. Sometimes one's head aches.

Elia wrote, understandingly: "Let the most romantic of us, that has been entertained all night with spectacle of some wild and magnificent vision, recombine it in the morning, and try it by his waking judgment. That which appeared so shifting and yet so coherent, while the faculty was passive, when it comes under cool examination shall appear so reasonless and so unlinked, that we are ashamed to have been so deluded; and to have taken though but in sleep, a monster for a god."

There it is—in Dr. Grillo's daydreaming House Officer with the bow tie. The temptation to daydream has won him.

Leonard D. Rosenman, M.D.,
(*ES* 1943 & *1st asst. r. in S*)

P.S. Your invitation to the House Staff to use these pages has been accepted. Do you agree with Cervantes? "For I am not ignorant of the Temptations of Satan; and of all his Imps, the Scribbling Devil is the most Irresistible."

L. D. R.

pp 1, 4, + 5